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OF
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THE JOURNAL OF MENTAL SCIENCE.

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VOL. VII.

The President's Address to the Association of Medical Officers of Asylums and Hospitals for the Insane, on Thursday, July 5th, 1860.

GENTLEMEN,

The new position in which you have done me the honour this day to place me, entails upon me the duty of passing in review the varied interests and difficult problems of social and medical science, which are necessarily involved in promoting that which is the primary object of this Association, the welfare of the insane. The welfare of the insane! What a world of interests does not this small phrase include; what questions of individual happiness or misery; what questions of the prosperity or ruin of families; what questions of morality and law, of religion and politics; in fine, does it not inferentially include the welfare of the human race. From the time when Nebuchadnezzar ate grass, the happiness of the human race has often been at the mercy of the not metaphorical insanity of its rulers; and how often does not madness in lower stations imperil all that is precious. A mad orator on the floor of the house, or in the pulpit, may do comparatively little mischief, for opinion breaks no bones; but madness in a man of action, in an admiral for instance who commits suicide in the heat of an engagement, or an engineer in charge of a railway train; to what fearful disasters may it not give rise? In the world there is nothing great but man, in man there is nothing great but mind, says

Hamilton. How vast, how wonderful a subject of study, therefore, is mind, whether in its integrity, or its decadence and ruin, in its health or its disease! Mental physicians, are we pledged to devote ourselves to the contemplation, and, as far as may be, to the full appreciation of this great subject, that we may oppose decay, and relieve disease? Would it were possible to prevent it! Mental hygiene is, indeed, a subject vast as that of human progress. The highest and lowest stages of human development, those of the savage and the practical philosopher, are, perhaps, almost equally free from this direst scourge of human pride; the one with passions undeveloped, the other with passions under subjection. But the line of progress from one to the other of these termini, is strewn with those who have fallen in their weakness to linger and to die. Madness, the Nemesis of that ill-directed, ill-regulated development that we call civilization, what if it were to increase until the tendencies to mental disease overweighed in the community the conservative powers of health! There have been communities and times in which physical disease has threatened, or actually put an end to a race of men; and there have been communities and times in which folly and passion and delusion have been so widely endemic, that the fabric of society has been torn down, and even its very foundations shaken; and were it not for the resiliency of nature, the benign law of adjustment, by which deviations from law are a check upon further deviation, it is possible to conceive that the tendencies to mental infirmity and disease should increase; that passionate selfishness and insane folly should have continually augmenting power to reproduce themselves until acquired, and hereditary tendencies to madness should overbalance the forces of self-control and sanity, so that an observer, neither cynical nor metaphorical, might justly exclaim upon the "mad world," and races, like families, become impotent for all except mischief and disaster, until time, the great physician, brought the only cure in extinction. Such speculations as these are not without their use, impossible as their realization may appear; they at least serve to make us value rightly the blessings we enjoy, bless-

ings which from their commonness we are too apt to overlook. We have no earthquakes in this country, and we calculate upon the stability of our buildings; we have no dead calms, and that world without motion, whose stagnant putridity has been painted by Byron and Coleridge, is to us a dread but impossible imagining. But the stability of our dwelling-place, and the restless agitation of the elements, although among those simple elementary conditions upon which our being depends, are also conditions which it is most easy to conceive might have been otherwise.

“All precious things are still the commonest,
Earth, Water, Air, and God's abounding Grace.”

The possession of that precious thing, the harmonious co-operation of the complicated mental functions which constitutes our mental sanity, is so much a matter of course, that man accepts it without recognition or gratitude, and contemplates the isolated instances of its interruption with wonder and dismay, although at the same time he makes not the slightest effort to prevent such interruptions, and courses on in his career of emulation and avarice, in the fierce struggle for social pre-eminence, as if the contrary were inconceivable and impossible. Will mental hygiene ever win the same relative position in our department of medicine, to the cure of actually developed disease, which common hygiene, the scientific care of the physical health of the community, has already taken in relation to the art and science of medicine proper? Or is not this almost too high an aspiration to be ever realized?

To forestal and prevent the development of insanity. What a thought is this! What a world of well-regulated desires, of subdued selfishness, of rational employments, would there not need to be constituted in order that the idea might obtain the slightest approximation to a practical realization! Take as one example the influence of religion; it has been well and truly said, that the religion of the Gospel never produced a case of insanity; but how many thousands have fallen victims to a misinterpretation thereof? On the right hand and on the left we see the mental devastation of fanati-

cism and bigotry ; the unnatural life of isolated asceticism imposed by the tyranny of a dogma, filling with lunatics the monastic cells ; and the exercise of freedom of religious thought on the other hand, giving rise to epidemics of insane fanaticism, like that of the Ulster revival. This latter cause of insanity is of great and increasing interest. The history of the Agapemone in our own country, and of the Mormonite sect in America, afford recent examples of the extremes of folly to which the right of man to worship the Creator according to the light of his own conscience may lead, his feeble, foolish and selfish creature.

The light in which these products of religious liberty ought to be viewed is a question which deserves the attention both of the statesman and the psychologist ; for upon the determination whether they are simply blasphemous or examples of imitative and endemic madness will depend the right and rational mode of dealing with them.

But we must leave these speculations, these thoughts which though they fathom not the realities before our eyes, yet carry us beyond our depth in the great sea of human motive, "like little wanton boys that swim on bladders," rather than like men who in the well-found vessel of scientific truth navigate and explore its farthest waters. We must leave these speculations, and apply ourselves to those realities which demand our attention rather than to those subjects of wider truth which invite but satisfy not our unfructifying reflections.

The history of this Association marks its aim and object as eminently practical. Originally founded by the Superintendents of County Lunatic Asylums, for the purpose of affording themselves opportunities of social intercourse at each other's homes, and by friendly and unostentatious talk on the subjects of their calling, to gather knowledge of each other, and from each other, this worthy but limited object was soon satisfied ; the few members of the Association became friends ; they found that they could communicate by letter, and the meetings of the Association fell into disuse. It was in this way probably that the Association became for many years to all appearance dead. Without any of those causes which usually break

up societies, without any disruption of amity or change of circumstance, all activity in the Association ceased, and for many years it shewed no signs of life, though in truth only dormant. This state of things continued until the year 1853 when the first step to the rejuvenescence of the Association was taken at the meeting at Oxford, under the auspices of my friend Mr. Ley, at which it was determined that efforts should be made to vivify our dormant life by the establishment of a literary organ of the Association. It would ill become me to speak of the manner in which the numbers and strength of our present Association have gathered around this centre of our vitality. I am too conscious of the errors and shortcomings of the part of the work which has been placed in my hands, not to feel gratified surprise, at the effect which this real but simple bond of interest and communion has exercised upon the members of our specialty. Infinitely more successful as it might have been as a literary enterprise, it has at least been successful beyond all our expectations as the means of vivifying and extending and uniting this Association of medical men, scattered as the members are over all parts of the United Kingdom; working as they do in every department of the special branch of medicine to which they belong; influenced by diverse interests; entertaining widely different opinions, and only united by that strong bond of sympathy which is to be found in one great common object, which to them is the welfare of the insane, and the desire to promote all legislative and scientific and social measures which are calculated to attain this object. Is there no selfish intention in the object of this Association? no after-thought of common advancement or common defence? As an object and intention in itself as distinct from the welfare of the insane, certainly not. As an object and intention intimately allied with the welfare of the insane, certainly there is. Let the fickle and purblind public in moments of its prejudice, say what they will; let statesmen who look to the opinions of the public for their inspirations, do what they choose, the welfare of the insane does and must intimately depend upon the enlightened appreciation and honourable discharge

of their duties by those who have charge of the actual care and treatment of the insane. Neither newspaper articles nor Acts of Parliament can touch the insane, except through the influence they exercise upon their guardians. As this influence is for good or for evil, it will work benefit or mischief upon the wretched mass of lunacy, which the writing and declaiming public, not unwillingly deals with at a distance, but which it would not itself touch with one of its fingers. The feeling and conduct of the British public towards the insane reminds one of nothing so much as that of the enlightened citizens of the free States of America. Noble and just sentiments towards the negro race are in every one's mouth, but personal antipathy is in every man's heart. For our part let us claim and maintain the character of working missionaries, who in the face of difficulty and peril labour to comfort and uphold and restore the branded bondsmen of disease. The insane are under the bonds of morbid passions, of ignorant and wicked habits, of the physical accidents and the tainted descent which cause their disease. We strive to rend these bonds, not by the philandering philanthropy of a verbal and unreal sympathy, but by dire and life-long effort and labour, in which we sacrifice—what do we not sacrifice? Do we not sacrifice the good-will of the community, not so much for the short-comings, which in our great task are inevitable, but because the public extends its unreasonable antipathy to the insane, to all those who are connected with insanity; even to those who wrestle with the great evil, and, to the best of their ability, hold it down? We are part of a disagreeable subject, which the public, except when frightened from its propriety, is too happy to ignore and to forget. Our very merits place us in *taboo*. This is a great sacrifice, the extent of which it is difficult to conceive, and impossible to calculate, for what will repay a man for placing himself in a position in life which his fellow men consent to look upon with unfavourable eye? Let this consideration at least have the good effect of drawing us nearer to each other in the bonds of amity; let the fanciful line which the public, hugging itself in the bash-

fulness of its maiden sanity, draws between itself and all the distasteful objects of our calling, be to ourselves a not fanciful bond of union and brotherhood.

Another and a far more real matter in which we sacrifice our own welfare to the common-weal is, that we consent to spend our lives in a morbid mental atmosphere. The man who consents to dwell in an insalubrious climate, expects to be abundantly remunerated by the acquisition of wealth or honour, or both ; although in his case only physical health is placed in peril. But he who efficiently discharges the arduous functions attendant on the care and treatment of the insane, dwells in a morbid atmosphere of thought and feeling, a perpetual "Walpurgis Night" of lurid delusion, the perils of which he, who walks through even the most difficult paths of sane human effort, can little appreciate.

No one can understand the insane, or exercise guiding and health-giving moral influence upon them, who cannot and does not, so to say, throw his mind into theirs, and sympathize with their state so far as to make it, at least during brief periods, almost subjectively his own. The man of rigid self-possession to whom sympathy is but a weakness ; the man of stolid indifference to whom sympathy is but a word, can neither merit nor gain the confidence of the insane, and can exercise but little moral influence over them. But the true mental physician transfers for the moment the mind of his patient into himself in order that, in return, he may give back some portion of his own healthful mode of thought to the sufferer. This operation is so trying and so depressing that if it were continuous it would be unbearable. Its influence upon the feelings and character is, and must be felt deeply by all. To many, alas, it has been really destructive. The number of mental physicians who have suffered more or less from the seeming contagion of mental disease, would form, perhaps, if enquired into, a proportion of those who really fight in this warfare which might bear some comparison even with that of men who fall in the strife of the sword. And what are injuries to the physical frame compared with those inflicted on the integrity of the mind ! Let me, therefore, before passing from this subject

attempt to impress upon you the imperative duty of guarding your own mental health by frequent periods of relaxation and variety. Let none of us, venture to persevere in the discharge of our arduous duties until from the cause here pointed out, he is compelled altogether to withdraw ; for, depend upon it, the mental health once shaken, is never so fully restored as to give that power and elasticity of mind which the efficient discharge of our peculiar functions imperatively demands. One safeguard will be found in periodical relaxation and variety, in travel, and in temporary but entire change of interest. But it behoves us also, in addition to this, to make use of that constant mental tonic which contact with sane minds can alone afford ; and for this purpose the pursuit of some study of an interest entirely disconnected from insanity will be more beneficial to us than to others, for to us it will be actively sanative and preservative. The study of general literature, or the cultivation of natural science, or even pursuits like agriculture or field sports, are to the mental physician not merely sources of mental gratification, but act powerfully as a counterpoise to the morbid tendencies which his arduous professional calling involves.

The legislative agitation on our subject, which has now continued for so many years as to suggest the idea that some people may think that insanity is to be cured by Act of Parliament, is now supposed to have come to that point of maturity which is marked by the preparation of a comprehensive bill. I shall venture to direct your attention to some of the more important points we may expect or hope to find in such a bill, and as the rights of seniority in this Association belong to the superintendents of county asylums, I shall venture to express in their behalf the reasonable hope they entertain that the new bill will contain a just provision for a retiring pension for length of service.

The provisions of the present statute for this purpose hold out a delusive promise, inasmuch as the retiring pension at the end of twenty years' service is left to depend entirely on the good will of the Visiting Justices for the time being, or rather, on their good will and their courage to face their con-

stituents at the Quarter Sessions with the information that they have voluntarily added a burden to the county rate. Now, although the magistrates of England, acting in the capacity of visitors to county asylums have, with few exceptions, behaved in a most exemplary manner towards the medical superintendents, it is neither consistent with past experience, nor probable from the nature of things, that they will display the same amount of justice in granting retiring pensions as they have exercised in the remuneration of active service. The pressure of economists at Quarter Sessions, the desire to stave off the innovation of county boards of finance, and other sufficiently intelligible motives, will, undoubtedly, incline the visitors of county asylums to discountenance the application for retiring pensions from any superintendents who are not disqualified by age or ill-health, or some other disability from continuing the discharge of their active duties. But nothing can be more unjust than to make the grant of a retiring pension for length of service dependent upon such disabilities. It is so in no other service, and it ought not to be so in ours. The prudent and temperate man who has retained all his capacity during a long period of service, has in all probability really earned and merited a pension, by the amount of work done, more fully than any unfortunate valetudinarian, whom the Visitors might be willing enough to place upon the official shelf. Superintendents therefore will do well to keep this matter earnestly in view, and to exert their individual and united influence to obtain statutory provision that, for a definite period of service, independent of age or infirmity, they shall receive a definite pension however moderate may be its amount.

Another most important point to be watched by the superintendents of asylums is, the necessity for some provision in the new statute by means of which all the destitute insane may be brought under the immediate control of the magistracy and of their officers, and removed from the control of the guardians of the poors-rates and of their officers; I say guardians of the poors-rates not of the poor. The principle has long ago been admitted to be essential in the care and treatment

of the insane, that those who are directly interested in curtailing to the utmost the legal claims of the destitute insane, upon the property of the country, should have no control over them. The sad history of the pauper lunatic but a few years since in this country, and almost up to the present time in Scotland, is an unanswerable proof that provisions of this kind have been absolutely necessary in the interests of humanity and of justice. But while this principle is nominally adopted, while the legislature holds a penalty over the head of any overseer or relieving officer who neglects within three days to take a pauper lunatic before a justice of the peace, for the purpose of being sent forthwith to the county lunatic asylum, while this is the law, what is the practice? Why, that in England alone, some 14,000 pauper lunatics are maintained out of asylums, and are as entirely under the control of the poor law officials, and as entirely beyond the control of the magistracies, as if there were no Lunatic Asylums Act on the Statute Book. This number of pauper lunatics not in asylums is the official return made by the officers of the poor law, but what the actual number of destitute lunatics not in asylums may be, who can tell? for it is the obvious interest of the poor law officials to regard no pauper who is detained out of an asylum as an insane pauper. It was about this time last year that, in a part of the country some hundreds of miles distant from my own home, in passing by a roadside cottage, I observed an old man in the garden in a state of raving mania. I went into the garden, but he ran away; I overtook him and examined him, and I can conscientiously say, I have not a patient in my asylum in a worse state than I found him in; his pulse was 120, and like a thread, his face was haggard, his tongue parched, his skin clammy, and he was raving about the devils that had been pulling him out of bed. I went to the clerk of the board of guardians, who resided within two or three hundred yards of the old man's cottage, and who passed and repassed it every day. I told this gentleman that the man ought to be removed to the county asylum without delay. He admitted that the man had been long in the receipt of parochial relief, but said that he did not

think the man was insane, that he was not worse than he had been for months past, and that the policeman had given him a thrashing two or three times, which had done him good, and he would tell the policeman to look after him. I then went to the rector of the parish, whom I found well acquainted with the old man's condition, and who expressed sorrow and anger that he had been unable to persuade the parochial authorities to do what was needful for his proper care ; I explained to this gentleman, whose intentions were most humane, but who was ignorant of powers which the law gave him, that if he would deliver a formal notice to the relieving officer that the pauper was insane, the latter would incur the liability of a penalty if he did not take him before a magistrate within three days. This was done, but it was too late ; the poor old man was sent without further delay to the county asylum, but he died in about three weeks after his admission.

I know not what legislative remedy would reach such a case as this ; and how many such cases there may be scattered through the bye-ways of England who can tell ? The condition in which numerous patients are admitted into county asylums clearly enough indicates the extent of the evil. The only person whose duties compel him to see all paupers is the relieving officer, but the responsibility of recognising the early stages of insanity, could scarcely be fixed upon this non-medical official, so that a penalty for neglecting to take any lunatic pauper before a justice, without notice to himself of the supposed lunacy, would probably be inoperative. Thus far, however, the path of legislation would seem to be clear. First, to remove from the visiting justices of county asylums the power of declaring such asylums full, and of closing their gates upon legal applicants for admission. Secondly, to make it imperative upon the magistracies to provide asylum room sufficient for the accommodation of all pauper lunatics in the county, except those who upon the report of their own officers, and in the exercise of their own discretion, they may deem to be in a fit state to reside at their own homes. Thirdly, to make it imperative

upon the Justices in Session, to appoint sub-committees who shall, in company with a medical officer appointed by themselves, periodically visit every union house, and to give to such sub-committees the discretionary power of ordering the removal of any pauper lunatic or idiot in such union houses to the county asylum. Fourthly, to render liable to penalty any relieving officer, or overseer of the poor, who shall neglect to take any pauper of whose insanity he may have knowledge, whether by notice or otherwise, before a Justice of the Peace.

I observe in the last report of the Commissioners in Lunacy, that the duties I have here suggested to be discharged by committees, may be undertaken *suâ sponte*, by any individual magistrate acting in a union house as *ex-officio* guardian. But such duties never have been thus performed, and their discharge would be too invidious for us to expect that they ever should be thus performed. The position of a committee appointed under a statute for the definite purpose would be very different to that of an individual magistrate acting of his own free will.

I beg leave here also to suggest that the new statute should empower the Commissioners in Lunacy to establish an uniform system of asylum accounts, and to require that they should be annually published. As they are at present kept asylum accounts as often mislead as they instruct ; yet a system which would enable us to institute a just comparison of our expenditure would be of great service. The maintenance charge in the different county asylums varied last year nearly 50 per cent., namely, from 7s in the lowest to 10s, 12s, and 13s in the highest. Even in old asylums the variations are great. An uniform system of accounts, which would enable us at once to recognize the causes of this difference, whether of defect or of excess from the average, would be of infinitely more practical service than the unskilful and partially eliminated statistics at which we have so much laboured, and with so little result.

The next subject of impending legislation which claims our attention is one which will affect that esteemed class of our

associates who are the medical officers to the licensed houses for the insane, legislation which appears to be demanded by the public lest any of its sane members should through improper motives be incarcerated upon the false imputation of insanity. It will at the present time be needless for me to do more than to refer to the recent agitation of the public mind on this subject, and to the various proposals which have been made to remove the supposed danger ; proposals, many of them so wild that they would themselves seem to furnish plausible evidence that there are more people out of asylums than there ought to be. There have been proposals to have medical juries to decide upon the lunacy of lunatics before they are admitted to treatment, to have commissions of inquiry similar to those used under the great seal, to have each case of lunacy before it is placed under treatment verified in the County Court, and various others equally wise and practicable, which we may leave to sink into oblivion with that public agitation which gave rise to them. The very remarkable and scarcely to be expected absence of all evidence before the Parliamentary Committee, that any sane persons have been shut up in asylums as insane, would appear to any unprejudiced mind to afford abundant reason for the belief that the existing guarantees for the liberty of the subject are amply sufficient.

I say that this absence of evidence was scarcely to be expected, because my own experience tells me that in county asylums, from whence there is every motive, except the need of care and treatment to keep patients away, persons are sometimes sent, and are admitted, who are not insane, but whose conduct has been misinterpreted by unreasonable apprehension, or by medical ignorance ; and it would appear reasonable to expect that such accidents without any *mala fides* might also occasionally occur in the wealthier classes of the community. But, although the Parliamentary Committee is now concluding its third year of enquiry, and, although there has undoubtedly existed among those who took an active part in the late movement, no lack of good or rather of ill-will to make accusations, there has been a total

absence of all evidence, that any sane persons have been admitted as patients into private asylums. Here, on the other hand, is the positive evidence of one who has, during a generation of time, had the very widest field of experience, the noble Chairman of the Commissioners in Lunacy, whose evidence on this point ought in itself to be considered as conclusive. "I do not think (says Lord Shaftesbury) in my experience of nearly thirty years, that there has been a single case, or not more than one or two cases, in which any person has been shut up without some plausible grounds for his or her temporary confinement; but, in every instance, with these exceptions, there have been certain plausible grounds, in fact, or in logic, *sufficient to justify the temporary confinement of the persons, and their being submitted to medical treatment.*" It would be difficult in the face of such positive evidence as this, and in the absence of all evidence to the contrary, to assign any other motive for any legislative measures calculated to impede the early and curative treatment of insanity in asylums, than the desire to indulge a prejudice of the public mind rooted in ignorance and error.* The esteemed and well-informed physician who has vacated the chair, which I occupy this day, has well expressed the feelings and opinions of this Association, on the supervision of asylums, in the excellent address which he made to us last year.

Sir Charles Hastings said:—"There can be no doubt that every member of the Association will say it is quite right there should be a supervision of asylums, but let it be an enlightened supervision, not a system of secret enquiry, to which unjust suspicion is the incitement. Let it be carried on by men thoroughly versed in the intricacies of the abstruse subject to be inquired into; not by men who have no special experience to guide them in the difficult questions they will have to solve. The Commissioners in Lunacy are the parties to whom all matters relating to the legality of detaining an

* "Que j'ai toujours haï les pensers du vulgaire
Qu'il me semble profane, injuste, et téméraire,
Mettant de faux milieux entre la chose et lui,
Et mesurant par soi, ce qu'il voit en autrui."

insane person ought to be referred. If they are not sufficiently numerous their numbers should be increased; and in any additions that are made, special care should be taken, that those practically acquainted with the phases of insanity are placed in office."

In the good sense of these remarks I am sure we must all concur, for the full and satisfactory supervision of all asylums, whether public or private, is an undoubted function of the executive, to which no true friend of the insane, and no well-wisher to the members of our Association will, even in thought, raise an objection. But the provisions of the Lunacy Bill which have been withdrawn, and those which are understood to be included in the one now preparing or prepared, go much beyond the aim of the fullest supervision, and appear in my mind to intrench in a dangerous degree upon the functions of the medical attendants of the insane. In the first bill it was provided that every patient admitted into an asylum should be immediately visited and examined, and his sanity or insanity decided upon and reported by some neighbouring physician in a secret communication to the Commissioners. The great difficulties which would be inevitable in carrying out this provision having been pointed out, it is now understood that the scheme for the appointment of Medical Examiners in the neighbourhood of each asylum is to be superseded by the appointment of District Inspectors of Lunatics. It is with much diffidence that I shall suggest to this Association any objection to this arrangement, inasmuch as I find that the original suggestion of it was made by a gentleman who was once one of our members; Dr. Forbes Winslow, in his comments on lunacy legislation, read to us at Edinburgh in 1858, having recommended the appointment of "Inspectors of Lunacy to preside over certain districts in the metropolis as well as in the provinces;" these "District Medical Inspectors," as he calls them, whose appointment is understood to be contemplated in the new bill, would appear to hold somewhat the same relation with regard to the Board of Commissioners, as the poor-law inspectors hold to that of the poor-law board. Whether they will hold the same relation towards those they

are intended to inspect, I am unable to say ; but it must be evident on the slightest reflection that the responsibility of determining upon the sanity or insanity of reputed lunatics, and of deciding and reporting upon the right or wrong judgment in this matter exercised in the certificates of medical men, will be infinitely more onerous than the duties of a poor law inspector employed to watch the proper discharge of the very definite duties of poor law guardians and relieving officers. Those who are best acquainted with the *personnel* of the department of the profession to which we belong, will be best able to judge whether the stinted salary which has been named for these district inspectors of lunacy will be sufficient to secure the services of men whose experience, character, and standing, will be at the same time a sufficient guarantee for the due discharge of their arduous functions, and for the avoidance of that irritation, mischievous to the best interests of the insane, which will inevitably arise in the minds of the most highly qualified mental physicians, if they find themselves subjected to the official surveillance of men greatly inferior to themselves in professional reputation and standing. Mr. Campbell, one of the Commissioners in Lunacy, with a wise forethought that cannot be too highly appreciated, warned the Parliamentary Committee of the evils which would result from any legislation which would tend to degrade the position and estimation of the medical men who are entrusted with the charge of the insane ; and it may safely be asserted that no legislative measure would tend more strongly in this direction, or be more calculated to disgust with their calling, and drive from it the most highly educated and esteemed of the physicians who practice in lunacy, than to subject them to the inspection of an inferior and ill-paid class of government officials.

And would not this feeling be justified on more legitimate grounds than that which may possibly meet with little regard as the mere ebullition of professional jealousy ! Let us suppose for the sake of argument, that the position of the district Inspectors could be made as unquestionable as that of the Commissioners themselves, who claim and receive from the best

of us, that deference which is due to their high official rank. Can we not foresee that the action of these district Inspectors would supersede the most important function of asylum physicians, which I take to be the determination of the proper time to detain and to discharge a patient. This the duty of the district medical Inspector, who is to examine and report upon the state of mind of every patient within a limited and brief period of his admission into an asylum, must necessarily supersede. Two men, placed for a definite purpose in the same position, may be and often are jointly responsible for the same act; but all the legislation which was ever perpetrated, from Solon downwards, could not make two men, occupying such distinct positions as these, divide responsibility. When the captain places the helm in the hands of the pilot his own responsibility in the navigation of the ship ceases; and so it must inevitably be with the captain of an asylum, when the government pilot boards his vessel. It may be objected that it will be easy to lay penal obligation on the asylum physician to report his opinion of the state of mind, as if there were no district Inspector at hand to endorse or contradict it; but in practice no one can doubt that the discharge of a duty so imposed would be merely formal, and that the real determination of the state of mind would be left entirely to the Inspector. A moderate acquaintance with the principles of social or rather of moral science will assure us that this must be so, and no profound knowledge of affairs will be needed to confirm the assurance. Power and responsibility are correlative and equipollent. If the one is diminished the other wanes, if the one is destroyed the other ceases. If the detention or discharge of a lunatic is made to depend upon the examination and report of a government official, the responsibility of that detention or discharge will be as much removed from the shoulders of the asylum physician, as all responsibility for the detention or discharge of a prisoner is removed from the governor of a jail who acts to the very letter of the law upon the orders of the executive.

Such, then, being the certain action of these proposed

officials, the question will arise whether it will be for good or evil. Many persons will perhaps rush to the conclusion that because the judgment of these officials will be unbiassed by interest, the transference to them of the power and responsibility of determining upon the detention or discharge of imputed lunatics will be an undoubted advantage. To support this opinion, however, it would be needful to shew, that the judgment on this matter hitherto exercised by asylum physicians has, in fact, been biassed by interest contrary to the welfare of their patients; which, I repeat, has not been done. The great disadvantage likely to result from this transference of responsibility is, that it will tend more than anything else could do to degrade the position of medical men engaged in the treatment of the insane, and to reduce them to that commercial position with which they have been so much taunted, and which it should be their most earnest desire and purpose to avoid, and repudiate. With district medical Inspectors of Lunacy ready at every moment to visit and decide upon the detention and discharge of patients, and eventually, as must happen, upon their treatment also, (for in asylums, he who has the power of discharge has the sole power;) the asylum physician, of liberal education, of large experience, and good repute, would become a social superfluity, and he would gradually give place again to the old class who were formerly and properly designated as the keepers of asylums. I do not say that there would be any sudden change. There are no such things as strikes among classes of the community whose intelligence is cultivated, and whose vested interests are large; but there is a gradual and far more important, because more irremediable change in the quality of different classes of the community, which would, in my opinion, take place in the class to which we belong. Men gradually withdraw from spheres of activity which they find uncongenial, and other men of the same quality and calibre are not found ready to take their place. Something of this might have been seen in the army medical department before the late changes, and a more striking instance of it is said to exist in the political arena of the United States, in which men of the highest education and character

refuse to engage. Our own statesmen, able and highly instructed as they are, seem scarcely competent to appreciate, much less to guide these slow movements which are constantly and gradually, like natural transmutations, changing the face of society.

It is certain that legislation for lunatic asylums cannot achieve incompatible ends ; it cannot elevate the character and improve the position of medical men having charge of the insane, and at the same time subject them to the constant superintendence of inferior government officials. The ultimate choice would seem to lie between private asylums conducted by their proprietors upon a purely commercial basis, in which all medical responsibility will be absorbed by the nominees of the executive ; or private asylums conducted on even a more professional basis than at present, by the elimination, as far as possible, of lay speculators and women from their management, and by granting licenses to medical men only of approved reputation and ability, and by increasing rather than by diminishing their responsibilities in the management of their institutions, and in the detention and discharge of their patients.

An apparent objection to these views may seem to exist in the power already possessed by the Commissioners in Lunacy to order the discharge of patients ; but the objection is apparent rather than real, for the action of the Board of Commissioners in Lunacy, the supreme authority in these matters, is a very different thing both in practice and theory, to that which the more frequent intervention of inferior government officials would be. The latter would be in danger of feeling it needful constantly to assert their usefulness by small and irritating interference. The Board of Commissioners, on the other hand, appreciate the responsibilities of their high position too justly to compromise themselves by the assumption of functions which properly belong to the physicians actually practising in the treatment of the insane. In cases of exceptional difficulty the public have a right to the decision of the Board, and physicians practising in lunacy will do wisely to defer such cases to such decision ; which they can well do

to a supreme authority of this kind without any loss of professional dignity. And it cannot be affirmed that the Commissioners of Lunacy have hitherto discharged this arduous portion of their duties otherwise than with great discretion, and a just feeling of the responsibilities incurred, by giving liberty of action to persons of whose sanity physicians of character and experience and knowledge of the case have expressed doubt and apprehension. There have been, and the very nature of things renders it inevitable that there should be, many points connected with asylums in which differences of opinion must exist between the Commissioners and individual asylum physicians; but on the large and broad principle of action, which may be expressed as the supremacy of the medical man in the care and treatment of the insane, the members of this Association are bound to give no ungrudging testimony to the earnest and consistent efforts of the Commissioners to uphold, both in public and private asylums, the authority and position of the profession. Individually and collectively, we owe the Commissioners a debt of gratitude on this score, of the acknowledgment of which, in this place, I am happy to be the exponent. If the Commissioners on this subject had adopted different views, it is possible we might still have seen county asylums under the management of lay governors, the former masters of union houses or men promoted from the ranks of attendants. It is even probable that the unsatisfactory position of the medical men in some of our largest asylums, which the Commissioners have strenuously but hitherto in vain attempted to alter, might have been their general position throughout the country; and in private asylums it might still have remained the rule instead of the exception that these institutions should be in the hands of women or of lay speculators, with the occasional attendance of a visiting physician to give to them the semblance rather than the reality of places devoted to the medical treatment of their inmates.

I do not say that the Commissioners in Lunacy have done all that they might have done to strengthen and promote the

medical element in contradistinction to the commercial element in the care and treatment of the insane; but if I have correctly observed the tendency of their action, it has been more and more guided by this important principle, from the future development of which, we may anticipate the best results both to ourselves and to the well-being of the insane. In connection with this part of our subject, I shall venture to remark that the large sums of money which are given for the good-will of private asylums, and regarding which the Commissioners have expressed dissatisfaction in their last report, are in this free country as little within the scope of legislative interference as the prices of houses or land. In a country where everything is bought and sold, where the cure of souls is a matter of open purchase, and the Queen's commission to defend the country, is rated at an officially fixed tariff, the utmost liberty must be given to men in the estimation of the value of an established lunatic asylum. But there is this one beneficial check which it is in the power of the Commissioners to apply to the excess of which they complain, namely, to limit the market to medical men. The advowson or presentation of a living may be bought by any one, but it can only be bought for the use of a Clerk in orders; the sale of a commission in the army is still more strictly limited to an officer in the next subordinate rank; and it seems reasonable, and certainly offers the promise of vastly advancing the status of asylum physicians, if either by enactment or by the rules of the Commissioners the right and power to hold possession of private asylums should be limited to duly qualified and competent medical men. As we all know, they are now purchased by speculators who invest in them as they would in ships or railways or mining shares; but if this element of competition were eliminated, the Commissioners in Lunacy would have no more right to object to, or to comment upon the purchase of a medical practice in lunacy, than any one has to object to or comment upon that every day transaction, the purchase of the good-will of a general medical practice. I lay some stress upon these points, because I believe that it should be one of the most earnest objects of

this Association to discuss all means calculated to promote the professional status of the physicians of asylums whether public or private ; and I believe that one of the most promising directions in which these means are to be sought in regard to the latter is in attempts to emancipate them from competition with lay speculators ; and to prevent the latter from occupying the position of being the employers of medical men, who are thus placed in a position which, Lord Shaftesbury truly says, "is not the true position which a medical man ought to occupy." "The medical profession," says his lordship, in his 94th reply to the Special Committee, "the medical profession stands too high to be placed in that position ; I have reason to speak in the highest terms of estimation of some of the medical men that are in charge of these asylums, and I can only deeply deplore they are not in their true position."

I trust you will not think I have exceeded the limits of my office, or of my position as a public asylum man, in having adverted to these matters. I have for many years been too much called upon to review the whole subject of lunacy to be either ignorant or uninterested in any department of it, and I feel strongly that the welfare of the whole body of medical men practising in lunacy is intimately and indissolubly one and the same. Constant personal changes take place between the two classes, if classes they can be called ; the physicians of private asylums often leave that field of professional action to take the superintendence of public asylums, so that about one-third of the latter are under the control of gentlemen who have effected an exchange, so to say, in the regiment but not in the service. Perhaps a still larger number of men have made the same change in the reverse manner, so that to assume any difference of feeling founded on personal grounds in these matters is either an error or a shallow pretence.

Moreover, if these constant interchanges in the *personnel* of our corps did not exist, we should still be indissolubly allied by common sympathies and common interests, and especially must our interests be intimately allied in considering the professional

and social status which is attainable by physicians engaged in the care and treatment of the insane, whatever may be their particular field of practice. The Association over which I have the honour to preside is one brotherhood, devoted to a most noble, though arduous calling. Therefore, let there be emulation among us but no jealousy ; let there be faithfulness among us in plain-speaking but no contention ; let the noble purpose of our lives be an ever present bond of sympathy and good will ; let the well-being of the insane, and the honour of our profession be to us our guiding motive, both as individuals and associates ; "let each one mend one," as the old proverb says, and the progress of our department of the profession will not be uncertain, either in its best interests or in the public favour.

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

Official Report of Proceedings at the Annual Meeting held at the Freemasons' Tavern, Thursday, July 5th, 1860.

DR. J. C. BUCKNILL, F.R.C.P., President.

The Chair was taken by SIR CHARLES HASTINGS, D.C.L.
The following members, among many others, were present :

DR. BUCKNILL	SIR C. HASTINGS
DR. CONOLLY	DR. SUTHERLAND
WM. LEY	DR. ROBERTSON
DR. KIRKMAN	DR. THURNAM
DR. BURNETT	DR. HARRINGTON TUKE
DR. LALOR	DR. STEWART
DR. FLYNN	DR. PAUL
DR. STEWART	DR. CAMPBELL
JNO. MILLAR	DR. JOHN MEYER
T. N. BRUSHFIELD	G. FIELDING BLANDFORD
DR. FAYRER	DR. DAVEY
R. H. HUNTLEY SANKEY	DR. HITCHMAN
DR. MANLEY	DR. BLOUNT
DR. SHERLOCK	DR. LANGDON DOWN
DR. PRICHARD	DR. WILLIAM KIRKMAN

DR. WOOD

DR. JARVIS, Mass.

DR. WILLETT

DR. SHEPHERD

DR. CHEVALLIER

DR. HOOD

DR. LINDSAY

DR. G. BIRKETT

THE CHAIRMAN: Gentlemen, since I had the honor of presiding at Liverpool, no action has taken place by the Association which has called upon me to perform any function. I have, therefore, now simply to thank you for your kindness in placing me in this position, and to call upon my friend Dr. Bucknill, my successor, to fill the chair on this occasion, and to express my gratification that I shall be succeeded by a person so eminent and distinguished in the walk of the science which we cultivate. (Applause.)

Sir Charles Hastings then resigned the chair to Dr. Bucknill.

The minutes of the last meeting were confirmed.

The President then delivered the Address.

DR. SUTHERLAND: I have listened with very great pleasure to the address which has just been delivered by our President, and I now rise in the place of my friend Dr. Conolly, who would have spoken much better than I can attempt to do, but who is, unfortunately, ill, and unable to address you. I think we owe our President a very deep debt of gratitude, not only for his very able address, but also for the manner in which he has advanced the Association and raised it in public estimation. I beg to propose, and I am sure it will be carried *nem. con.*, that we present him our best thanks for his very able address. (Applause.)

DR. STEWART: I beg to second the resolution proposed by Dr. Sutherland, in which, I am sure, every member of this large and influential meeting will cordially concur. I was quite delighted with the sentiments, from beginning to end, expressed in that very elaborate and ably written paper, which I consider to be highly creditable to the writer, and to our body at large. The manner in which Dr. Bucknill—his presence prevents my speaking so strongly as I otherwise should—has maintained the rights and privileges and independence of our common calling, must demand from each and all of us our warmest thanks, and our highest admiration. I will not detain the meeting any longer upon this occasion when there is so much other business on hand, and I beg at once to second the resolution that has been proposed.

The resolution passed unanimously.

THE PRESIDENT: I beg to return you my most sincere thanks. Our next business is the

ELECTION OF A PRESIDENT FOR THE YEAR
1861, AND THE PLACE OF MEETING.

Dr. ROBERTSON : With regard to the Annual Meeting, I have received a letter from Dr. Stewart, which, perhaps, you will allow me to read. The letter in question was laid before the Committee at their meeting to-day, and we were very much disposed to recommend the Association to go to Dublin next year. When we recollected that the Society of Arts had obtained their large guarantee fund, and had decided that the Great Exhibition for 1861, was to be held in London, we felt certain that every member of the Association would be sure to visit London for the purpose of seeing the Exhibition, and that to go to Ireland would be to have an empty and unattended meeting. We therefore came unwillingly to the conclusion to recommend you to accept Dr. Stewart's recommendation, only so far as to elect an Irish member a President of the Association, and to request him to come over here and meet us in London. The member that we proposed to recommend to you was Dr. Lalor, the medical superintendent of the Richmond District Asylum. Of course it is for the meeting to consider this question and decide it themselves ; but our proposal was that Dr. Lalor should be President and that the Meeting should be held in London.

Dr. WOOD : Being so long connected with insane matters, I begin to doubt whether I am not myself labouring under a delusion ; if so, you will be able to correct me. But my impression is, that the Great Exhibition is in the year 1862, and not 1861.

Dr. THURNAM : Then I would suggest that Dr. Robertson's proposition should be adopted by the Meeting, as regards the appointment of Dr. Lalor as our President for the ensuing year, and that, in addition to that, our place of meeting should be Dublin. (Hear, hear.) I think there are many reasons for our going there in connection with the attempt (I am not aware whether it can be spoken of as more than an attempt) to organize an Irish Association. There are members of the profession practising in our department in Ireland, and probably we should strengthen our numbers very much by meeting within the limits of the sister kingdom. More especially I make the proposal from the circumstance, that last year it was intended to have this Meeting in Ireland, and I think we ought to take this opportunity

of paying our Irish Brethren the compliment of meeting there, and in this way acknowledging the assistance we have received from them.

Dr. CAMPBELL: I have great pleasure in seconding the resolution. Last year great disappointment was experienced by many of our members that the Meeting was not held in Ireland; not only gentlemen connected with lunacy, but other persons holding high positions in Ireland. I believe they were very much astonished that we did not meet there. I had a letter from one of them myself, in which very great astonishment was expressed at the change that took place at that time. I have great pleasure in seconding the motion that we meet in Dublin next year.

Mr. LEY: I think there are some objections to our repeating the provincial meetings so frequently. We have had two provincial meetings now, for this one meeting in London, and I think that a great proportion of the Society would be unwilling to have another meeting immediately at such a distance. (Hear, hear.) The feeling has been often expressed that London is the most convenient point. As regards the benefit of going to Ireland, which Dr. Thurnam has alluded to, I must say, I doubt it, because Dr. Stewart has been so active, that I question if any thing we can do, will do more for us than has been done already. He has collected subscriptions from almost every man in Ireland, judging from the amount he pays us regularly, and it would be a pity that the members present should expect any benefit from going there when I believe that Dr. Stewart has ensured to us all the benefit we could obtain. You should give him credit for what he has done, and as regards the acknowledgment of debt, I certainly think the interest that Dr. Stewart has taken, and the compliment paid us by the gentlemen from Dublin coming to invite us there, are well worthy the attention of the meeting. It is not entirely a question of compliment, the members must be invited to say whether the meeting shall be in Ireland next year, or a future year, and I think it would be better to determine that question before you go to the election of a President. Our first question for consideration ought to be, will it be more convenient to meet in Dublin in 1861 or in 1863? Of course the members could not pledge themselves to meet in Dublin in 1863. I do not wish to show any unwillingness to hold a meeting there, but I desire to raise the question as to when we should meet there most conveniently for the general body of members. By way of raising this question,

I will move, that the meeting in Ireland be deferred to 1863, if that year should be equally convenient to the members in Dublin.

THE PRESIDENT: Could you not raise the question as well by moving that the meeting of 1861 be held in London, and take the sense of the meeting upon that?

MR. LEY: Then I will propose that the annual meeting be held in London in 1861.

DR. STEWART: With reference to the statement made by Mr. Ley, allow me to say, that I feel much obliged to him for the complimentary manner in which he has spoken of my services. It is not necessary for me to mention that there are a great many members of our profession in Ireland, who have not joined the Association. A large number undoubtedly have, and I believe if the Association were to meet in Dublin, it would give an additional stimulus, and induce men to join our body who otherwise would not have done so. The Association has met in Edinburgh, and I am afraid it would look like making Ireland a step-child, if it did not hold a meeting there also. Mr. Ley has spoken of holding provincial meetings, now we do not consider that holding a meeting in Dublin would be a provincial meeting. We look upon Dublin as a metropolis, and wish to give it all the proper dignity belonging to it. I believe, however, the question at present before the meeting is the election of a President.

THE PRESIDENT: No, the question before you is the place of meeting. It has been proposed by Dr. Thurnam that the place of meeting should be Dublin, and by Mr. Ley that the meeting should be in London.

DR. BURNET: You, sir, were kind enough to express your approval of our stating our differences of opinion here, and therefore you, perhaps, will not be surprised at my expressing some difference of opinion upon the subject now before the chair. I think that two or three years ago, we came almost to an unanimous opinion that the meeting of this Association should be held in the metropolis, and not because this was London or the capital of England, but because it was the great central point. I agreed most cordially in that resolution, because I thought it quite met the circumstances under which we were placed. We are not like a great Agricultural Association; we are not like a great Archæological Association, obliged to go down to certain spots for the purpose of getting our information, but we met here in the metropolis because we are in a central position, and I think

we ride over all the difficulties in meeting here. Such difficulties as would be thrown out by our excellent friends, the members of the Association living in the sister country, would be met by electing one of our Irish brethren to the chair in the metropolis. The distinction is not at all an invidious one, they being asked to come here, because London is the central place where all the great railways meet to a greater extent than at any other point. I confess if the meetings are held in the provinces it will be less my desire to join them, than if they were held annually in London. Now it was really settled that the meetings were to be in London. We broke the resolution in consequence of the meeting of the British Association, when it was thought many of the brethren would be likely to meet together, and might join each other at the same place, but that I think was a great failure, for we cannot give our undivided attention to two subjects at once. I think with Mr. Ley that it would not be desirable to go into the provinces at present, otherwise we shall be making this a Provincial Association, passing about to different parts of the kingdom. We do not want to do so, we want to be where we can get a council and get the greatest number of men together. We want to give ourselves character, and I cannot think we are doing so by moving about from place to place. All the great Associations of the country meet in the metropolis, and I think that is one reason why we should do so, if we wish to be great, and if we desire that anything should emanate from us that is worthy the acceptance of the Legislature of the country. I beg to second Mr. Ley's proposition.

Dr. FLYNN: Before you put the motion allow me as one of your Irish members to say a few words. I think, sir, that in the circumstances in which your Irish brethren are placed at the proper moment, a meeting in Dublin might do a very great deal of good. For this reason, it would bring the status of the resident medical men in Ireland, more immediately under the notice of the Government and the authorities. We are differently circumstanced from yourselves, we are essentially Government officers; we are appointed by the Government and though we are, as medical men, members of your Association, yet up to a very late period we held no medical status. My friend Dr. Stewart, who is your excellent Irish Secretary, will bear me out in stating that the rules at present in existence that guide the Irish district asylums as they are called (three or four or five counties being sometimes associated in one district) do not recognize

our status at all as resident medical men. Under these rules, there is no such person as a resident medical officer. Now I think a meeting of the Association in Dublin would do a vast deal to carry out the splendid and magnificent views which have been embodied in the address of our excellent President. It would remove an anomaly, it would wipe out a dreadful blot, for it is a dreadful blot to be able to say, that in the sister island, containing seven millions of inhabitants, and having 16 or 18 asylums, there is no recognised medical officer. It is true that I have been appointed by a supplementary warrant from the Lord-Lieutenant, so has Dr. Lalor and so has Dr. Stewart, and some addition has been made to our salaries. But this is merely a kind of after thought, a sort of panacea. I think you would do a vast deal of good by meeting in Ireland at the present time; you would elevate us, you would elevate that branch of your Society which lives in Ireland, you would do a vast deal of good to the poor lunatic by causing us to be recognized as medical officers, and you would prevent what has sometimes occurred—the Lord-Lieutenant appointing Barony cess collectors, persons having no status whatever. You will excuse my making these remarks, my only desire has been to explain to you the position in which we are placed.

Dr. SHEPHERD: I was at the meeting last year in Liverpool, and I remember it was stated that the reason for our not meeting in Dublin this year was, not that we had forsaken Dublin, but because Dublin had forsaken us. I mean nothing disrespectful to the Irish members personally. I should have great pleasure in visiting a town with which I have very interesting associations, but I certainly think it would be more for the interest of this Association that we should meet in England. We saw even at Liverpool what a small meeting there was in a large town like that, would it be larger, would it be as large in Dublin? I think not. I think there is every reason why we should meet in London. Everybody comes to London for some purpose almost every year. I should personally be glad, if the meeting was in London every year, because I think it would be most for the interest of the Society. I think, however, we ought to know, if the reason for our not meeting in Dublin, is as I have stated, and perhaps Dr. Robertson will tell us whether it was because Dublin forsook us or because we forsook Dublin.

Dr. ROBERTSON: In answer to your question, I believe the reason was that Dublin forsook us, not, however, from any

ill-will to the Association, but from some difficulties with regard to the Irish Legislature, and from the fact that the district asylum at Richmond, near Dublin, was under repair. Dr. Stewart stated that it would be impossible to have the meeting there, and it was on his advice that the Committee were, at the eleventh hour, obliged to transfer it to Liverpool.

Dr. LALOR: Last year with a great deal of sacrifice of Irish feeling, I took the opportunity with my fellow members of the Association of requesting that they should alter the resolution of having the Association meeting in Dublin. I repeat that I did so with very much sacrifice of Irish feeling. I felt I could not meet my English friends under existing circumstances, and I thought I should not be doing my duty if I did not put the English members of the Association in possession of the facts of the case, in order that they might have all the circumstances before them in coming to a conclusion as to where the place of meeting should be, and that they should not be disappointed in making a selection of Dublin. In Dublin we have only one asylum; we are very differently circumstanced from London, where you can make a selection out of a number of asylums to visit. One of the points of interest at the meeting of the Association, is to visit the asylum in its locality, and I felt I should not be acting right if I did not inform my fellow members that at this period of the year when the Association was to meet, the Richmond District Lunatic Asylum would be undergoing various alterations, that in point of fact the Association would have no asylum to visit in Ireland. It was in that point of view, and with a great deal of sacrifice of my own personal and national feeling that I felt myself bound to forego the pleasure of meeting my English brethren in Dublin. Next year, I do hope that the same reason will not exist, and that the architectural difficulties will be removed, so that we shall be in the position to meet our English friends in Dublin, and show them our asylum in such a state, as with an allowance of good feeling that we expect from them—an allowance for the difficulty of our position, as that they may derive some profit and instruction from it. I have now come here to repeat what I have already said in writing officially to Dr. Stewart, on the part of myself and other Irish members, that we shall be most happy to see you in Dublin, and that we shall esteem it a great and valued compliment. I concur in the expression of opinion given by Dr. Stewart and Dr. Flynn, that so far as the interests of the Irish mem-

bers of the Association are concerned, your meeting in Dublin will have a most beneficial effect.

Dr. ROBERTSON : The Committee are of opinion, considering the stupid mistake which we fell into with regard to the year of the Great Exhibition, that our only objection to Dublin is withdrawn ; we always wished to have an Irish meeting, and as the Great Exhibition will be held in 1862, it will afford us very great pleasure to accept the offer given from Dublin, and to hold our next meeting there.

The amendment was then put and lost. The original motion was carried by a large majority.

The PRESIDENT : The next business is the election of a President for the year 1861.

Dr. LOCKHART ROBERTSON : May I be allowed to propose the name of Dr. Lalor, the medical superintendent of the Richmond District Asylum? Dr. Stewart was, at the Committee this morning, named as President by Mr. Ley, but I rather look to him to perform the duties of Secretary in Ireland. I have generally had all the burden of the annual meeting thrown upon me, and now I think I must take a holiday and look to Dr. Stewart to do the duties of Secretary.

Dr. TUKE : I beg to second the proposal of Dr. Robertson, that Dr. Lalor be elected President for the ensuing year. I sincerely trust that our visit to Dublin, may be of some service in carrying out the views that Dr. Lalor has embodied in the pamphlet which he has addressed to the members of the Association. It is to be hoped that the present degraded position of the medical officers of asylums in Ireland may be put an end to, and if our meeting there should be of any service in that respect we shall be most willing to undertake the journey. One reason for our not going there has been referred to by Mr. Ley, who has spoken on the subject like a good Treasurer as he is, I mean the subscriptions we have received from Ireland. That is not a reason why we should not go, as Mr. Ley has put it, but why we should go. It is not that we care for our Irish brothers' subscriptions, but that we desire to show our hearty gratitude for the assistance they have given. Let us go without any *arriere pensée*, not caring whether we get more subscriptions, but with an earnest desire to cultivate the acquaintance of our Irish brethren, and make ourselves as well known to them personally as our names must be, and as their names are, to us.

The motion was unanimously adopted.

Dr. LALOR : Mr. President, and fellow members. This honor comes upon me quite unexpectedly and unmeritedly.

I feel that I have no claim upon the ground of merit to this distinction, and I am conscious that it is only your exceedingly kind feeling, that has placed me in this high and honourable position. I repeat, this has come so unexpectedly upon me, that I hope you will pardon me for not endeavouring to return thanks more than saying in a single word, that I am deeply grateful to you. (Applause.)

The PRESIDENT: The next business is the

ELECTION OF OFFICERS & OF THE COMMITTEE OF MANAGEMENT.

The first officer to be elected is

THE TREASURER.

Dr. KIRKMAN moved that Mr. Ley be re-elected as Treasurer for the ensuing year.

Dr. DAVEY seconded the motion which was unanimously adopted.

The PRESIDENT: On behalf of the Association I beg to thank Mr. Ley most cordially for the way in which he has discharged the duties of his office for a long series of years. I am sure we could not select a fitter person for the office he fills. The next business is the election of

GENERAL SECRETARY.

Dr. HITCHMAN: I beg to propose that Dr. Lockhart Robertson be re-elected as Secretary. He has so well and so successfully discharged the duties of his office that I am sure we shall all unite in requesting him to continue his services.

Mr. WILLIAM KIRKMAN: I have much pleasure in seconding the resolution.

The motion passed unanimously.

The PRESIDENT: The next business is the election of a

SECRETARY FOR IRELAND.

Mr. LEY: I beg to propose that Dr. Stewart be re-appointed as Secretary for Ireland. He has shown so much energy, and devoted so much time to the interests of the Association, that I am sure we cannot possibly do better than re-elect him.

Dr. TUKE: I am very happy to second the nomination.

The resolution passed unanimously.

The PRESIDENT: The duties which will devolve upon Dr. Stewart this next year will be very onerous, and I have no

doubt he will discharge them as efficiently as he has hitherto done. It is now my painful duty to record the death of our SECRETARY FOR SCOTLAND. When an esteemed member is taken from us, it requires that we should express our feeling on the subject. (Hear, hear.) A more worthy man, or a more efficient superintendent than he who has been removed from us did not exist, and I feel that I am but doing the commonest act of justice in expressing our great regret at the loss of our worthy Secretary for Scotland. The duty now devolves upon us of electing his successor.

Dr. LOCKHART ROBERTSON: The oldest member in Scotland is Dr. Mackintosh, superintendent of the Glasgow Asylum, and perhaps we could not do better than elect him.

Dr. THURNAM: I beg to second that proposal. I have known Dr. Mackintosh for many years; he has not attended many of our meetings, but the interest he feels in our Association is well known to the members. Carried unanimously.

The PRESIDENT: Our next duty is to elect an

EDITOR OF THE JOURNAL.

Mr. LEY: With regard to the appointment of an Editor for our *Journal*, I think there will be no difference of opinion. I am very happy in proposing that my friend Dr. Bucknill should be re-elected to that office.

Dr. HITCHMAN: As one who has received great profit and continuous delight from our admirable *Journal*, conducted by Dr. Bucknill, I beg cordially to second the proposition made by Mr. Ley.

Dr. LALOR: I do not think we should be acting fairly towards Ireland, if I did not raise my voice on behalf of my country to do honour to Dr. Bucknill. Having had one high honour put upon me, I wish to be allowed to have a second honour, one nearly equal to the first, that of expressing on the part of my Irish brethren the deep sense of obligation which we feel to Dr. Bucknill for the able manner in which he has conducted the *Journal*. (Hear, hear.)

The motion was put and carried.

The PRESIDENT: I cannot pass from this subject without tendering you my very sincere thanks for the cordial manner in which you have again conferred this honourable distinction upon me. It is a source of great pleasure to me to have that means of occupation, although it is sometimes rather more onerous than I could desire, and I must own, if our funds

permit it, I should be glad if you would consent to put a little more work upon the *Journal* by means of paid contributions. I should not think it right that ordinary articles should be paid for, because it would be invidious to accept one gentleman's communication as a gratuitous one and to remunerate another. But I think it would add to the value of the *Journal* if a portion of it every quarter could be devoted to a summary of psychological literature, especially foreign psychological literature. I think we should derive very great benefit from a *précis* of the foreign journals, such as the *Annales Psychologique*, the *German* and *American Journals*, and the *Journal* published in this country on the subject. If the contents of these Journals could be given in a good *précis*, and made a regular part of our own *Journal*, it would be a valuable addition to its pages. That is a sort of labour that no one should be expected to undertake without remuneration, and if our funds permitted it, it is a work that I should wish to see done.

THE PRESIDENT: Our next business is the

ELECTION OF AUDITORS.

The gentlemen who filled that office last year were Dr. Sherlock and Dr. Tuke. Dr. Tuke retires in rotation; it is in the power of the meeting to re-elect Dr. Sherlock, but the rules require that some one should take the place of Dr. Tuke. As a formal proceeding I will take the sense of the meeting on the re-election of Dr. Sherlock.

Dr. Sherlock was unanimously re-elected.

MR. LEY: As the accounts will have to be audited next year in Dublin, it is desirable that the other gentleman who accepts the office of Auditor should be one who purposes being in Dublin at the time of our next meeting. I would, therefore propose Dr. Flynn, one of our Irish members.

DR. CAMPBELL seconded this nomination, and it was adopted.

ELECTION OF HONORARY MEMBERS.

DR. LOCKHART ROBERTSON: The list of honorary members transmitted by Dr. Conolly, and published with the notice of this meeting, was submitted to the Committee this morning. While wishing to pay the greatest respect to any recommendation emanating from Dr. Conolly, the Committee entertained the almost unanimous feeling that the list was too large, and I have marked the names of those whom they de-

sired especially to recommend for election. These names are the following :

HONORARY MEMBERS.

- Dr. Baillarger, La Salpêtrière, Paris.
- Dr. Calmeil, Charenton, Paris.
- Dr. Falret, La Salpêtrière, Paris.
- Dr. Morel, St. Yon, Rouen.
- Dr. Flemming, Editor of the *Zeitschrift der Psychiatrie*.
- Dr. Jarvis, Dorchester, U.S.
- Dr. Howe, Boston, U.S.
- Dr. Ray, Boston, U.S.

Dr. Conolly, though a member of the Committee, was not able to be present, and I do not know how far this will meet his acquiescence.

DR. CONOLLY: My anxiety, of course, was, that we should associate with us eminent men of different countries, and with that view I put down the names of some of the most eminent men in France. It appeared to me we ought to endeavour to carry out the feeling that has lately prevailed, by associating as much as possible, our enlightened neighbours of the great country of France with ourselves, so that as far as our small influence can go, we might show that there are nobler feelings existing between the two countries than any of those which our military preparations might lead us to fear. I should regret very much if the name of Dr. Howe of the United States were not included in the present list, for there is no man more distinguished than he in our department.

DR. TUKE: I beg to move that the name of Dr. Howe be added to the list of the Committee.

The motion was seconded and unanimously adopted.

ORDINARY MEMBERS.

DR. ROBERTSON read the following list of Candidates for the ordinary membership whose claims had been approved by the Committee.

- Dr. W. V. Browne, Sussex Co. Asy., Hayward's Heath.
- Dr. Burton, M.S., District Asy., Maryborough.
- Dr. Christie, Pembroke Ho. Hackney.
- Dr. Fairless, Asylum, Montrose.
- Dr. J. M. Garbutt, Co. Asy., Hants.
- Dr. S. Hobart, Dist. Asy., Cork.

Dr. Hunt, Co. Asy., Worcester.
 Dr. Octavius Jepson, Co. Asy., Hanwell.
 Dr. W. C. Moss, Longwood Ho., Bristol.
 Dr. Charles Carter Madden, Co. Asy., Somerset.
 Dr. Samuel Newington, Highland's Ho., Ticehurst, Sussex.
 Dr. J. Rorie, Royal Asy., Dundee.
 Mr. Saunders, Co. Asy., Devon.
 Dr. F. M. Smith, Hadham Palace, Herts.
 Dr. Stevens, Borough Asylum, Bristol.

These gentlemen were unanimously elected.

THE PRESIDENT: The next business is to receive

THE TREASURER'S REPORT.

Receipts and Expenditure for the Year ending July 1, 1860.

RECEIPTS.			EXPENDITURE.				
	£	s.	d.		£	s.	d.
By Balance of 1858-9	23	13	9	By Printing and Publishing Nos. 30, 31, 32, and 33, of Association Journal	123	17	0
„ Subscriptions received by Treas- urer	130	4	0	„ Circulars and Postage	2	5	6
„ Ditto by General Secretary	11	11	0	„ Sundries of the General Secre- tary	10	1	6
„ Ditto by Secretary for Ireland	18	18	0	„ Ditto of Secretary for Ireland	0	10	10
	184	6	9				
By Expenditure	136	14	10				
Balance in hand	47	11	11		136	14	10
Examined and found Correct,				J. SHERLOCK, HARRINGTON TUKE, } Auditors.			

MR. LEY: My report, Gentlemen, need not be very long. I have had usually to report an increasing revenue. Particular circumstances last year made the expenditure rather large and comparatively suspended the surplus, but the average surplus of the last three years has been about £20. I mention that in regard to the additional expense which the Association contemplate in the management of the *Journal*. The law, I believe is, that after the payment of the ordinary expense of the Association, the surplus fund shall be appropriated to the aid of the *Asylum Journal*, published by the authority of the Association. If those funds, therefore, had been applied to the purposes of the *Journal*, without any mention of the subject to the meeting, there would have been nothing irregular in that course; but we thought it better for all purposes that such a step should be taken on a distinct vote of the meeting. The surplus in hand at present is £47 11s. 11d., £23 of that belonging to the balance of last year, so that our surplus for the year is something more than £20. Under these circumstances my impression is, that the Associ-

ation can appropriate the £5 a quarter for the purposes of the *Journal*, and that the members will not be surprised if they see that Dr. Bucknill avails himself of assistance to that extent (hear, hear). As the activity of Dr. Stewart, our Secretary for Ireland, has been noticed, allow me to state that he has paid me £18 18s. this morning from his collections in Ireland, which, I need not say, is a material assistance to us. Our funds are steadily on the increase, and, though we have lost some of our members, we have received others, so that the entire number is rather on the increase than on the decrease.

DR. STEWART: I beg to move the adoption of the Treasurer's report, by this meeting, with the understanding that the surplus fund shall be used according to the standing rule, for the expenses of the *Asylum Journal*.

DR. TUKE: I think it ought to be understood by the members generally, that under Dr. Bucknill's editorship, the prosperity of the *Journal* has been steadily advancing, so that there is now in the hands of Messrs. Longman, a considerable balance. We print more numbers than we require for our own members, and I hope that with some additional funds, to release Dr. Bucknill from the absolute drudgery attending his editorship, we may still further increase the sale and prosperity of the *Journal*. I think it is very creditable to our Association, that a journal containing the unpaid work of its members, should obtain a considerable sale.

The motion was unanimously adopted.

THE PRESIDENT: I understand that it is the wish of the meeting that my proposal should be carried out, that a paid-for digest of foreign psychological literature shall be inserted in the journal each quarter (hear, hear). The next subject on the list is a paper to be read on the "Prospects of Physicians practising in cases of Insanity, by Dr. Conolly.

Dr. CONOLLY: I am sorry to have to make an apology instead of reading a paper, but for the last week I have been subject to an old enemy in the shape of tic douloureux, which renders either reading or writing almost impossible. I had put the heads of my subject together, but I find that even the exertion of reading them would not be safe. Moreover, the admirable address of our respected President has comprehended almost every point to which I should have taken the liberty of directing your attention. The only recommendation which I am inclined to offer, is that there should be some Committee appointed to watch everything that is done respecting lunacy by the House of Commons, to prepare any remonstrances or suggestions that may be necessary,

in the most temperate manner, so as to give no offence, believing that none is intended, and to diffuse a little knowledge among Members of Parliament, which they seem to be rather in want of. I feel most deeply, that the proprietors of private asylums are placed in a very painful position. Their character is at the mercy of a single line hastily written in any visitors' book in any house in the kingdom, and their property is likely to be placed in very great jeopardy. Moreover, there cannot be a question that a disposition exists to interfere with the medical treatment of our patients, to create an office, not of general commissioners, but of actual extra-superintendents, who, instead of consulting and conferring and making friendly suggestions, will place themselves in the position of detectives, visiting our houses as if we were men of bad character. I know that it is not always safe to offer opinions of this kind. But perhaps at my time of life it is of less consequence to me than it would be to many, and I think it right that the opinions of medical men on these points should be known. At the same time those opinions should be temperately and quietly stated, and I hope this Association will concentrate all the power that it has, so as to be efficient in whatever remonstrance it may take upon itself to make. Another point I feel very anxious about, as tending to keep up the respectability of our branch of profession, is that measures should be taken to represent to the Medical Council the propriety of introducing, as a part of medical education, some little attention to the important class of disorders of the mind. (Hear, hear.) These are points, gentlemen, upon which, perhaps, I may in some other way lay my opinions before you. In the mean time I am rejoiced to think that we have had to day in Dr. Bucknill's observations, a certain foundation laid which I am perfectly sure may be built upon very advantageously to our profession. I beg you will excuse me for not reading my paper, and I thank you for listening so kindly to the observations I have made.

Dr. KIRKMAN : I rise to make a request which I am sure will be echoed by every gentleman present, namely, that Dr. Conolly would be kind enough to allow his paper to be printed in the *Journal*.

Dr. BURNET : I beg to second the motion.

The motion was unanimously adopted.

The PRESIDENT : In communicating to you, Dr. Conolly, the unanimous desire and earnest wish of the Association that you will permit your valuable paper to be published in the *Journal*, I can only say that if any remarks I have made in

my address should have prevented the far more weighty and valuable communication of your own opinion, I shall have to regret that they were made. Yet, on such subjects the repetition of opinion, and the unanimity of opinion may be useful. It is needful to hit the nail on the head a great many times; and the opinion of a young physician like myself is of little value compared to that of one who like yourself has borne the heat and burden of the day, who has a world wide reputation, and whose name is known wherever the modern philanthropic treatment of the insane is understood. It is of great importance that your observations should not be lost to us, and, therefore, I sincerely trust that you will accede to the unanimous desire of the Association.

DR. CONOLLY: I am very much obliged by the great kindness with which the few observations I have made, and every thing I have endeavoured to do have been received by the Association, the members of which I esteem so highly. I can only say that I will endeavour to make my paper worthy of the honour you have been so kind as to request it should receive.

DR. TUKE: Dr. Conolly has made one observation of very great importance. In regard to the future legislation that menaces us, I think it need not be considered too late for this meeting to do some good; and I should propose that a Committee be appointed consisting of gentlemen whom we can trust, who will moderately use the influence of this Association in suggestions to the Select Committee now sitting, or in applications to the movers of any bill in Parliament for alterations or for additions or for such other change as they may wish to make. I really think if such a Committee were appointed with power to act in the name of this Association at once, it might be productive of great good. The officers of the Association have been carefully chosen, and with the addition of three or four names of men who represent various interests in the profession, they might be of great service in regard to future legislation.

DR. ROBERTSON: You had better not have more than three members.

DR. LALOR: I have great pleasure in seconding the resolution. I am generally exceedingly jealous of giving powers to Committees that ought to belong to an Association; but I think the circumstances of the Association, and of the department of the profession to which we belong, are at present so peculiar as to render it absolutely necessary that there should be

some executive body to watch over our interests between this and the next meeting.

The PRESIDENT: Any Committee larger than three members would only impede the object you desire.

Dr. ROBERTSON: I should suggest a small Committee consisting, say of Dr. Hood, Dr. Sutherland, and Dr. Tuke.

Dr. THURNAM: I beg to propose that such a Committee be appointed consisting of Dr. Sutherland, Dr. Hood, and Dr. Tuke. It might be desirable to have one member who is superintendent of a county asylum, and I would suggest that Dr. Campbell, who lives in the neighbourhood of London, should be added to the Committee. Although the President and Dr. Robertson would be *ex officio* members of the Committee they would not be so likely to attend as one specially appointed. I beg to propose that the number of the Committee be extended to four; and that Dr. Campbell's name be added.

Dr. STEWART: I beg to second the proposal.

The PRESIDENT: I will put the names of the gentlemen who have been proposed; that they form what we may call, I suppose, the Law Committee.

The proposal is that the Committee be appointed for the specific purposes which have been described, and that the members should consist of Dr. Sutherland, Dr. Hood, Dr. Tuke, and Dr. Campbell.

The resolution was unanimously adopted.

Dr. TUKE: As the youngest member of the Committee, I ought to express my thanks to the meeting for putting my name on the list. As the mover of the resolution, however, it was probably a matter of courtesy, rather than in reference to any merits of my own. But I assure you that I am most sincerely anxious for the good of our common profession in whatever speciality we may be practising, and I think that the personal acquaintance many of us have with members of the House, may be very useful to the Association.

A Paper was then read by DR. ROBERTSON, on "SUGGESTIONS TOWARDS A UNIFORM SYSTEM OF ASYLUM STATISTICS."*

THE PRESIDENT: I am sure we are all very much obliged to our worthy Secretary for his valuable Paper, and the suggestions it contains. As he has referred to my shabby balance-sheet, I can only say that it has not only been referred to, but a good deal discussed in my county. At the meeting of

*This Paper and Dr. Conolly's Paper will be published in the next number of this Journal.

the Quarter Sessions, there was a discussion about it, when a worthy magistrate got up with Dr. Thurnam's report in his hand, stating that while Dr. Bucknill gave only four or five tables, Dr. Thurnam gave 23; "Dr. Thurnam (said he) gives us everything, and you ought always to publish accounts as full as his." I agreed with this gentleman, although I thought Dr. Thurnam's accounts rather too detailed. Last week in a discussion at the Board of Guardians at Newton Abbot, some of the members had got hold of the report of Dr. Kent, of Cambridge, and referred to the excellent financial statements contained in that report, and to our great deficiencies. But they discovered that the Cambridge maintenance charge was 3s. 6d. a week higher than ours, and that afforded them some consolation. However, they came to a resolution to present a petition to the magistrates in Quarter Sessions, that we should be compelled to furnish a better statement of accounts, and I think they were right. It has often been said that we cannot keep our asylum accounts at anything like the same amount, on account of the different prices of provisions, labour, and so on. I do not think this is true. Now that England is covered with a net-work of railways I do not think there is any great difference in the price of provisions; and if they are cheaper in any one place than else where, I should think it was in London. I know that our butchers come to Smithfield market for their bullocks, I know that the Wye salmon will fetch in the London market more than the Severn salmon, and I know it is worth while for the fishmongers at Hereford to send all the salmon caught in the river to London for a half-penny a pound more than they get for the Severn salmon, and take back a supply of the latter to their own customers. It is not likely, therefore, that the price of provisions will vary very much, nor do I believe that there is much difference in the price of labour, that is, if you estimate the price of labour according to the work done, and not according to the number of persons doing it. For example, if you give a man seven shillings or eight shillings a week, you must expect that he won't do more than half a day's work. Some time ago a traveller in my own county saw a man shovelling in a very lazy sort of way, and said to him, "Why don't you take off your jacket? you are not sweating." "Oh," said he, "eight shillings a week isn't sweating wages." (Laughter.) If you calculate according to the work done, depend upon it the price of labour does not differ much in different parts of England. We are very much indebted to Dr. Robertson for introducing the subject, and I hope his suggestions will be followed out.

I would also, (continued Dr. Bucknill,) ask the Association whether it would be thought derogatory to the aim and object of our Journal, to insert every quarter in its last pages, a statement of contract prices, which I have no doubt I could obtain from the Superintendents in different parts of the country.

MR. LEY : It would be very easy to do that.

DR. CAMPBELL : I have gone into the question of maintenance pretty fully myself, and I believe very much turns upon the diet tables and the salaries and wages ; a great deal depends upon whether you have a Committee who will pay officers and servants well, or whether you have a Committee who will not. My own Committee are well aware that if you wish to get good servants, you must pay them well. At a recent Quarter Sessions Meeting, a gentleman got up and said, "I have got Mr. Hill's report. How is it you charge so much for the patients in Essex, when Mr. Hill charges so much less down in York?" I said, "I think comparisons are odious. I am sure if you go to a cheap tailor's, you will not get a good coat." However, the gentleman insisted again, and produced these tables of Mr. Hill's. I looked into the different tables, and examined the way in which the maintenance accounts were kept. Now all accounts vary very much ; I can take up, in some instances, a county asylum's report, and show that three or four hundred pounds which ought to have been charged to the maintenance account, they have managed to shift on to the county accounts. How they do it I do not know ; but certainly it is done. Some of the superintendents keep their patients very cheap, and many little items are put down under the heads of "alterations," "repairs," and other things of that kind, in a way that I really cannot understand. They may be very trifling items, but when put together, I have known them amount to as much as six-pence or nine-pence a week for each patient. If the tables were kept in a uniform manner, and every article went down to the maintenance account, you would see very little difference of expenditure, and whatever difference there might be would depend upon whether the committee gave a liberal diet and paid their officers and servants well, or whether they did not. There is very little difference in any other respect.

DR. THURNAM : I think the subject is one of very great interest and importance, and I feel very much indebted to Dr. Robertson for having read his paper on this occasion. I should be happy to act upon such a Committee as that which

has been suggested, though I must say it would be with small hopes of bringing about a uniform system of tables. It is a thing which for twenty years past, I have been directly and indirectly working at, and I have been endeavouring to prevail upon my brethren engaged in asylums, to adopt something like a uniform system. As regards the statistical tables it must necessarily rest with the superintendents. Some give a small number of tables, and some a large number. For the statistics to be useful there must necessarily be a considerable number of tables, and with them, at the end of the ten or fifteen or twenty years, the accounts might be condensed into one table, and the experience of each county as regards its lunacy, might be digested into a useful form for comparison. Many superintendents are disposed to give themselves a good deal of trouble about it; and it is really a troublesome matter. For the first three months of the year, my leisure time is occupied in drawing out a not very large number of tables, 17 or 18, exclusive of those which strictly refer to professional matters. It is not many who are disposed to give away so much time to the preparation of tables, or who attach sufficient importance to them to think it necessary to do so. If gentlemen, however, are willing to devote their time in that manner, something may be ultimately done. Whatever form is recommended, it ought to be as concise and small as possible. I should propose that the number of tables should not exceed ten. Some superintendents give an obituary table, and a table of recoveries, giving a history of each case. There ought certainly to be journals from which such tables could be compiled, but I am disposed to question the utility of detailed obituaries in the form adopted by some superintendents. Some forms contain a vast number of details, but they are not immediately available for any useful purpose. With regard to the financial statistics, I really think that the Committee just appointed may do something by acting on the Commissioners of Lunacy; but I do not think the Committee of this Association could themselves carry out the object, for, practically, as Mr. Ley has already stated, the financial accounts are published in such a form as the Committees of asylums and the Visitors direct. My own report has been referred to. It certainly presents details of expenditure which I am very sorry to see go out in any way connected with my name. The Committee, however, have requested the steward to give a very detailed account, and of late years the detail has grown. He has found that he has been applauded in proportion as his accounts assumed a detailed form, and of

course he has been anxious to acquiesce in whatever they have wished him to do. Perhaps, however, he has carried the system to a greater extent than was desired.

Dr. CAMPBELL: On this subject, I may say that I had a return sent to me from a jail which was a very interesting document in connection with the expense of lunatic institutions. I had asked for a return of all the soldiers who had been sent to Chelmsford jail from the barracks, amounting to a large number every year, and I asked the governor to give me a statement of the charge per head per week, of each of the criminals in the Chelmsford jail during the past year, including turnkeys' and governor's salaries and everything else—making out the account in the same manner as you do the maintenance account of a county asylum. From that return, I find that the prisoners in the Essex jail, during the past year, have cost 13s. 2d. per week per head, and I thought that was a good answer to anything that might be said about my rate. For while the prisoners cost 13s. 2d. they could not grudge 10s. a week for a pauper lunatic.

THE PRESIDENT: In connection with this subject, Dr. Brushfield has placed in my hands a valuable table of statistics of asylums during 1858, which will form a very fitting and valuable appendix to Dr. Robertson's paper. I have no doubt we shall find it very valuable when we come to study it in detail. With regard to general paralysis, for instance, we find the mortality in some counties very large, and in others very small; and, perhaps, if we were to pursue the clue which this gives us, we might gain some information as to the cause of this most mysterious disease. I do not know that we are at present well-informed on the causation of that disease, which occasions, in our institutions, by far the largest number of deaths.

VISITING PHYSICIANS OF THE IRISH DISTRICT ASYLUMS.

Dr. LALOR and Dr. SHERLOCK brought forward this question with reference to a pamphlet recently published by Dr. Lalor.

The PRESIDENT: I do not wish to ask the meeting, at present, to come to a decision on the merits of the question,

though I think I do not go too far in expressing my belief that their opinion would be in favour of the views which have been brought before us with such ability by Dr. Lalor; still, I think it might be valuable at the present crisis, if the Association were able to express its opinion on the subject, in some manner which could be referred to, and used in Ireland.

Dr. LALOR: I think it will be very important that that should be done, if it is not contrary to the rules of the society that some definite proposition should be put upon our minutes to-day, and appear in our *Journal*, expressing the opinion of the Association, in a general way, upon this point; because the subject is, at the present moment, in progress towards consideration by the government authorities in Ireland, and so far as it can be decided by them will be decided long before the meeting of the Association in Dublin next year, when, probably any action of this Society might come too late, or at all events, at a period when the difficulties of rectifying the state of things, and putting them in the position in which they ought to be, would be greatly increased.

MR. LEY: I am very unfortunate in not having read Dr. Lalor's pamphlet. I received it, it is true, but have not had time to peruse it. I believe others are in the same position in this respect as myself, so that I believe we are, in a great degree, unprepared, at present, for any discussion of the question. The position of visiting physicians in charitable institutions, hospitals and infirmaries throughout this country may be thus described. The resident in them is a pupil, the visiting physician receiving no salary. There may be cases in which he does, but they are special cases. He has a resident pupil in the form of a house surgeon, who is paid, and who practically takes all the responsibility of the case. In lunatic asylums the thing is reversed. I have said that visiting physicians are not always paid. It is generally considered a compliment, and an honorary appointment. In the general hospital, the gentleman who is the resident is rather in the position of a pupil seeking experience for his ulterior practice. The relation between the visiting physician and the resident in ordinary cases is pretty constant. In lunatic asylums, the thing is distinctly the reverse. The lunatic patient needs greater experience, and almost invariably the resident at the lunatic asylum is the responsible

officer. It has happened that men of experience have been appointed after their retirement, and have received salaries—being resident in the neighbourhood, that is, in the patronage of the Committee rewarding the services of a man who they know has had large experience. But I doubt if there is any instance of a lunatic asylum, supported otherwise than by voluntary contributions, in which the visiting physician is the responsible party. I may be at fault, but I do not know any lunatic asylum in this country in which the visiting physician is the responsible party receiving a salary.

The PRESIDENT : It is the case sometimes in hospitals for the insane, but not in asylums.

Mr. LEY : When you define where it is so and where not, you get the means of putting a definite resolution which is the point Dr. Lalor asks for. I rose because I thought that I saw the ground upon which you could get your data, and I did not think any gentleman was prepared at the moment to speak of the matter. It was new to me I confess, not having read what Dr. Lalor had written, and I hope you will excuse me if I have said anything irrelevant to the subject.

Dr. CONOLLY : My excuse for proposing a resolution, which has been drawn up by my excellent friend the President, is that I have had, myself, experience in all three capacities, as resident physician, visiting physician, and consulting physician. It appears to me that an asylum can only be efficiently managed by the officer at the head of the whole establishment and resident within it. In the treatment of insanity in an asylum, you have to regulate, not a particular dose of medicine in the evening or the morning, but the whole life of the patient from morning to night, and every circumstance, physical, moral, and intellectual which can bear upon it. Nobody can do that but a person who lives continually among the patients. I had that office some years ago in Hanwell; the managers thought that a military governor would be much better than a medical one, and they were allowed to try the experiment, which ended in a ridiculous manner. I then became Visiting physician and continued so many years, with a salary. I found it was necessary to interfere as little as possible with the resident medical officers, and that if I did interfere with them it was sure to do mischief. In the end, therefore, though I could not very well afford it, I resigned the salary and the appointment altogether, very unexpectedly to the Committee, finding that the little I wished to do further was not likely to

be supported. At present I am Consulting physician. Of course I am very seldom required to go and see any of the patients. Indeed, except in particular cases, I cannot see the usefulness of such appointment at all. I now and then go and see the asylum, but I am quite sure that the resident officers must be the life and soul of every institution of that kind, to make it effectual. I therefore beg to move the following resolution: "That this Association consider it desirable that all the responsibility of the management of asylums, and the treatment of patients, should be placed upon the resident medical officers of asylums, and that physicians not resident in asylums should be restricted to the discharge of the duties appropriate to consulting physicians."

DR. CAMPBELL: I beg to second that proposition, and I do it with very great pleasure. With regard to the object of Dr. Lalor's pamphlet, which I had the pleasure of reading, I think it is simply this, in a few words, the superintendents of Irish asylums want to get as nearly as possible the same position as the superintendents have in England. At present there is a system of having three or four visiting physicians at one time in Dublin. I, myself, met three visiting physicians at the very institution with which Dr. Lalor is connected. Dr. Lalor was not then present himself. I asked the person to whom I was speaking who those gentlemen were, and the answer I got was, "They are three visiting men, and they are all giving different orders." That is exactly the answer I got in that asylum some years ago. Now, such a state of things must be detrimental to the working of any institution. I have been in institutions where visiting physicians attend in that way, and I have no hesitation in saying that the system has proved a drawback to the working of those establishments in every department.

DR. STEVENS: I think it is hardly advisable that a section of the Association should be called upon to give an opinion upon a matter of such vital importance. With regard to the question of visiting physicians, I think perhaps, that circumstances would alter the cases in different positions. I think that asylums and hospitals may have some remarkable difference between them. When I was first appointed at St. Luke's I felt exceedingly nettled and harassed—I may honestly and truly say, almost killed—by the conflicting influences I found at work amongst the Commissioners, the Committee, and the physicians; and if I had not fallen into the hands of two men who were, in every

sense of the word, gentlemen, I could not possibly have gone on with the work. I believe that I was the means of continuing those gentlemen in the position of physicians to St. Luke's. I found the Committee were jealous of them to some extent, and the Commissioners, backed by legislation, were also very much averse to their interference. The law is pretty clear that a man resident in the house may have nothing to do with the management of it, and things were coming to a dead lock. I made a great number of recommendations, and the physicians backed me up, and in that way the work was carried out, which I myself should not have had the slightest power to effect. Perhaps what I say is of very little force, since I am speaking of hospitals purely for the insane, and hospitals in dense populations, the hospital like St. Luke's in London, similar on a smaller scale to Bethlehem. I have had very great fields of study, and I certainly think a full staff of officers very desirable, as far as the management of the patient is concerned. I must say though, that at times, I have had to put up with a great deal that was very irritating and worrying, but we got through the work very well. Altogether as far as the school goes, I think the physicians might be of immense use. I suggested long ago that regular courses of lectures should be given, and some little attention paid to the pupils, but hitherto the proposal has not come to very much. Mr. Ley, in some of his remarks, is a little at variance with facts. Most hospitals in London have a staff of physicians, and they have resident officers who are pupils and are not paid, while the physicians and surgeons are paid, though not perhaps directly. The appointment of physician to King's College is worth something like £800 a year, and that is very satisfactory payment. With regard to St. Luke's, Mr. Ley may not be aware of it, but the physicians are paid.

Mr. LEY : Directly ?

Dr. STEVENS : They are paid £100 a-year each.

Mr. LEY : That is very trifling ; I call £100 a-year nothing in relation to their services.

Dr. SHERLOCK : The terms of the Resolution only apply to public asylums, not to hospitals having private income.

Dr. THURNAM : I think it might be as well to append to the Resolution, if you see no objection, that it has been framed with a special reference to Ireland.

Dr. LALOR : As the Resolution has reference to Ireland, perhaps, I may be permitted to say that those who have influence in some of the institutions think that the system of

England is bad, and if they saw the slightest chance of reversing it and establishing the old system of visiting physicians, in my opinion, they would do so.

The PRESIDENT: Do you not think Dr. Thurnam that the discussion preceding and following the proposal of the Resolution, will of itself explain the circumstances out of which it arose?

Dr. THURNAM: If the discussion is published in the *Journal* my object is attained. My desire is that the enunciation of such principles in London should not be taken by men of authority as if we were as a body dissatisfied with the medical organization of asylums in England, which is not the case speaking generally.

The PRESIDENT: I see the force of your remarks. What the Irish members require from us is an expression of our opinion and our experience so that they may apply it to themselves. No one will read this Resolution who will not read the discussion upon it at the same time.

Dr. THURNAM: I think that will meet my views.

The Resolution was unanimously adopted.

The following paper was then read:

A CASE OF HOMICIDAL MANIA, BY DR. DAVEY.

The case, to which the observations I am about to make refer, is not, I think, without some interest to us, both as medical men and as the proprietors or superintendents of private or public asylums. It is calculated, as I believe, to illustrate the not very enviable position we may be, under circumstances, placed in, in reference not only to the Commissioners in Lunacy, but to the public; whose servants the proprietors and superintendents of asylums, of all kinds, are to be considered. The case, moreover, follows, and very properly, the paper of Dr. Conolly's, entitled "On the Prospects of Physicians practising," in our specialty.

On the 2nd of April, 1859, I received as a patient, at Northwoods, Dr. James Pownall. He was then suffering from slight maniacal disorder. The history of the case, as furnished by the friends, and found on the "*order for reception*," and in the "*medical certificates*," amounted to this, viz:—At the age of 22 years, he (Dr. J. Pownall) suffered from his first attack of mental alienation; that the present

was the third illness ;* that between the visitations of cerebro-mental disease (visitations occurring after intervals of 14 years and $4\frac{1}{2}$ years about), he had conducted a large and first-class general practice, and, what is more, had become so highly respected by his fellow townspeople as to be chosen by them for their chief magistrate, &c. Dr. Pownall was described to me as naturally an amiable and estimable man ; but, on the other hand, when insane, as most violent, and dangerous to himself and to others. On the authority of those most intimately acquainted with Dr. Pownall, I learnt that the first indications of mental disorder in him were marked by a mistrust of his nearest relatives, and by a suspicion of their intentions in so far as his interests were concerned. He declared, after a time, that poison was mixed with his food, &c., &c. The persistence of these delusions had resulted in acts of violence to himself and others ; he became, in fact, suicidal and homicidal. During the last attack of illness, in 1854, it was told me, he, Dr. Pownall, had shot a patient of his own in the leg when they were out together shooting ; but that the Coroner's inquiry into the cause of death of the same gentleman, and into the general facts of the case, went to prove the fatal injury but a pure accident ; however, there were those, I was told, who took a different view of the case.

The medical certificates, dated 2nd April, 1859 (the day of admission at Northwoods), described Dr. J. Pownall as "having made a murderous attack on his mother-in-law, whom he usually respected and loved ;" that "for the last two or three months he had become an altered man," was "low and desponding ;" that "he (Dr. P.) had made an attempt to destroy himself."

On the arrival of my patient at Northwoods, and after reading the medical certificates, I lost no time in visiting him to ascertain his then present state. I found Dr. Pownall slightly agitated, but nothing more than this ; he spoke calmly and addressed himself to me and others as became a gentleman. On prolonging my conversation, he cried, and expressed the deepest sorrow for the violence shown by him to his mother-in-law, &c. I referred to the painful circumstances of his removal from home, and begged him to give to me anything he might have about him where-

* In the "Statement" received by me on the admission of Dr. Pownall to Northwoods, the question, "*Whether first attack,*" is replied to, "*No.*" The "*duration of existing attack*" is answered thus : "*Frequent occurrence—two weeks.*"

with he might injure himself or others. He gave me at once two pen-knives. Pr. Pownall went on quietly and comfortably at Northwoods; he appeared, day by day, to have little or nothing the matter with him. He walked out, within a month of his arrival at Northwoods, quite unattended; he joined my family and children in their walks, and rode out with my son and myself. In fact, Dr. Pownall and I stood towards each other in the light rather of friends than anything else. At the end of May I wrote to Mrs. Pownall, telling that lady of Dr. Pownall's very comfortable state of mind, giving it as my opinion that it became her to make the necessary arrangements in anticipation of her husband's return home, provided there were no peculiar or local reasons why this might not be. Mrs. Pownall replied, she felt it her duty to consult her friends on the matter.

The friends alluded to, placed the case before the "Commissioners in Lunacy." They referred it, through myself, to the Visitors. In a letter dated "4th June, 1859," and addressed to me, the Commissioners gave it as their opinion, that, "having regard to those antecedent circumstances, which they will, in confidence, communicate for the information of the visitors, should they require such knowledge for their guidance," they "see much danger in an immediate or unconditional discharge" of Dr. J. Pownall. It is added, "they are of opinion," on 4th June, 1859, "that such discharge should be preceded by a leave of absence, under the 86th section of the act, whereby the patient's power of self-control may be tested *for some little time.*" (The italics here are my own.)

The antecedents of Dr. Pownall were duly set before the Visitors; those gentlemen made two especial visits to Northwoods for the purpose of satisfying themselves of the sanity, or otherwise, of my patient. On the 15th of July, the date of the second visit, the Visitors wrote thus to the Commissioners of Lunacy:—"We ourselves are released from all difficulty in the case by the information of Dr. Davey, that Mr. Ogilvie has made arrangements, with the concurrence of Mrs. Pownall, for his," Dr. Pownall's, "removal, to live with a medical practitioner, and a proper attendant, in a secluded village in the country; and that he," Dr. Davey, "expects he (Dr. P.) will be removed from this house to-morrow." Not until the 10th day of August was it found practicable to obtain the services of an attendant, deemed efficient and trustworthy. On that day Dr. Pownall left Northwoods. He was discharged "*recovered,*"

and is so registered in the books of the Asylum. At Dr. Pownall's urgent entreaty I wrote for him, and gave into his possession on leaving the house, a short certificate to the effect that he *was* discharged cured, *i.e.*, was *not* under any legal restraint. His sensitiveness on this head was very acute, and I saw no harm, but much good, in helping to soothe his feelings, thus far; and so also it was I told the attendant, Richard Pook, *in the presence of Dr. Pownall*, in my own drawing room, that he (Dr. P.) was discharged "as a sane man;" and, not improbably, I might have added, that his (Pook's) going with the patient "*was a mere form.*" However, I sent with Dr. Pownall to Mr. Leete, Surgeon, of Lydney, Gloucestershire, the following note, *viz.* :—

Northwoods, near Bristol, 10th August, 1859.

My Dear Sir,—I write this with the view of making you acquainted with the circumstances of Dr. Pownall's case, and with the view also of introducing you to Dr. James Pownall himself. As to the case, it was one of ordinary mania, ushered in with suspicious feelings towards others, and realizing after a time a dangerous climax of excitement. The disorder appears to have taken on a more or less temporary character. Dr. Pownall has been here some four months, and during the whole of this time has appeared free from all indications of mental disease. I consider him now quite well. The fact of there being an attendant with him is accounted for thus: the Commissioners of Lunacy some two months since advised that in case of Dr. P.'s discharge this precaution should be adopted, regard being had to the *antecedents* of my patient, *i.e.*, Dr. Pownall.

Yours very truly,

C. Leete, Esq.

J. G. DAVEY.

This note, which was found, ultimately, among Dr. Pownall's papers was never given by him to Mr. Leete, for reasons I know not. On the 30th August, just twenty days after leaving Northwoods, Dr. Pownall murdered, by cutting her throat with a razor, the female servant of Mr. Leete.* On the 2nd of September I received from the office of the Commissioners in Lunacy the annexed letter, written on the 1st inst., *viz.* :—

Office of Commissioners in Lunacy, 10, Whitehall Place, S.W.,
1st September, 1859.

Sir,—In the Copy of the Visitor's Entry at Northwoods, of the 15th of last July, respecting the case of Dr. Pownall, transmitted

* The evidence of Mr. Leete, on the trial, proved Dr. Pownall to have been, to all appearance, quite well to within a few hours of this sad casualty.

to this office by the Clerk to the Visitors on the 20th July, it was stated that Mr. Ogilvie had "made arrangements, with the concurrence of Mrs. Pownall, for his (Dr. Pownall's) removal to live with a Medical Practitioner, and a proper Attendant, in a secluded village in this County, and that he expects he will be removed from this house to-morrow."

Notwithstanding this intimation, however, the Commissioners did not receive until the 15th August an official notice from you of the discharge of Dr. Pownall on the 10th of that month.

I am now directed to request that you will communicate to me, for the information of the Commissioners, what the circumstances of Dr. Pownall's removal were, and whether he was placed, as above stated, under the care of a Medical Practitioner, and with the supervision of a proper Attendant?

I am, Sir, your obedient Servant,

JOHN FORSTER,

Dr. Davey, Northwoods, Bristol.

Secretary.

My reply is subjoined, viz. :—

Sir,—In reply to yours of yesterday, requiring me to "communicate" to you "the circumstances of Dr. Pownall's removal" from Northwoods, I beg to state that the delay to which you have alluded arose out of the difficulty experienced both by Mr. Ogilvie and myself to obtain the services of an efficient and able attendant. Moreover, Mr. Ogilvie did not seem at the first to realise the necessity of a "proper attendant," to accompany Dr. Pownall; and hence, also, the arrangements were somewhat delayed. Dr. Pownall left this on August 10th inst., with an Attendant, and they went to reside "with a Medical Practitioner," living at Lydney (Gloucestershire). The non-arrival at your office of the notice of Dr. Pownall's discharge, before the 15th August, I am unable to account for.

Your obedient Servant,

J. G. DAVEY.

J. Forster, Esq., &c., &c.

When I applied at the Gloucestershire Quarter Sessions in October, 1859, for a renewal of my license, I was called on—almost immediately on entering the Court—to give some account of Dr. Pownall's case of which much had been said, as I afterwards learnt, before my arrival; I was asked, in fact, to justify the steps I had taken in this painful matter. I spoke of the disorder as having been described to me as *paroxysmal* and *impulsive*; and as such I believed it to be. I said that during such an attack he must be considered as a most dangerous person, and that I felt persuaded that one day, during a paroxysm, some calamity might occur; that, at such time, Dr. Pownall was certainly not to be trusted—

and that knowing and feeling this much I had acted with due caution. I went on to state that from particulars which had lately reached me, it seemed probable that the last attack from which Dr. Pownall had suffered, was dissimilar to all former ones—that it had *not* been preceded by any delusions as to poison being mixed with his food, &c., and that therefore the presence of delusions in him could not have prompted to the fatal act for which he had to answer. I explained that the disease from having been of an ordinary character had probably become extraordinary or “exceptional;” (this was the word used by me). This exceptional form of insanity, I added, was so rare and unfrequent, that I had met with but of a very few instances of the kind; (“TRANSITORY HOMICIDAL MANIA,”) that “*it was a disease which came on quickly and lasted but a short time*”—“*was unattended with premonitory symptoms. It lasted till the impulsive feeling was gratified, and some act was committed by the patient by which he was, so to speak, morbidly satisfied, and directly the patient was so satisfied mental health was restored.*”* (See Newspaper Report.) I told the Court, moreover, that I felt I had the support of the Commissioners in Lunacy for the course I had adopted; and that the refusal of the Visitors “*to enter on the case at all, threw the responsibility on the Commissioners in Lunacy and myself.*”

On the 5th November, 1859, I received the following Letter from the Assistant Secretary to the Commissioners in Lunacy:—

Office of Commissioners in Lunacy, 19, Whitehall Place, S.W.,
4th November, 1859.

Sir,—The attention of the Commissioners in Lunacy has been drawn to a Report in the *Bristol Times and Felix Farley's Journal* of the 22nd Oct. ult., of certain proceedings at the last Michaelmas Quarter Sessions for the County of Gloucester, relative to the case of Dr. Pownall.

In the course of the discussion which took place upon that occasion, when all concurrence of the Visitors in the discharge of Dr. Pownall was repudiated, it was stated that Dr. Pownall had been discharged by you according to Act of Parliament. You are represented to have said that you “had the support of the Com-

* These words are quoted in the report just published by the Commissioners in Lunacy, from the account given in the local newspaper press of Gloucester of the “*Michaelmas Sessions.*” But inasmuch as they appear in such “*report*” in an isolated shape, and are dissociated from what I said before and from the remarks which followed them, their due application and right meaning are *not* conveyed to the reader. This fact, no doubt, escaped, by some accident, the author or authors of the aforesaid “*report.*”

missioners in Lunacy ;” and, again, that “the whole responsibility of Dr. Pownall’s discharge from Northwoods fell upon yourself with the Commissioners in Lunacy.”

I am instructed to enquire from you whether your statement was accurately reported, and, if so, to request that you will explain the grounds upon which you made such a statement—as it relates to the Commissioners in Lunacy.

I am, Sir, Your obedient Servant,

THOS. MARTIN,

Dr. Davey, Northwoods.

for the Secretary.

The annexed is my answer to the foregoing letter.—

Northwoods, Bristol, 5th November, 1859.

Sir,—In reply to yours of yesterday’s date, which treats of the case of Dr. Pownall, I have to inform you that I have no knowledge of having myself referred to any “Act of Parliament” for justification of the discharge of the gentleman named from Northwoods ; but I have said more than once that there was no *law* that I was aware of to justify the detention of Dr. Pownall in a licensed Asylum. Further than this, my statement is, I believe, not inaccurately reported ; inasmuch as I did say that I had *virtually* the “support of the Commissioners in Lunacy,” and that the visitors declining the responsibility attached to this case, it—the responsibility, such as it is, regard being had to the acts of Mr. Ogilvie and Mrs. Pownall—must be divided between the Commissioners in Lunacy and myself.

“The “grounds” on which I rested, and do still rest, the foregoing facts and explanations are these, viz. :—The Commissioners of Lunacy, in a letter addressed to me, bearing date “4th June, 1859,” recommend only a conditional discharge of Dr. Pownall ; and a conditional discharge *was* carried into effect by not so much myself as Mrs. Pownall and Mr. Ogilvie, and with this object, viz., to test “*the power of self-control for some little time,*” to quote the words of the Letter just referred to.

I have the honour to be, Sir,

Your most obedient Servant,

J. G. DAVEY, M.D.,

Thos. Martin, Esq.

Proprietor and Med. Sup. of Northwoods.

With the above facts before you, are you surprised that I feel hurt at the kind of notice taken of Dr. Pownall’s case in the report which has just now appeared under the authority of the Commissioners in Lunacy ? I think not.

Blame is attributable to me for discharging Dr. Pownall as I did ! I would ask you—*Could I have detained him longer ?* What *law* would have justified me, in August of 1859, in keeping a man to all appearance sane an inmate of Northwoods, under the plea that because he had been

maniacal and dangerous to himself and others in 1839-40, and in 1854, and again in the months of January, February, March, and the beginning of April in 1859, he would become so yet again? As I told the Visitors, and as they reported it to the Commissioners in Lunacy, in the entry in the Visitors' Book at Northwoods, bearing date July 15th (1859), I am still of opinion that I could *not* have detained Dr. Pownall legally, that to have detained him, "though liable to such recurrent paroxysms of mania" as his antecedents proved him to be, would have been to expose myself to an action-at-law, and would, too, have been unjustified by *precedent*.

With the above facts before you, let me ask, was I not justified, nay, more,—required, to insist on Mrs. Pownall and her adviser (Mr. Ogilvie) making arrangements for the removal of Dr. Pownall from Northwoods. Did I not right in refusing, in July and the early part of August, 1859, to certify to Dr. Pownall's insanity—as a means necessary to his being sent to another asylum? Mr. Ogilvie is, I learn, a gentleman of long and large experience in medical practice. He was for many years the proprietor of a private asylum; and has, at this time, the charge of "nervous" patients living under his roof; and on him must rest all the responsibility of *not transferring his brother-in-law to another asylum*, and of placing him with Mr. Leete; as well as of *not telling Mr. Leete of Dr. Pownall's homicidal propensity* when in his paroxysms of madness; and, last, but not least, of *sending Dr. Pownall his razors*.*

I may add, "The arrangement ultimately carried out of placing Dr. Pownall with Mr. Leete" was the act of Mr. Ogilvie, and not, in any way, of myself. Mr. Leete was altogether unknown to me. One word more,—far be it from me to impute any improper motive, in opposing Dr. Pownall's liberation, to Mrs. Pownall and Mr. Ogilvie in this unhappy transaction, yet I must add, that however anxious they were to secure the *proper control* over him, (Dr. P.) that part of the arrangement and that part only which involves the hiring of an efficient attendant ("*one*," too, "*intended to have a full control or authority*,") for Dr. Pownall's security, &c., is mainly due to myself—and this much is borne out in the foregoing mere statement of *facts*.

The attention of "The Select Committee on Lunatics," now sitting, is most respectfully invited to the foregoing case; it might suggest something practical and good.

* Dr. Pownall was *not* permitted to use his razors at Northwoods.

Dr. CONOLLY : I must say in corroboration of the statement of Dr. Davey, that the Commissioners very seldom visit so small a house as mine with half a dozen ladies, without some suggestion that makes one uncomfortable, about the detention of a patient. When a patient has been received, and is very much better after coming into the asylum (a thing quite familiar to everybody), the Commissioners always cavil about the matter, and always dispute whether the patient ought to have come at all ; and superintendents feel themselves so harassed and worried, that I am perfectly certain that, although this is a most unfortunate instance of Dr. Davey's, such things are taking place all over the country every month, and patients are discharged prematurely and improperly. In an establishment which I visit, I have known persons have a great many different attacks, and the moment they begin to be convalescent there is no rest given to the medical officers, and these persons must be sent away. The consequence is they are sent away, and they very often come back next week very much worse. This is one of the many evils which I think we are suffering from ; and I have no doubt it led my esteemed friend Dr. Davey—than whom a better man does not breathe in the world—to be uneasy at detaining Dr. Pownall. The fact is very lamentable, and we cannot but feel for a suffering brother under these circumstances.

The PRESIDENT : I think we can all see after the event, that it would have been very desirable if Dr. Davey had not discharged Dr. Pownall, but we must all feel that such an accident might have occurred under the advice of any one of us. There are two classes of patients to whom such an accident seems most likely to occur—those who have periodical attacks of mania with intervals of sanity, and those who are able to conceal insanity while it exists. My attention has been recently directed to the length of time that a patient decidedly insane can conceal by a strong effort of will, the manifestations of insanity. I am sure we must all deeply sympathise with the misfortune which must have given our associate, Dr. Davey, a very great deal of anxiety and pain.

Dr. HOOD : I wish to be allowed to add my voice of sympathy to that which has been already expressed for my old friend and late colleague Dr. Davey ; and perhaps I may be permitted to do so from the fact that Dr. Pownall has been placed under my care since the sad catastrophe to which Dr. Davey has alluded ; and I must confess from that

time up to the present, although I have watched him with no ordinary care, and though I should say he was a man of weak mind, I do not know that I could attach any particular symptom of insanity to him. And supposing he was a private patient in my asylum, and the Commissioners in Lunacy asked me why I detained him, I do not know that I could give any definite reason for it. (Hear, hear.) I do not say, and I should be sorry for the Association to imagine, that I am of opinion that Dr. Pownall ought to be discharged now. Having made a homicidal attack, he of course holds a different position from that of an ordinary patient in a lunatic asylum, and I feel it would be very improper for me to recommend his discharge. I think that, sad and painful as his lot is and is likely to be, it is quite right and proper that the public should be protected from any outburst of such impulsive mania as he has evinced. I have been very much struck the last month or six weeks by this consideration, and have been taught, perhaps, the lesson how difficult it is to feel quite sure when you ought to certify that a patient is of sound mind. A patient was placed in Bethlehem twenty years ago, long before my career commenced ; and I am sorry to say that he was there during a large portion of that twenty years without showing any symptom of insanity. He was placed there by the Board of Green Cloth, for having annoyed Her Majesty on one occasion in Rotten Row by presenting a petition to her, praying for some some place under government. I believe I may say that for the last fifteen years he was in the asylum without presenting any symptom of a recurrence of that particular character, and during the last eight years without any symptom of insanity at all. After a very strong effort, I was fortunate enough to obtain his discharge, from the Secretary of State. He had not left me five months, before I had a letter from Lord Palmerston wishing to know if I was aware that such a man was at large, having, perhaps, thought that he had escaped without my knowledge ; and he sent me three or four letters that he had received from this patient for presentation to the Queen, and asking for the hand of the Princess Alice. I was sent for to the Home Office, and upon examination I found the patient was as insane as he ever had been and had delusions of precisely the same character as those he entertained twenty years ago. That occurred within five months and it might have occurred within one month ; and if the man had stopped Her Majesty in Rotten Row, the Commissioners would have called out,

and the public would have called out, "Good God! what could Dr. Hood have been thinking of in discharging such a man." I offer this as evidence of the way in which we may be deceived, and to show how impossible it is, however well we may know the antecedents of the patient, to know what his character will be after he leaves us.

The PRESIDENT: I am sure we are very much obliged to Dr. Hood for the valuable observations he has made on the subject. I believe there is now no Resolution before the Society, and that our business is at an end.

Dr. THURNAM: There is one matter which we ought not to neglect before we separate. I do feel that we owe a debt of gratitude to our Chairman for his conduct in the chair to-day; and we ought not to separate without giving him our very best thanks. (Applause) I am sure you will concur with me in thanking him for the able manner in which he has discharged the office of President. It has been to me a singular satisfaction to listen to his most eloquent address, and also to attend a meeting under his most able presidency.

Dr. CONOLLY seconded the motion, which was carried by acclamation.

The proceedings then terminated.

The Dinner was held in the evening at the Freemason's Tavern, Dr. Bucknill in the Chair, supported by Dr. Mayo, President of the College of Physicians, Dr. J. C. B. Williams, Dr. Quain, Dr. Sutherland, Dr. Conolly, &c.

The Religious Aspect of Ulster Revivalism, by the REV. W. M'ILWAINE, St. George's, Belfast.

(Concluded from p. 460, Vol. VI.)

The regions of religion and philosophy are distinct, but by no means opposed. Some professors of the Christian faith may have fallen into the error that revelation and science are antagonistic, but such a position has neither any foundation in fact, nor any countenance in the Divine record. Warnings, no doubt, occur in the apostolic writings under the head of science and philosophy; but these are directed against "science falsely so called", and such philosophy as is identified with "vain deceit." There can be

no opposition between nature and revelation, inasmuch as the author of both is the same God, who is "light", and whose essence is "truth". In examining therefore a mental phenomenon, such as that of Revivalism, as lately exhibited in the northern counties of Ireland, and during whose rise and progress so much of a religious element was developed, it would be, in a manner, impossible to do justice to the subject, without a direct reference to this element; nor will the interests of evangelical truth be injured, by an endeavour to discriminate between the false and the true, the genuine and the factitious, in this singular excitement; neither, I must presume, will the pages of a journal devoted mainly to subjects of a psychological character be diverted from their legitimate application if *the Religious Aspect* of Ulster Revivalism be introduced to them.

In a former paper the writer endeavoured to trace, historically, the physical affections which during the past year attracted so much attention to the religious movement then in progress throughout this part of the United Kingdom. It will be borne in mind that it was then asserted, and it may be added proved, so far as unquestionable historical proof can go, that these affections have been, from their very origin, in Scotland and the north of Ireland, identified with one class of religionists, and with one set of religious opinions. The only exception to this remark is to be made in the case of Wesleyanism and its professors, among whom excitement, closely bordering on the physical prostration of Ulster Revivalism, is, in a manner, normal: but even in this instance it might be shown, and in the historical sketch referred to it was shown, that it was through the instrumentality of Whitfield and his followers, Wesley's disciples caught this contagion. It is, moreover, an authenticated fact that the latter religious leader, after some experience of the physical manifestations then prevalent, denounced and discouraged them. As a matter of fact, also, it is notorious that the "striking down", with all their accompaniments and results, were originally imported, during the recent excitement, from the Glens of Antrim, and the Presbyterianism which reigns there, among the Methodist population in the province of Ulster. It is singular also to note, that during the contest which followed, as to which of the sects was the most highly favoured by these Divine manifestations, as they were believed to be, the palm was borne off triumphantly by the disciples of Supralapsarianism, Presbyterianists, Baptists, and others; while, with some few exceptions Methodism,

with its Arminianism and in some cases Pelagianism, sank into the shade, and suffered eclipse.

These observations might be further illustrated by a reference to the Established Church. Equally remote, so far as its tenets and formularies are concerned, from both these extremes of dogmatic teaching, the United Church of England and Ireland has, for successive centuries, remained as a religious system altogether unaffected by the periodic religious excitements, such as that under our review at present, which have swept over the face of society. It is not for the writer, as a minister of that church, to speak eulogistically of the staid, and sober, and scriptural testimony, on the score of doctrine, which her articles and liturgy contain; nor to point out the success which has attended their erection, as a bulwark against all that is false and novel in the popular creeds and sentiments which have risen and fallen since these formularies were constructed by our venerable Reformers, and established by the consent of the nation. The fact, however, may be noticed, that during the late excitement in this part of the empire, the Established Church, and it may be added its clergy, with very few and inconsiderable exceptions, have remained unmoved and unshaken from their ancient steadfastness to truth of doctrine and sobriety of practice. Nor is this fact, if fairly viewed, to be attributed to chance: it is, I am firmly persuaded, the result of that religious teaching which is enshrined in the formularies of the Established Church; while the opposite wildness and extravagance of view and opinion, with their concomitant absurdity and indecency of conduct, which have so painfully marked surrounding sects, are directly traceable to the distorted religious creeds, or the absence of all consistently rational and scriptural creed, which are characteristic of the latter. During the reign of some popular political frenzy in England, a thoughtful observer once exclaimed, "Thank God for the house of lords." This was spoken after that body had stood firm against some threatened innovations from the people, and their representatives in the lower house of legislature. And, most assuredly, anyone who has lived through the religious *furor* of Revivalism, especially as it has been lately exhibited in Ulster, may thankfully adopt the aspiration, and say, "Thank God for the Established Church!"

Recurring, for a few moments, to "Ulster Revivalism" in the way of history, I may be permitted to observe on the extreme want of discretion and fairness, to use no harsher

terms, of some of its admirers and abettors. During the summer and autumn of last year, the town of Belfast, which which was then considered to be the chosen centre whence an extraordinary spiritual influence radiated throughout the adjoining counties, and indeed the entire province, was visited by vast numbers of tourists from the sister island, and even from the continent. Those persons were of both sexes and of all classes, from the peer to the tradesman and mechanic. Every steamer and railway brought its contingent of visitors from "the religious world" to witness what wonderful things, as was then asserted and believed, God had done and was doing in this land. All this afforded a perfect harvest to the railway companies, hotel keepers, and others. Special trains, at reduced fares, were the order of the day, to meet the demand for locomotion, in order that crowds of spectators might be present at "union prayer meetings"—monster preachings and assemblies during every week, and almost every day in the week. It would be difficult to conceive, and impossible to exaggerate, the evil consequences of such visitations as regards the unhappy people, all of them of the very lowest class, who were their objects; while the reflex influence exercised on the minds and judgments of those who returned to their respective localities to proclaim the Ulster Revival as "a great fact," "a blessed reality," "the most glorious outpouring of the Spirit which had occurred since the days of the Apostles," was certain to produce results, similar in kind, if not equal in degree on others submitted to such influence.

In vain it was urged, by those who took a more calm and deliberate, and I will say it, a more scriptural and reasonable view of such a state of things, that *time* should be allowed to test the genuineness of that new-born religious profession which abounded. Such warnings would not be heeded, they were not for a moment listened to, and now, at the termination of a twelvemonth what is the result? The tourists and investigators have taken their departure: hardly a single individual of the entire crowd who flocked to Ulster last year has returned during this. I shall therefore take the liberty of testifying to what they would have found in this locality had they done so, although it is not very probable that the record may meet their view, or even if it did, that it would have much weight with persons whose judgments appear to have been so utterly prejudiced, and whose feelings were so prepossessed in favour of a movement pronounced by an interested multitude, and their still more interested spiritual

guides, to be "from above." A visitor, then, coming in the year 1860 "to see the Revival" would find no revival to see or to admire. I desire to be understood as speaking of that visible and sensible thing which filled the eyes and ears, and occupied the tongues and thoughts of all during the past year. Respecting that silent and gracious work of the Good Spirit, which is, I thankfully believe and acknowledge, always an accompaniment of His own appointed means of grace, I say nothing. I speak of its contrast and counterfeit, Revivalism, and of it distinctly state, that it is no longer to be found, at least in this locality. One or two grand demonstrations were attempted, as "*Anniversaries*" and Commemorations, during the past summer, and more miserable failures than those proved cannot be conceived. A "monster prayer-meeting" was "got up," and the railway excursion trains from all parts were run to meet the demand. Some thousands were accordingly congregated at the Botanical Gardens, Belfast, the scene enacted at which presented a perfectly disgusting exhibition of the fair, the holiday, and the picnic, in combination with the preaching and prayer-meeting; to such an extent, indeed, that the very actors on the occasion seemed thoroughly ashamed of the miserable *travestie* of religion which was presented: but there were no "striking down," few audible or visible "affections," and after some hours of eating and drinking, shouting and roaring, laughing and talking, lounging and lying, with some strolling about and sight-seeing in the intervals, the assembly separated for their distant homes, if edified and spiritually benefited, certainly in a manner, and by means, which it is difficult to conceive or account for. At this moment there is not a vestige of those extraordinary meetings and means of grace which attracted the visitors last year. Hardly one stated "Union prayer meeting" is held. Such were attended last year, or said to be, by hundreds, and according to certain accounts, by thousands, on some occasions: now, a mere handful of persons are seen in attendance, and the devotions are conducted by a few individuals, almost all of one, or at the most two or three denominations or sects. The daily and nightly meetings of "Mill girls" and others are at an end. The writer constantly passes through crowds of these poor creatures who, at this time last year, were daily to be seen, during the hour allotted to them for dinner and for rest, engaged in listening to uproarious preachers, or reading tracts and revival periodicals, or singing hymns in groups; and who

are now to be seen and heard at very different employments, and uttering very different sounds indeed. The newspaper, or the song-book, accompanied by jests not always of the most edifying nature, and peals of laughter very unlike the sounds emitted by the same individuals last year, are now the indications of the state of mind and feeling of those "converts" or "convicts." That year, 1859, has been in the judgment and writings of some most unscripturally chronicled as "The Year of Grace:" it would certainly be difficult to discover indications of its continuance during the current year. But this is far from the whole truth. Revivalism has gone out, like a lamp filled with rancid oil, and the odour which remains is quite characteristic of its nature and origin. I know well what I write, when asserting that in this locality vice, of the lowest and most revolting forms, has never, in the memory of any man living, been so prevalent. Boasts have been made, and appeals grounded on the assize calendars and petty sessions lists, and records of police courts, during "The Year of Grace," as 1859 has been designated. Will the parties who made these appeals continue to make them? Why is it that we hear so little of this sort now? Even this is however, far from a complete statement of all that might be set down under this head: to pursue the subject, would be perfectly disgusting, while, as regards the argument in hand, it might too easily be shown that a vast proportion of this crime is directly traceable to that wretched excitement which lately passed under the name of religion. Just to give an illustration under this head: among other disgraceful exhibitions of moral depravity which have abounded in this locality, during the past months, none has been more marked than that of *Illegitimacy*. Numerous instances of this, under the most aggravated circumstances, have come to the writer's knowledge, while the parties concerned have been either Revivalists themselves, or their victims; and to affix the climax to this record of human depravity, let it be added, that numbers of the unhappy young women, so betrayed and ruined, could not, and cannot tell who are the fathers of their illegitimate offspring. Here is a comment on "protracted meetings," and midnight assemblies, and revivalist proceedings, whereat the proprieties of life, the distinctions of sex and age, and the decorum of "pure and undefiled religion" were all sacrificed to what was blasphemously declared to be an extraordinary work of the Spirit.

One consideration, to adduce no others, might long since

have demonstrated, to all reasonable persons who would duly weigh it, the true character and origin of the excitement now happily no more in Ulster,—namely, its having been proved the parent not alone of the vice just referred to, but of *Insanity*, and that to an extent which it is really fearful even to contemplate. This fact has been denied, and by none more directly than by the author of “The Year of Grace,” where a rebutting case is attempted. But all such attempts are vain: never has my own mind been more harrowed at the sight and hearing of persons labouring under this most awful of all human maladies than by the sufferers from the effects of Revivalism, who came under my observation during the past twelvemonth. I have now before me the latest reports of the four principal District Lunatic Asylums for Ulster, dated 1860, and in every one of them “Religious Excitement” appears as the cause of insanity among the inmates, to an extent altogether unprecedented. The numbers are as follow:—Belfast, 16; Armagh, 11; Londonderry, 14; Omagh, 26—total, 67; of whom the proportion of females is as three or four to one. This is a state of things perfectly unparalleled in the Province of Ulster, and yet Revivalists have had the hardihood to deny the existence of any connexion whatever between this system and the mental disease in question, although in some of the reports just quoted, among the causes to which this malady is directly traced the terms “*Religious Revivals*” are, without any hesitation, employed; while the resident physicians who employ these terms, speak in the language of deprecation and warning of such a state of things as they indicate. When rational religion and insanity, often of the most deplorable nature, can be viewed in connection, then, and not until then, will reasonable men be led to ascribe revivalism to God’s gracious Spirit as its Author. In confirmation of the opinions here expressed, I may be permitted to quote another competent authority.

“*Revivals and Insanity*.—Dr. Howden, in an able report of the Montrose Lunatic Asylum, says, with regard to some cases in which insanity was stated to have originated in religious excitement:—“The number of instances in which insanity is said to have originated in religious excitement has been very considerable; but in seven only could I satisfy myself, after the most careful investigation, that such was really the case. In these the patients’ relatives had no doubt whatever as to the origin of their attack; and each of them after recovery—for they all recovered—most un-

hesitatingly corroborated the opinion of others. Four of them were persons of strong religious convictions before the commencement of the Revival movement, and I ascertained that the others had led regular and exemplary lives for some years previous to their illness. It is a common impression, and, as far as my limited experience goes, an erroneous one, that in such cases the terrors of hell and of a future judgment, held up to the excited imagination, act immediately in disturbing the mental equilibrium. The individuals alluded to above, on the contrary, either had, or believed they had "found peace;" and it was the overwhelming joy attending on this belief that produced insanity. The mind constantly occupied with one subject, neglect of regular hours, want of sleep, late and early attendance on prayer-meetings, foolish attempts to teach others—a vocation for which they were ill adapted—in fact, a direct contravention of the laws of mental and physical health, combined to produce their natural result—mental disease. One gentleman succumbed to the anxiety and distress of mind occasioned by unsuccessful attempts to address an audience. Another was so overjoyed by his conversion that he scarcely eat or slept for a week, and his joy culminated in an attack of most violent mania. A man who became affected by powerful emotional disturbance was considered by those who had seen such cases in Ireland to be a genuine example of 'striking' down, and he was treated accordingly, until his 'physical manifestations' became of too turbulent a character to be controlled out of an asylum. In some instances the insanity assumed the type of violent mania; one of them perhaps the most extravagant case I have ever witnessed during the brief paroxysms of excitement; and it is somewhat remarkable that in one individual only were delusions of a religious cast present accompanying a deep melancholia. As I formerly mentioned, all of these persons recovered; all of them were convinced in their own minds of the cause of their illness, leaving the asylum with a firm determination to avoid for the future an excitement which had proved so perilous to them."

It is far from either my intention or desire to pursue the results of Revivalism, as now fully developed, into detail; but a brief retrospective glance at these, in addition to what it has been my painful duty on previous occasions to expose, was necessary in order to introduce the more immediate subject of this paper. That subject is the *Religious Aspect of Revivalism*, and if we are to apply that most unerring

of all tests, "by their fruits," to the movement itself as well as to its promoters and adherents, I should think that but little doubt can remain in the mind of any enlightened and unprejudiced observer, as to the real character of a system which has led directly to such results. I use the word *system* advisedly, and any one who has made himself duly acquainted with the history of Revivalism, will not hesitate to endorse the term as applicable to it. During its reign, now happily extinct, in the year 1859, throughout Ulster the movement had become a regularly systematized one, and the mode of its getting-up and importation was manifestly American. Indeed, as a matter of fact, the introduction of Revivalism to Ulster is admittedly due to the visit of its historian, the Rev. W. Gibson, late Moderator of the General Assembly of the Presbyterian Church in Ireland, to that country, in company with some others of the same body, during the preceding year. This is evident from the account given of his visit by that gentleman in "The Year of Grace," and the connexion may be further traced to his publications in Ulster after his return, such as a tract entitled "Pentecost, or the Work of God in Pennsylvania," as well as to the *vivá voce* accounts given by him in several localities throughout Ulster as well as in Belfast, at the same period.

The writer is free to acknowledge, that a Revival on a national scale, alleged to have taken place in the United States of America, especially at the date referred to, came to him accompanied with exceedingly grave suspicions. It was just at that time that commercial failures were reported in this country to have taken place there, under circumstances of almost, if not altogether, national delinquency, whole firms and families having been commercially ruined in Great Britain and Ireland by means of the most disgraceful breach of commercial faith, and renegation of just debts, on the part of their American friends and correspondents. Another feature in the national character, across the Atlantic, is too notorious to need more than a passing reference—I mean its national recognition of *Slavery*: and throughout the whole of that alleged national revival in religion I looked in vain for any national acknowledgment of this national transgression. Neither, amidst all the glowing accounts which Mr. Gibson and his fellows gave of the spread of conversion there, and of the wonderful liberality which was displayed towards them during their mission to the States, for the collection of money towards the promotion of Presbyterianism at home, did I recognize a solitary reference to that blot on

American Christianity. Nay further, report said that the Irish Presbyterian Delegates to the new world, on that occasion, were prohibited from making any reference to the subject of slavery while there, and moreover that they acquiesced in the prohibition. Under these circumstances, I, for one, certainly looked on the alleged national Revival in the new world as one which should be received with caution, and tested by its fruits, before British Christians should aid in importing it home, and in modelling after it their efforts for a revival of religion. Nor had I long to wait until the necessity for such caution became apparent; inasmuch as Ulster Revivalism very soon developed itself into that system which passed over the land, leaving behind it a record which now speaks warning to all who would hold fast by revealed truth as opposed to novelty and fanaticism.

The practical results thus referred to are, like all other wild and fanatical human proceedings, traceable to latent false principles; and these in the case before us will be found to constitute the erroneous religious opinions taken up and promoted by Ulster Revivalists. As in the case of their really disgraceful conduct and proceedings, so here, a volume or at least a lengthened treatise would be required to give these in detail: I shall therefore briefly point out one or two leading sources of error in the religious views adopted on the recent memorable, though melancholy occasion.

Treating this branch of the subject then, thus generally, the writer may be permitted to revert to a position laid down in a paper contributed by him to this Journal in the month of January last, namely, that one source, and that a main one, of the religious error which has manifested itself in Ulster Revivalism during the late excitement, as well as during other similar seasons, is that of *Ignorance respecting the revealed facts of Scripture*. Various and numerous are the ramifications of religious aberration which, in connexion with our subject, might be classed under this head. The very nature of the dispensation under which the church of God is, at this period of its history placed, has been utterly misunderstood, overlooked, and disregarded by the misguided people in question, as well as by their "blind guides." Forgetful of the emphatic declaration of the Divine Founder of our faith, given too, under circumstances which might have enlightened them as to its meaning and application, they have not only confounded *sight* with *faith*, but actually given the preference, in every possible way, to the former. "Blessed are they that have not seen, and yet believed,"

was our Lord's declaration to Thomas, when he demanded the evidence of his senses as superior to that of human testimony and divine spiritual teaching. Writing of that "trial of their faith" which "shall be found unto praise, and honour, and glory," the inspired apostle Peter in like manner reminds the christians of his day, that it had been exercised in Him "*Whom having not seen*" they loved. Not so, however, the Ulster Revivalists. Their boast, and alleged ground of "confident boasting" was, that they had seen the Lord. Those interviews between the deluded victims of Revivalism and the Saviour, who is now absent, and "whom the heavens must receive until the restitution of all things," were almost as frequent as their alleged conversions. And with shame be it spoken, there were numberless professing teachers of religion who not only countenanced but fostered this delusion. "There He is!—don't you see him?—He is looking at you!—Won't you lift up your eyes and look on him—there in the midst of you!!" Such monstrous and carnal corruptions of the spiritual though real, were the sounds shouted out by those men, over the heads of their gaping, deluded hearers, often at midnight, and in an atmosphere of unbearable heat: and when some of their victims screamed and fell, and then went through the prescribed process of being carried out, and sung to, and prayed over, and when afterwards restoration from this trance brought physical relief, and their disturbed imagination had recovered from its shock, they were said to have become converted, and in most instances "to have got a comfortable view," meaning thereby, a real and visible perception of the Saviour. Nothing needs to be said in order to prove to any really intelligent christian, that all this is totally distinct from, and opposed to the faith prescribed in the word of God.

The same form of error might be exhibited in regard to other cardinal truths and revealed facts of scripture. One other I have already noticed and endeavoured to expose, at an early stage of the late delusion: I allude to the descent of the Holy Spirit on the day of Pentecost. According to Revivalists we have had many Pentecosts, and innumerable repetitions of the *same* event. The Rev. W. Gibson, Presbyterian Moderator, found a "Pentecost in Pennsylvania;" other Revivalists witnessed another at Belfast—others at Coleraine—and so forth. It is very lamentable to have to expose such errors. It might be asked, how many creations of the world there have been?—how many Incarnations of the Word?—or, to expose such delusions more thoroughly—how can the same event

be twice and even oftener repeated? If the Holy Spirit did descend once, and if the Author of our faith has assured us that He should not only thus descend, but "make His abode" in and with the church, what scriptural or rational ground is there for the belief that these events have been repeated? The same error, in a form more or less latent, appears in almost every department of the working of Revivalism: thus, in a work written expressly for children, by "the Rev. John Baillie, author of *Memoirs of Hewitson*" entitled "The Revival, including Revelations of Boy-Life in London," the following passage occurs near the commencement, (p. 12):—"Never in our day, nor in our fathers' day, was the Lord so very near: The kingdom of God is come nigh, exceeding nigh; and the King Himself is passing through among us," &c., &c. Concerning such statements, it is only necessary to remark that they are founded on fallacy. "The Lord is nigh unto all who call upon Him"—and at all times—not more nigh at Belfast than London—not a whit more nigh in 1859 than 1860. The imagination of the well-meaning, but most enthusiastic and injudicious writer of the above-quoted tract, as well as of other Revival records, is just as much to be trusted in his expositions of scripture truth, as in his marvellous accounts of conversions in Ireland; many of which, if he would only favour this island with another visit, he would now discover to be nothing but solemn warnings to himself and others, to take heed as to how they venture to chronicle as God's working, the progress of delusion among an excited, deceived, and self-deceiving people.

The inevitable result of such misinterpretation of the revealed facts of scripture has been that lamentable *Departure from soundness of doctrine* which characterized the Revivalism of Ulster during its late reign. To illustrate the truth of this remark is, I regret to add, as easy as it is disagreeable. One has only to turn over any of the records of the movement as given by its own historians, to perceive it. Let us take for example, that doctrine which has ever been proclaimed as fundamental in the faith of all Protestants, and which is centrally enshrined in the doctrinal formularies of all the Reformed Churches—*Justification by faith*. The injury done to this cardinal truth by such views of faith as those just exposed is incalculable. It has been virtually, and in numberless cases actually reduced from its scriptural position, forming, as it were, the life of the spirits of believers of a spiritual act, to a carnal, and thus to a most delusive vision of a disordered imagination. Thus a Revivalist minister, and I

regret to add, one professedly belonging to the church of the land, describing and recording in the highest terms of admiration, the experience of one of the female converts of Ulster, represents her as praying for "as much of the blood of Christ as would fill the eye of a cambric needle," or in words to the same effect. It occurs to me to record, under the same head, a fact which came to me on the authority of a brother clergyman, labouring in a populous parish in Ulster. This gentleman informed me that when the excitement was at its height he one day met one of his parishioners, a weak and visionary man, who had been seduced to join the ranks of Revivalism, and on looking attentively at him perceived that his face, and on more close inspection, that his hands presented a most extraordinary appearance: they had, in fact, assumed a hue of a peculiarly dark mulatto-like colour. On enquiring the cause, he was told by the man himself, that he had received a vision, wherein he was ordered to kill his cow, to allow the blood to collect, and to wash himself all-over therewith, in order that he might cleanse away the guilt of his sins. The origin of this delusion is clearly traceable to the same source as the companion-fact last mentioned, and needs little comment. It is such grossness of materialistic Christianity which disgusts sober-minded men, perhaps enquirers after its truth, and is but too well calculated to drive them from all participation with the sayings and doings of men who call themselves Evangelical, while they thus speak and write. Similarly has the doctrine respecting *Conversion* been abused. There, indeed, is discovered at once the weakness and the strength of Revivalism. I have already alluded to the doctrine and practice of the Established Church, as favourably distinguished from the fanaticism of the period through which we have only just passed, nor can these be better exemplified than in that church's teaching on this point. How it has come to pass that any of its ministers could, by possibility, be led to identify themselves with the teaching and practice of the Sectarians around them, who attempted to set on foot a new process for the conversion of sinners, as they were pleased to call it, and one which has led to the results now patent to all, I am at a loss to understand. The religion of the New Testament does most assuredly, insist on such a renovation of our fallen nature as is designated a "being born again"—and means are therein revealed and appointed whereby the great Agent and Author of the change referred to effects it; and its fruits and proofs are with equal plainness also pointed out on the same authority. Both the process itself, and its results are, moreover, like all God's

ordinary operations, matters of gradual development, mysterious yet true, spiritual in their nature, yet appreciable by reason, and admitting most certain proofs of their reality. If any enquirer after the truth of Ulster Revivalism wishes to know whether the alleged conversions which were said to be of daily and hourly occurrence during "*the Year of Grace*" answer this description or not, I have only once more to urge the necessity of their being tested by fact, and by their fruits, now that even one twelvemonth has elapsed.

This, after all that can be said, is the really practical and important branch of the subject of Revivalism, viewed not only in its *religious* but its moral and social aspect. Were the *conversions* said to be in progress in Ulster last year, real, or were they not? If the latter be the side of the alternative whose truth is now but too awfully evidenced by the history of the alleged converts themselves, as well as by the character of the entire district of country, said to have been the theatre of the new Pentecostal operation, what is to be said or thought of those who went forth to proclaim its advent and progress as unmistakably divine? For any unprejudiced and thoughtful person, living in the midst of these scenes, to look back, first at the history of the Ulster Revival, when its accompanying ferment was at its height, and then around him, now that "*the Year of Grace*" has rolled by, is at once sickening and instructive. *Then* those converts were numbered by thousands and tens of thousands. The Rev. J. Baillie, already quoted, in a tract named "*The Revival, or what I saw in Ireland,*" thus writes, (p. 45), "As we journeyed onward from town to town, and from county to county, and found fresh fruits of the awakening, we began to be struck with its *vast extent*. *Not less than one hundred miles of country were covered by it*, in a continuous line, from north to south. (Mr. B. does not give its breadth.) A clergyman stated, one day, that *in a single town*, and in its immediate vicinity, he believed *not fewer than ten thousand souls* had been savingly converted to Christ!" And Mr. Baillie believed this, and he expects his readers to believe it, on the authority of what "a clergyman stated one day!" All this is extremely melancholy, to any one who values truth. Similar testimony is given, in the account of his revival experience, by another gentleman of high repute for evangelical piety, the Rev. J. Weir, Presbyterian minister, of London, who gives it as a fact, that numbers of persons were thus converted, from the age of eighty, to that of *two years*! But the great harvest of such Irish conversions was in the *schools* of Ulster, at the period referred to.

Mr. Baillie mentions a scene in one school, where "the master, looking down from the window, saw the children, by *dozens*, on their knees on the bare ground in the yard, crying to the Lord for mercy," and he believes this, of course, to have been evidence of their genuine conversion. Perhaps he would take the trouble to enquire, now, as to the ultimate effect of this emotional manifestation among these poor young creatures, and ascertain whether it was, so far as can be rationally ascertained, due to hysterical, or to divine and spiritual influence. His readers and himself will, I apprehend, discover some rather unexpected results in that very town, and among those very converts. It was in the same locality that one of the first converts, a "*struck*" one too, who from a notoriously evil liver, had been recognised as a suitable agent for carrying on the revival work, by reading, praying, expounding, and exhorting, and who, a few weeks afterwards, when he relapsed into ungodliness, and was under the influence of drink, drowned himself in an adjacent river. A similar scene was enacted in another locality. The curate of the parish, with whom the writer happens to be personally acquainted, on his entrance, found the children in a state of high, and as he believed, hysterical excitement, and, as became any teacher of religion of sound judgment, and really evangelical piety, exhorted them to desist from such manifestations, and to seek acceptance and pardon with God, in the ordinary way, revealed in His Word, namely, by "repentance towards God, and faith towards the Lord Jesus Christ." Such admonitions, although coming from the appointed and lawful pastor of the children in question, proved to be very unacceptable to some of his hearers, and more especially to certain parties present, who had come from various places, and some from the sister island, to witness the revival. Having learnt that a boy was affected, and in an unconscious state in another part of the school premises, my informant proceeded thither, and found the child, as usual, in an over-heated atmosphere, and surrounded by spectators, among whom was a lady of note for evangelical piety and station in England. On remonstrating with the parties present, and recommending that the boy should be left alone, inasmuch as a close and crowded room was likely to cause a continuance of the nervous disease by which he was affected, his observations produced anything but a favourable impression on the hearers; and my friend further informs me that on leaving the room, the lady above referred to was kind enough to desire the prayers of all present in his behalf, that God might open his eyes to a knowledge of the truth in this matter. Those

English visitors have taken their departure, to report the wonderful things which Divine Grace was effecting, in the way of conversions in Ulster, as well, no doubt, as the obstinate unbelief of certain who would not see these things as they saw them; but the eyes of very many have since been opened to see them in a very different light. The clergyman thus held up to the compassionate consideration of some among his own flock, by reason of his unbelief, waited to see the result, and that result has proved the correctness of his original judgment. The mistress of the school wherein these occurrences then took place has since informed him, that she cannot trace the slightest improvement in conduct in the case of a single girl so stricken; but that, on the contrary, the most remarkable case among them is a very much more perverse child than she was before, and moreover, has since been detected in dishonesty; and very similar is the master's report of the boys who had been stricken.

So much for the marvellous conversions recorded as occurring by thousands during the Ulster Revival. In so stating, however, I would desire to guard against a misunderstanding, or a perversion, of what I have felt bound to put on record here respecting the late current delusion. I am far, very far from desiring to assert that none have been savingly influenced, and so converted, in a scriptural sense, even during this reign of error. Such cases, however, are best known by their Divine Author. His work never ceases among the children of men, and is carried on at all times, in His own way, and by His own appointed means. What I do mean to assert is, that most gross, carnal, and delusive notions, speaking of them in a religious sense, have been abroad, during the time referred to, under the head of conversion. I would further state, that the entire class of physical phenomena, with all their accompaniments, however wondered at and approved by some, and accepted by others, as facts providentially permitted, and intended by God to conduce to conversion, are utterly undeserving of trust or acceptance, as tending to beneficial results. And even as regards those cases of alleged conversion which may not come directly under this head, but which have arisen out of the excitement, and during the period of extraordinary religious movement in question, I feel strongly disposed to view them as exceptional, not to be relied on for genuineness, much less to be paraded as miraculous, but to be dealt with by all those who are concerned in their treatment with extreme caution.

This is not the place to expand the remarks thus offered respecting the late Ulster conversions into a treatise on that

subject ; and yet I feel that, before the religious aspect of the question under consideration is dismissed, I may be permitted to supplement what has just been stated, by an observation or two thereupon. There is, then, nothing whatever new or strange in the state of things which we have been considering. It is of the highest importance to those who are interested in the religious aspect of the question, to bear in mind that two perfectly distinct theories respecting conversion are now, and have ever been in existence among British christians. The one is that of the Established Church, which it is unnecessary for me here to specify, inasmuch as it is to be found detailed in the formularies, as well as reflected in the practice of that church. The other, with more or less of diversity and of fluctuation, is current among dissenting bodies. This idea, (as it may be styled) on the subject at times assumes very wild and very dangerous forms, and Ulster Revivalism is one of these ; but it is by no means a new exhibition of it. I have now before me a most singular production : its date is 1648 (London) and its title runs thus, "The exceeding riches of grace advanced by the Spirit of Grace into an empty nothing creature, viz., Mrs. Sarah Wight, lately hopeles and restles, her soule dwelling far from peace or hopes thereof, now hopefull and joyfull in the Lord (that hath caused light to shine out of darkness ; that in and by this earthen vessell, holds forth his own eternall love, and the glorious grace of Jesus Christ, to the chiefest of sinners) &c., &c, Published for the refreshing of poor souls, by an eye and ear witness of a good part thereof, Henry Jesse, a servant of Jesus Christ." I have ascertained that two copies of this extraordinary production are to be found in the British Museum, and a reference to those, by any who are interested in this question, and who have opportunities of consulting them, will amply repay the trouble of a little research. We have here recorded with the most singular and quaint exactness, a case of what is believed to have been one of a purely spiritual nature, in the person of a young woman, whose spiritual conflicts are said to have commenced at the age of twelve, and to have lasted for the space of several years, until at length her peace and conversion ensued. This case, moreover, and its marvellous accompaniments, are attested by several of the most eminent puritan divines then living, as well as by Jesse, the writer of the tract, such as Saltmarsh, Prime, Cradock, Brag, and many others, who saw her frequently, and took part in the strange proceedings which are here narrated. But the most singular fact connected with the narrative is, that here are to be found

almost precisely the same bodily affections, spiritual experiences, and alleged miraculous appointments, which characterised the Ulster Revival ; nay, more, the *very words* uttered by the converts during the latter period, with almost literal accuracy, are put into the mouth of this young woman of the seventeenth century. The subject is a very suggestive one, doctrinally as well as practically, but I must abstain from further comment ; merely remarking that this view of it appears to afford a very pregnant example of those cycles in religious error and excitement which are discoverable by any who will carefully search, and calmly consider the history of professing christianity. That a multitude of *such* conversions should have taken place during the so-called "Year of Grace," will appear to no one competent to form a correct judgment in the case in the least extraordinary. Independently, altogether, of the physical agent at work, and the advantage taken of it by designing or deluded persons, it will be remembered that the teachers and preachers of the stamp just referred to, during this period of excitement, dwelt almost exclusively on the subject of *Conversion*. This topic occupied every pulpit, every highway and byeway-preacher's mouth ; it filled the thoughts and the conversation of nearly all, young and old, rich and poor. It found its way where such subjects had been hitherto unknown. The dry orthodoxy, and callous systematic theology of the supralapsarian school, which abounds in Ulster, "for the nonce" was exchanged for the most exciting phase of the lowest professors of the Arminian system, and instantaneous conversion or eternal ruin were the alternatives thundered over the heads of their disciples. Is it to be wondered at that conversions followed ? But then comes the question ; what was the true nature of these conversions ? and an approximate reply to this question may be suggested by some of the facts and considerations above given.

Before concluding my subject, I cannot but claim attention to another, as I believe, most fruitful source of error here, on the part of both teachers and taught, and especially the former. I have been compelled to lay the charge of ignorance, both in regard to the facts of scripture and the doctrines lawfully deducible from these facts, at the door of certain individuals. But an attentive observer will most easily have discovered ignorance of another description in the same quarter. I allude to that lamentable want of information and reflection which has discovered itself in *the confusion between what was purely natural, physical,* and to be accounted for on strictly natural and rational principles, with what *was set down as spiritual,*

divine, and altogether miraculous. I designedly avoid exhibiting examples of these mistakes, and chiefly because such examples would have to be selected not from the lower, untaught, and unthinking classes, where one might naturally have been led to look for such hallucination, but I regret to say, as truth compels me, from among the educated, professedly enlightened, and often the devout yet too credulous and imperfectly informed on these matters. By many such the very nature and use of a miracle, and of miraculous agency would seem never to have been seriously and deliberately either known or considered. The entire history of fanaticism, enthusiasm, and religious delusion would appear to have been to them a complete *tabula rasa*; while the connected fields of knowledge, such as that of Psychology, the relations of spirit and matter, and even the *Ars ratiocinandi* itself, would seem to have been totally unexplored, or for the time forgotten. And, most assuredly, such subjects and such enquiries are most necessary for the religious teacher, the "scribe well-instructed," who has to wend his way and fight his battles through the hazardous roads and spiritual conflicts of this nineteenth century. I am convinced that these and kindred topics are far from occupying their legitimate and indeed necessary place in the *curriculum* of instruction which even our Universities offer to the candidate for the awfully responsible office of Christian teacher. Had these subjects been duly learnt and digested by those who either necessarily or voluntarily were led into contact with Ulster Revivalism, those who stood aloof from its extravagancies, and accompanying evil and delusion, would not now have to lament over the mistakes of so many brethren, even from among that class which has been usually denominated the Evangelical, partially, and it is to be hoped but partially, led away from the stedfastness and sobriety of true religious principle and practice, under the deceitful glare of an earth-born meteor, as wild and as dangerous as any that ever dazzled and deluded the professing followers of Him whose name is THE TRUTH.

POSTSCRIPT. "THE YEAR OF GRACE," a *History of the Ulster Revival of 1859*, by the Rev. W. Gibson, Professor of Christian Ethics, and Moderator of the General Assembly of the Presbyterian Church in Ireland. Edinburgh, 1860. *Second Edition.*

As the foregoing sheets are passing through the press, my attention has been called to the Second Edition of the above named volume, to which I have felt it necessary more than once to refer

in the preceding article. On comparing this edition with the former one, it struck me as rather remarkable that upwards of thirty pages are found wanting, and on still more carefully examining the contents of both, the nature of this *lacuna* appeared so forcibly to illustrate the subject in hand, that it occurred to me as quite worth the mentioning in this brief supplementary note. The volume originally, and now in its newly edited state, consists of a mass of contributions from Revivalists of various classes, chiefly Presbyterian ministers, some of which are of so marvellous a nature, and all so evidently written under the influence of prejudice and a determination to believe all that came to hand in accordance with the theory of Revivalism, that it becomes manifest to any person at all personally acquainted with the subject, that the compiler, (for such and little more is Mr. Gibson) acted with becoming prudence in allowing the statements which his book contains to depend for their authentication on his contributors. Notwithstanding, however, even this manifestation of caution when the alleged facts of this volume first came before the public, the thought did certainly occur to me, how the collector of these biographical sketches and theological extravagances could calculate on such an amount of credulity in his readers as would lead to any considerable approval of or demand for "The Year of Grace." It appears, however, that the publisher of this marvellous production was correct in his calculation, the Second Edition having just made its appearance, with the curtailment just mentioned. This curtailment is very significant, although not the slightest allusion to it is made either in the preface or elsewhere. The second edition appears shorn of some, at least, of those marvels of "conversion" which the former contained. Thus, one case, given at p. 170 of the original edition, and headed "*The Farmer's Wife*" is here altogether omitted, although the description of this individual, whoever she may be, concludes thus, as at first given. "She has felt God's love to be better than life, and from the overflowings of a truly thankful heart she utters aloud his praise. *Nowhere could you find a christian more meek, docile, devout, and in all respects exemplary.*" Other omissions quite as striking might be pointed out in this new edition. Among others, we miss from the Appendix a very remarkable document. This is no other than that originally marked A, viz., "Report of the Presbytery of Ahoghill," and which, we are informed, was "the substance of the Report of that Presbytery presented after the commencement of the Revival in that District, to the Synod of Ballymena and Coleraine, May 17, 1859." Why, it may be pertinently asked, is this document, which contains perhaps the most glowing of all the accounts published of "the Revival" in Ulster, and which occupied the foremost place in the Appendix to the "Year of Grace" in 1859, so signally displaced in 1860? Has anything occurred in the alleged universally converted district in question to render the suppression of this document a matter of prudence? If any of the English and other tourists who took so much trouble to investigate facts in this lo-

cality last year will take the same trouble now, they may perhaps find but little difficulty in answering this question. Again: in the tabular returns of the numbers converted, &c. given in the Appendix, under the head of one of the Presbyterian congregations in Belfast we have the following return, (1859) "*Few stricken, about 15, 11 of whom most promising and exemplary. . . . Few families left unblest.*" In the same returns, as given in 1860, these words are entirely suppressed, no reason being given.

The above glance at "the Year of Grace" in its second edition may serve to illustrate and enforce the remarks made, in the foregoing paper and elsewhere, by the writer, under the head of caution, as regards the wholesale predication of conversion in any sense of the term, respecting the subjects of the late Revival. It may also lead us to indulge the hope that the dawn of returning sense, and a due value for truth and fact, as contrasted with fanaticism and imagination, have begun to manifest themselves even in the case of Ulster Revivalists.

On Medical Certificates of Insanity. By J. C. Bucknill, M.D., Superintendent of the Devon County Asylum.*

The liberty of the subject, so dear to all Englishmen, is under certain conditions placed by the law of the land at the discretion of any two qualified medical men. That the confidence thus reposed in the members of our profession has not been abused is proved by the evidence of an unimpeachable witness, namely, that of the Earl of Shaftesbury, who, as Chairman of the Commissioners in Lunacy, asserted before the special Parliamentary Committee, that in his experience of nearly thirty years "there has not been more than one or two cases in which any person has been shut up (that is, in a lunatic asylum) without some plausible ground for his or her temporary confinement; but in every instance, with these exceptions, there have been certain plausible grounds in fact or in logic, sufficient to justify the temporary confinement of the persons, and their being submitted to medical treatment." It is highly creditable to our profession, that a man of Lord Shaftesbury's position and experience should be able to give this strong and

* The colloquial style in which this paper is couched, and the elementary matter with which it deals, render it needful to explain that it was written to be read before the Meeting of the British Medical Association at Torquay. When the time to read it, however came, it was cruising on the beautiful bay: a truant act, too venial, its author has thought to be punished by absolute extinction; so here it is.

definite testimony, to the manner in which the statutory powers of medical men in giving certificates of insanity have been exercised; but at the present time it is not my desire to dwell upon the sound judgment and honest intention with which this great social responsibility has been discharged, but to direct the attention of the meeting to the abundant and constantly recurring errors of form, which are committed in filling up medical certificates, in the hope of affording such few hints as my experience may suggest, by which they may be avoided. So abundant are these errors, that I hear medical gentlemen connected with private Lunatic Asylums assert that it is the exception, and not the rule, to receive with a patient, admission-papers which require no amendment. Indeed, a physician in charge of a first rate private asylum assures me, that he has never yet received admission-papers which did not need amendment. This is a matter of great importance, for (to say nothing of the delay and expense incurred in procuring these amendments, which are so great that the proprietor of a large private asylum assures me, that he invariably prefers the expense of procuring altogether new certificates) any errors or omissions, not discovered and rectified, would leave the proprietor of an asylum liable to heavy damages, under an action for false imprisonment. The courts of law very properly require that these medical documents, under which men are deprived of their liberty, shall be drawn up in exact accordance with the provisions of the statute. An early illustration of this principle was afforded by the decision of Mr. Justice Coleridge, in the case of Mr. Greenwood, in which he declared that the medical certificates were invalid, and that the patient had been improperly confined, because the name of the street, and the number of the house, in which the medical examination had taken place, were not stated upon the certificate. The formal part of the certificate is indeed a very simple one, and contains no one thing which might be omitted.

1st, It requires a statement of the qualification of the certifying medical man. And this, I may observe in passing, must be made in full words, and must specify the exact nature of the qualification, since such abbreviations as M.R.C.S.L., &c., are not valid.

2nd, That he is in actual practice as physician, surgeon, or apothecary.

3rd, The date of the examination.

4th, The place of the examination.

5th, That it has been made separately from any other medical practitioner.

6th, The name, residence, and occupation of the person examined.

7th, The medical opinion of the state of mind.

8th, The grounds upon which this opinion has been formed, observed by himself.

9th, The signature and address of the certifying medical man, and the date of the certificate.

In the above enumeration, I have not included facts indicating insanity communicated by others, for although the form of the certificate includes these, the body of the statute makes them mere surplusage, so that these hearsay facts are, in truth, the only part of the certificate which can be omitted. With regard to the other nine points, every one of which is essential to the validity of the document, it is strange how frequently one or more of them are overlooked. The most frequent omission is that of the calling or occupation of the patient, and next to that the place of examination ; but it is no uncommon occurrence for the medical man to omit to state his qualification, and occasionally, these important documents are brought to us actually wanting the certifier's signature. Lawyers would be ready enough to attribute such omissions to the slipshod habits of business, which they are ever ready to allege against us ; but really I think these gentlemen are almost as liable themselves to make mistakes of this kind, notwithstanding that Clerks of Petty Sessions are in the habit of receiving a good fee, for superintending the grand formalities of the admission-papers of a pauper lunatic. Only last week, I admitted a pauper lunatic on the order of a Justice of the Peace, whose signature had been forgotten.

I will now direct your attention to that which is the gist and marrow of the medical certificate, namely, the statement of what the medical man affirms to be " Facts indicating insanity, observed by himself."

The interpretation of the statute with regard to this part of the certificate, has rested with the Commissioners in Lunacy. I am not aware that the question has been raised in any court of law, as to the sufficiency of facts so stated, and it seems probable that the letter of the law would be kept by the statement of any medical fact or facts, which were sufficient to indicate that a personal examination had been made, and that the medical man had not formed his opinion merely upon the evidence of others. The words of the Act are, that the medical man signing the certificate, shall " distinguish in such certificate facts observed by himself, from facts communicated to him by others ; and no person shall be received into any registered

hospital or licensed house, or as a single patient under any certificate which purports to be founded only upon facts communicated by others." This latter class of facts would, however, appear from the wording of the clause, admissible in confirmation of the medical man's own observation, but it is on the "facts observed by himself" that the validity of the document really depends. The Commissioners very properly constitute themselves the judges of the character of these facts: and they make the law, as Jeremy Bentham says all judge made law is made, that is, they neither attempt to instruct nor to prevent, but when a thing is wrong they correct, that is, they refuse the certificates.

Now the motive of my bringing before you this subject, which I fear you will think very common place, is the desire to attain, if possible, to some understanding of the principles upon which this statement of facts should be made. It seems an uncommonly easy thing, but it is not so in reality, to state in half a dozen lines, the facts that indicate insanity. I have seen very clever men sorely puzzled to make such a statement, when the existence of insanity was as plain as the sun at noon-day, or rather as a total eclipse of its orb, to give a more fitting illustration.

I beg to remind you that these observations are intended to apply solely to that brief statement of some of the symptoms of insanity which the law demands as an essential part of the medical certificate. The intricacies and difficulties of diagnosis must be studied in treatises on the subject, or better still, in the fresh field of observation. I presume that the medical man has already arrived at the conclusion that the patient is insane; and the question is merely, in what form can the grounds of this conclusion be stated in a brief and formal, though sufficient, manner. This it appears to me can best be done by classifying the symptoms under

1st. The appearance of the patient.

2nd. His conduct.

3rd. His conversation. Or, to put it in other words, how he looks, what he does, and what he says.

It is remarkable in how small a number of certificates, the appearance of the patient is noted, although there can be no doubt that in the actual diagnosis of insanity it oftentimes forms the earliest, and by no means the weakest ground of judgment. Sometimes, however, rather too much stress is laid upon it, as in the instance of a patient who was recently sent to me for admission, whose certificate contained as the

grounds of the medical man's opinion, these words, "Nothing except his appearance."

The *appearance* of the patient may be meaningless or vacant, or melancholy and depressed, or frightened, or fierce.

The *demeanour* and *conduct* of a patient may be childish and silly, or moping and inert, or destructive, or aggressive, or distinctive of peculiar states of emotion, as of vanity, pride, or fear.

The *speech* of a patient may either indicate a negation of mental faculty by its absence, as in extreme idiocy and dementia; or intense preoccupation, as in some forms of melancholy; or by its positive evidence it may bear testimony to all the phases of incoherence or delusion.

The imperfections of medical certificates arise perhaps more frequently from the form in which the facts are stated, than from any deficiency in the facts themselves. Allow me to illustrate this by a few examples. The following was a statement of facts sent with an idiot, "He puts stones in his pockets and will not talk." This, of course, was not sufficient, although it applied to an idiot boy found wandering, of whom nothing was known. But if the medical man had thrown almost the same amount of observation into the following form, his certificate would have been unimpeachable.

"His appearance is idiotic,—

He picks up stones, and puts them in his pockets as if he attached value to them.

When interrogated, he does not speak."

Here are three facts which, taken together, afford good grounds for the opinion that the individual is an idiot. As they were actually stated, they afforded no evidence of the kind; for King David, silent and preoccupied with the thoughts of his giant adversary, and choosing smooth pebbles from the brook, might have been described in the same words. Here is another example in which no language, and therefore no expression of delusion could be observed, "Her general demeanour, preserving a sullen silence, and the expression of her countenance, and her restless movements." This was a case of sullen and dangerous mania; and the fault of the certificate is not that of defective observation, but of defect of form; since there is nothing in this language to shew that the general demeanour, the sullen silence, the expression of countenance, and the restless movements were not the indications of reasonable fear, or reasonable anger, or some other state of sound mind. Let us try to recast these observations thus, "The expression of her countenance is wild; she is in a state of

restless movement without object. When questioned, she preserves a sullen silence."

The following statement of facts from a certificate sent to me is imperfect, because it only indicates defective memory, "He, (*i.e.* the patient,) has no distinct recollection of past events connected with himself, mixing one place of work with another, and has no distinct recollection of his father." This was a case of chronic mania with dementia, and there can be no doubt that the certifying medical man must have observed the stupid, mindless appearance of the patient; and that if he had tested his mental capacity more fully he would have had no difficulty in making out a full and valid certificate.

The following is a certificate whose fault is the singular one of excess; "Complete aberration of mind the day after partaking largely of gin—incapable of knowing her husband, or any of her friends—talking most incoherently, and trying to jump out of the window." The cause of the malady is not required to be stated in the certificate, hence the partaking largely of gin would be a supererogatory statement, even if it did not suggest another condition than that of insanity.

The following description of a case of mania will show how much may be said to little purpose in these matters; the certifying medical man states that "She is a very superior person to those who are with her, that they are all very wicked persons, and that she cannot live with them, that she at times becomes very excited, and that her actions are such as indicate that she is of unsound mind." The general statement that her actions indicate unsound mind must be held to go for nothing, a general statement not being a fact. The specific facts scarcely indicate insanity, and therefore this certificate is badly drawn. No indications of insanity are more weighty than those afforded by actions or conduct; but if it may not be permitted to state in general terms that a fact indicating insanity is the existence of delusion, the general statement that "the actions indicate insanity," is certainly not admissible. The same amount of observation may be thus legally reset: "Her demeanour is very excited and restless, and characteristic of exaggerated pride. She refuses to do any work, as unbecoming to the dignity of her character. She refuses to associate or sit at table with her relatives, asserting their wickedness and inferiority," &c.

Care ought to be taken to distinguish between insane action and insane opinion or delusion; for instance, in the following certificate of a case of general paralysis, the medical

man states as facts observed by himself: "Purchasing carriages, large houses, keeping a race-horse which will travel six miles in eight seconds, attempting to ride so as to keep pace with the railway train." Here you will see that the medical man states it to be a fact observed by himself, that the patient keeps a race-horse which will travel six miles in eight seconds, &c. Of course this is owing to the mode of writing, for if the delusions had been given thus: "He states that he has purchased carriages and large houses, and that he has a horse which travels six miles in eight seconds," &c., the fact of insane delusion would have been unexceptionable.

The Commissioners in Lunacy refuse to admit the statement of the existence of a delusion as sufficient, unless it is described; and, therefore, the last particular in the following certificate is invalid, although the other facts stated, would carry the certificate through. The patient is certified to have "Violence and eccentricity of manner, incoherence of language, and a delusion as to his property."

Compare with this the clearness and succinctness of the following certificate. The patient says "He has received forty five kicks, and one hundred and forty five stripes from a policeman, and that Messrs. Saunders and Co., of London, owe him fifty pounds, which is a delusion."

When any insane opinion not in itself unreasonable, is stated as a fact indicating insanity, this phrase, "which is a delusion," or "which I know to be a delusion," ought always to be added. This, of course, would not be needful, where the nature of the insane opinion is obvious, as in the next certificate which I take up, namely, "That the devil comes through the roof of the building, and catches him by the throat, and pulls him about." We must be not only careful to distinguish opinions which may possibly be reasonable, from those which cannot be so, but we must also distinguish delusions from opinions founded upon facts, obscured by ignorance, superstition, or any other intellectual haze. I cannot cite a better instance of this, than the belief in witchcraft, which I have often seen stated as an indication of insanity; yet the time-honoured belief in witchcraft is prevalent among the uneducated classes of many districts. I have admitted patients who have been sorely persecuted under the belief that they were witches, and in the early part of the present year I admitted a supposed lunatic under a certificate, stating the following facts "That she imagines she is constantly surrounded by robbers, and that her house has been partially pulled down by them." In common with the certi-

fyng medical man, I at first thought that these were delusions, but I subsequently ascertained that they were no such thing. The poor old woman had been the witch of her district, and she had been surrounded by a gang of superstitious brutes, each of whom had stabbed her, under the belief that by drawing blood from her they deprived her of her supernatural power over themselves. Three of these stabs were sufficiently serious to leave cicatrices which the poor old creature will carry to her grave. When she was brought to the asylum her clothes were a bundle of filthy rags, but she had thirty pounds and some shillings concealed about her, (the gains of her profession), which I had the pleasure of restoring to her when she was discharged. A hut also she had built with her own hands upon a common, which had been pulled down, and thus both her apparent delusions had a sufficient foundation in fact. The last account I have had of the funny old hag was, that she had removed from her former parish, where the overseers of the poor had shown themselves very eager to lay hold of her savings, and where she had just reason to think that neither her blood nor her money were by any means safe, but that in an adjoining parish she still carried on a thriving trade in the mysteries of the black art.

On the above grounds, I beg to suggest that in these certificates, the statement of facts observed by the medical man should always be written in complete phrases, and that they should be thrown into the sort of rough classification I have suggested, namely, of appearance, conduct, and speech. In a great number of instances it may be quite possible to omit all mention of appearance and conduct. If a man affirmed that he was the Emperor of China, it would not add to the validity of the certificate to state that he wore a chintz dressing gown of a willow plate pattern.

As a rule, however, it will be well to state some of those facts which may be called the signs of insanity in contradistinction to the symptoms, and in the order I have indicated. Thus, for the sake of illustration, in a case of idiocy, the following would be a good statement of facts :

“ He (*i.e.* the patient,) has a vacant look, and a misshapen head. He laughs constantly, and without motive. He is unable to tell his mother’s christian name, and cannot count his fingers.”

In mere defect of intellect, the signs have perhaps more value than the symptoms ; but, in aberration proper, the contrary obtains. Thus, in a case of melancholia, the first

two of the following facts would not hold unless they were clinched by the last.

“He (*i.e.* the patient) has a sad and anxious look. He sits constantly in one position with his hands clasped. He says he knows that his soul is lost.”

In a case of mania the signs may be all-important, thus : “His expression of face is wild. His pulse rapid, and he has no sleep. He tears his clothes, and tries to get out of the window.”

In chronic mania, on the other hand, there may be no physical signs, and then delusion or hallucination or incoherence must be specified and described.

I have said that the “facts communicated by others” are surplusage, and in the majority of instances there can be no doubt that it is so ; but in a few cases and those of the greatest importance, they must necessarily be allowed to form the prominent feature of the statement, and the facts observed by the certifying medical man must be accepted as quite subordinate to them. A marked instance of this will sometimes occur in cases of suicidal insanity, in which both the signs and symptoms of mental disease, which the medical man is capable of noting, are often meagre in the extreme. In such a case, the following certificate would probably be good.

Facts observed by the medical man :

“He (*i.e.* the patient) has a desponding expression of countenance, and tone of voice, he declines to converse.”

Facts communicated by others :

“His father and his neighbours inform me that yesterday he attempted suicide by hanging,”

I know no cases of suicidal insanity more urgently needing the precautions afforded by an asylum than those in which the physical signs and intellectual symptoms of aberration of mind are equally wanting. There are also other forms happily rare of perverted instinct to which these remarks apply.

In conclusion, permit me to remind you that in filling up these certificates the medical man ought not to lose sight of the possibility that he may be called upon at some future period to explain every word he has used in a court of law, and that towards medical witnesses, the hearts of barristers are as the nether millstone. The acceptance of a certificate by the Commissioners in Lunacy affords no protection to the unlucky wight whose errors of assertion or omission come to be tested in the crucible of cross-examination. To adduce a well known example from a trial, which not long since attracted largely the attention of the public ; one of the medical

men certifying to the insanity of a gentleman who was at that time undoubtedly insane, had stated as facts observed by himself, that "His (that is, the patient's) habits were intemperate, and that he had squandered his property in mining speculations." But in the Court of Queen's Bench he was obliged to confess, that the only act of intemperance he had actually observed, was the patient's drinking one glass of beer: and that the squandering of property was the loss of what was to him a mere trifle, in a mining speculation, which eventually turned out to be a very good one. Let no medical man, therefore, fill up a certificate of insanity without picturing to himself the potentiality of a severe cross-examination in a court of law. A liability not unjust, though by no means agreeable, since the proper filling up of half-a-sheet of paper which may deprive a man of liberty perhaps for life, is a professional act of which the importance cannot well be over-estimated.

On General Paralysis. By HARRINGTON TUKE, M.D.

(Continued from Page 338, Vol. VI.)

It still, I think, unnecessarily remains a disputed question, whether the mental affection in general paralysis does, or does not, precede the symptoms that mark enfeebled muscular power. Esquirol, indeed, distinctly states, in speaking of the corporeal paralysis, *tantôt elle précède le délire*, but it must be clear that this is after all negative testimony, it only means that Esquirol has been told so; it can only go to prove, as a close examination of the case quoted by Calmeil proves, that there were no symptoms observed by the friends of the patient, to lead them to suspect insanity, before the paralysis appeared. It has always been taught by Dr. Conolly, that the mental symptoms are synchronous with, or antecedent to the paralysis, and this is consistent with Esquirol's conclusion, that general paralysis is a "complication of insanity"; a definition called out by the not very lucid objection of Dr. Burrows, that he, Esquirol, seemed to think the paralysis to be the "effect, and not the cause of the insanity." The real question to be decided is, whether in an undoubted case of

'general paralysis,' with mental aberration, the *paralysie générale* of Calmeil, there has ever been a period of the malady during which, with the muscular affection distinct, the mental powers were unaffected? I have never seen such a case, and with my strong opinion of the special nature of the disease, should not expect to do so; it has already been pointed out that the statement of the paralysis existing with 'weakening of the intellect,' only widens the question into a consideration, of how small an amount of weakening constitutes unsoundness of mind. The existence of a case ultimately becoming insane, presenting paralytic symptoms, and yet showing undiminished mental vigour for some time after they appeared, if recorded by a competent observer, would go far to shake the opinion held by many of our leading physicians, as well as by myself, that general paralysis is a disorder, *sui generis*, and, though neither 'cause or effect' of unsoundness of mind, inseparably connected with it. At present, no such case is on record.

It has been said by M. Pinel the younger, who does not think insanity at all a necessary concomitant of the *paralysie générale des aliénés*! that physicians engaged in the treatment of mental disease see only cases that have become insane, and cannot see those in which the paralysis exists without mental derangement. Whatever of truth there may be in this remark, applies specially to the class of patients who are to be found in our public asylums; these are certainly not brought under treatment until the mental symptoms have become sufficiently prominent to lead to inconvenience or to danger; and this may not be the case till the physical powers have become very materially weakened. But in the higher ranks of society the very opposite rule obtains; in them the physical symptoms remain long unrecognized, but a word misplaced, a gesture ungoverned, a change of conduct, or a manner not otherwise explicable, will lead at once to the true comprehension of the malady. It may not be acknowledged for long after, but I do not think it possible to find a case of general paralysis in a private asylum, in which the history would not clearly show derangement of mind occurring long before the approach of the paralysis, or noticed to be exactly synchronous with it. The educated mind betrays the soonest any deviation from sanity; a cobbler or even an omnibus conductor (such a case is quoted,) may continue his daily work long after mental disease has appeared, but this cannot be so with the statesman, the advocate, the merchant. The complex operations in which they are engaged, the amount of intellectual power habitually

called forth, makes any aberration of the reasoning faculties instantly recognizable. The nature of their pursuits requires perfect intellectual integrity, hence any aberration of the mind is at once detected. Again the educated minds that must surround such men apply more delicate tests of sanity. We can imagine an insane tailor stitching, without betraying his delusions to those around him, before paralysis had actually incapacitated him for work; but that a man of cultivated intellect, busy in the battle of life, and surrounded by competent judges, can enter the paralytic stage of general paralysis without clearly showing aberration of mind, has yet to be proved. The line of demarcation between weakened intellect and absolute unsoundness, is difficult to draw, but it must surely be admitted that sudden diminution of mental power, followed by a special form of paralysis, then absolute insanity, and finally death, are all probably gradations of the one disease; and it may be, that it is only because our means of information are insufficient, or our observation defective, that in such weakened intellect we have not detected the existence of special morbid change, rendering the patient not only feeble in memory, and weak in judgment, but from the very commencement of his illness incapable of properly managing his affairs.

The initial symptoms of the corporeal derangement that accompanies general paralysis have received earnest attention, and are now almost universally admitted by all acquainted with mental disorders. The unequally dilated pupils, the intermittent pulse, the quiver in the lip, the awkwardness in the gait, have all been carefully studied, but the mental symptoms have not received the same amount of attention in their early stage of development. A curious instance of this is afforded by an expression that has crept into the reports and case-books, even of those who consider general paralysis to be a special disorder running a definite course; they speak of a class of cases as suffering under "incipient general paralysis," by which they designate those patients whose mental symptoms are such as to induce the fear of paralysis being about to supervene. These cases are, in fact, in the first stage of general paralysis, and it becomes of great importance that the mental symptoms that characterize it should be classified and rendered easily recognizable.

In addition to the obvious importance of as soon as possible detecting or foreseeing mental derangement, there is another reason, if the mental symptoms be truly stated to be always antecedent to, or synchronous with, more or less marked

paralysis, that they should be studied not only by psychological physicians, but by those engaged in the treatment of general disease—it is in the beginning of the disorder that there is the greatest hope of cure. I will not now enter into the figures that demonstrate mental diseases to be curable, exactly in the proportion to the length of time that has elapsed before they are brought under special treatment; the fact is familiar to us all that patients suffering under recent mental derangement are as likely to recover from that as they would from any other disease, but that after a certain interval the chances of cure diminish in a direct proportion with the duration of the disease; may it not be possible that general paralysis, now rejected as incurable from Bethlehem, and considered irremediable by so many physicians, is only so, because not recognized and treated so soon as it should be. I do not mean that all patients who exhibit indications of incipient general paralysis are to be confined as lunatics, but certainly it would be well that those traces should not be overlooked, and that the attention of the medical profession should be called to the existence of a fatal disease, at present almost totally unknown to them, even in its second stage, and which might be oftener curable were they able to detect its nature, and thus delay or ward off its insidious approaches. I am strengthened in this surmise, by finding in the reports of an eminent physician, who considers general paralysis totally incurable, two cases of “incipient general paralysis” noted among the recoveries.

The earliest symptoms of paralytic insanity may be divided into those appearing in the moral faculties, and those which mark derangement in the intellect. It is not very easy to arrive at a diagnosis of the incubation of insanity, as its early stage has been called, but there is something special in that of general paralysis, which admits, I think, of a definite description. I must guard myself from the imputation of wishing to convey the idea that any one of the symptoms I am about to describe are such as to justify the physician in declaring that the man in whom it appears is necessarily insane. Each one is simply a link in a chain of evidence. If many such symptoms exist the patient is probably attacked with general paralysis; if one symptom only, he possibly may be; if in addition to one or more of these any indication of paralysis appears, however slight it may be, the diagnosis, I believe, becomes absolutely certain. Great irritability of temper almost always ushers in general paralysis. The distrust and suspicion, amounting so often to insane dislike of friends, that so fre-

quently appear in the early stages of lunacy, are not present in general paralysis ; on the contrary there is often exaggeration of affection, and some one of the family, or a stranger, becomes the object of excessive attachment. In the later stages, when this seems to be otherwise, it is not indifference, or want of affection, but simply weakening of the power of attention to external objects that causes familiar friends and relations to be received and dismissed without any visible emotion. Very often warm affection exists as long as any intellect remains.

Irritability of temper, violence of dislikes, though not so frequently as the reverse, sudden gusts of passion in those heretofore gentle and placid, indecency of words or acts in men of known modesty and propriety of demeanour, all mark the early stage of the disorder. This last symptom is sometimes very painful to the friends of a patient, who see him suddenly plunging into wild excesses, without suspecting such sudden moral perversion to be absolute insanity. "A change of character is observed, perhaps, from parsimony to profusion, or an unwonted carelessness of expense. The patient drinks and associates with persons of an inferior station ; is as cordial and familiar with strangers as with his oldest friends ; neglects his wife, and openly and warmly avows his admiration or his love of other women, even making offers of marriage to them ; he becomes careless and negligent of his dress, and regardless of controlling his external wants, even in his drawing-room or before his family." Dr. Conolly—*Transactions of the British Medical Association*.

Sudden intemperance and gluttony is frequent—the beginning of the voracity of the second stage—remarkable timidity, even in the boldest natures, becomes observable, and there is usually an entire indifference to all religious observances, although this is not always the case ; a patient of my own, a clergyman, during the early stages of his malady, insisted on reading the Church Service three times daily, a proceeding not at all consistent with his custom when in health.

The intemperance so constantly noticed in these cases becomes often a source of embarrassment in the diagnosis, and leads to the opinion that the disease is only temporary vinous excitement, and therefore easily curable. It is even possible that a species of *delirium tremens* may complicate the real disease. I have not, however, met with such a case, although I have seen several instances of the sudden adoption of intemperate habits, in the sufferers from

this malady. "These perversions of the moral faculties," says Brierre de Boismont, in the recent discussion upon general paralysis, its nature, and symptoms, published in the *Annales Médico-Psychologiques*, for 1859, "do not render those so attacked, unable to carry on their affairs, or incapable of the duties of social life:" "Their families afflicted, and shocked, wonder at sudden acts of indelicacy, of impropriety, of immorality, for which the antecedents of the patient have not prepared them. They repair the damages, they make good the losses, they struggle to suppress complaints, at last this long and secret martyrdom is ended by the recognition of absolute insanity." A lady recently told me that the first symptoms that led her to suspect her husband's insanity, since clearly developed, was his having violently insisted that a picture he had recently, despite all her remonstrances, bought for the purpose, should be hung in the drawing room, although one, from the nature of its subject, obviously unfit for its intended position.

Enfeebled memory is the almost universal symptom of general paralysis, but this also is of a peculiar kind, and applies rather to the memory of recent events than to those of a more remote date. It appears to me that it depends more upon the loss of the faculty of attention, than of memory. Some patients attacked with general paralysis will retain very considerable power of recollection, will, for instance, play whist well, or tell stories, or sing songs, or repeat lines of poetry they have learned in former years, but the memory of the day's events is gone, the lapse of time is unheeded, the present moment is all they live for; in the jargon of phrenology their concentrativeness is lost, and they are quite unable to grasp new ideas, from want of power of mental application. A singular symptom results from their mental condition to which I have already alluded, if you shew a picture, or mention a name, or introduce a topic of conversation, the patient will repeat the same thought, rational or not as it may be, that this has before given rise to, and generally in the identical words; you may often predicate with certainty the exact remark, that will follow a special question. This form of invariable repetition is, I believe, peculiar to the *paralysie générale*, and is quite distinct from the repetition of his delusion in a monomaniac. Upon a certain round of ideas the patient is apparently perfectly sane, and if you do not interrupt him, will continue to appear so, until he has exhausted his *répertoire* of stories or observations. A very distinguished London clergyman spent two hours with a patient of mine, in whom, he said, he could detect no in-

sanity, although this gentleman was in the second stage of undoubted general paralysis, and died shortly afterwards. I was not surprised at the opinion. The conversation that appeared so rational was in fact morbid, a certain circle of ideas were expressed in rapid sentences, they were not closely analyzed, and gave therefore no indication of unsoundness; close examination would have discovered that beyond them the patient could not travel, and that almost machine-like he merely repeated the same string of remarks; understanding them, but incapable of receiving new ideas, or expressing those he had in any other form of words. Unless the character of the disease is understood, these are cases which occasion much difficulty in the diagnosis; moreover, short lucid intervals may present themselves with flashes of memory under temporary excitement, or from the touching of some hidden chord of thought or feeling; thus the same gentleman, on receiving notice that a Commission of Lunacy was to be held upon him, sat down and wrote clear and precise instructions to a solicitor to appear in his defence, although in half-an-hour afterwards he had entirely forgotten the circumstance. It will, perhaps, be said that I have in this merely sketched the ordinary symptoms of weakened memory, and that even in semi-dementia the same temporary brightening of the memory may be observed; but I believe that in reality they differ very widely. It would seem that the memory is not so much affected in the early stage of general paralysis, as the power of attention; even in the later stages, general paralytics will write sensible letters, or play whist, if you can sufficiently rouse their wandering attention. A habit of reverie and entire self abstraction is an early symptom; if such patients are watched it will be seen that they seem talking to themselves, and later in the progress of the disease, they will, when alone, think aloud in a very singular manner, often repeating over and over again events in their life, not of any importance, but which have left strong impressions upon the brain.

Even when absolute delusions are present, they are very frequently of an apparently harmless character, and it seems often a most harsh judgment to give your opinion that a man is suffering under serious, perhaps hopeless brain disease, because he tells you with an air of profound conviction, that his fortune is invested at eight per cent., that he will be some day Lord Mayor of London, or that he can walk seven miles an hour.

There has been a statement made with regard to paralytic insanity, by a very distinguished practical physician, the

superintendent of a large public asylum, which is so contrary to the experience of those engaged in private practice, that it can only be accounted for on the theory I have already suggested, that the educated and uneducated brain present a different type of disease. This gentleman has said, that patients suffering under paralytic insanity would not offer an insult or an injury to any one! This would lead to a very erroneous inference; it might be thought that patients attacked with general paralysis in the first stage were harmless, and unlike the maniac or monomaniac might be safely entrusted with their personal liberty. Setting aside the liability to sudden attacks of mania in these cases, and without taking into consideration the hazard to their fortune and reputation, which must be incurred if such patients are left uncontrolled, they are frequently highly dangerous to themselves and others. One of the first symptoms of his malady, in a late well-known Member of Parliament, was his assaulting in their places in the house, not only other members, but even some of the ministry; and his case was peculiarly one of expansive delirium. The most imminent danger I was ever in, was from an entirely unforeseen attack made upon me by a general paralytic, who noiselessly unscrewed the leg of a piano while I was sitting with him, and rushed at me, under the idea that I had stolen a cheque for £20,000 he had just placed on the table where I was sitting. Another patient set fire to the curtains of his room, and very nearly to the house, to burn out some one he fancied was behind them? The gentleman whose extraordinary and apparently harmless fancies about his power over animals, I have quoted, very nearly put one of my children into a water butt, under the idea that he should raise him again when dead, as a "more beautiful baby." Another patient, who was considered to be perfectly quiet, was removed to my house, because in the middle of the night he walked down to his kitchen, and beat himself about the head with a rolling pin he found there, till he fell down senseless, and covered with blood. The tendency to suicide, contradictory as it must seem to the character of the malady, is often strongly marked. Brierre de Boismont in one hundred cases, found ten with a propensity to self-destruction, and of 529 patients, M. Castiglioni found 80 who had made, or threatened to make attempts at self-destruction. General paralysis, therefore, frequently renders the patient dangerous to himself or others.

Timidity, although not peculiar to general paralysis, is a symptom very strongly marked throughout the whole course of the malady, and may in some measure account for the ease

with which paroxysms of violence may be overcome, as a general rule, without the necessity of more than a look or word, from those whom the patient has learned to love or reverence. It must have been in cases of this description that Dr. Willis was so successful, governing the patients as he is said to have done, by his eye; a power, however, which seems to have singularly failed him in the treatment of the most illustrious of his patients. The docility of general paralysis has been remarked upon by Esquirol; he says, that such patients, although equally noisy and violent as the maniacal, have not the same obstinacy of resistance, nor the same resolute will.

The description that I have already given of the second stage of paralytic insanity, and the mental symptoms that specially mark it, the opinions that I have expressed, that the presence of a form of *délire ambitieux* is almost universal, will prepare the reader for finding that I consider the delusions of the first stage to be in reality only those of the second, concealed by the power of self-control still remaining, but cropping out at intervals, and sufficiently marking the special nature of the disease, which, perhaps, the symptoms affecting the intellect generally cannot be said to do, at least to so great an extent.

I need not apologize to psychological physicians for minuteness of detail in describing these prodromic mental symptoms; these initial appearances of delusion, although apparently insignificant, are of great moment, and I believe that upon their early discovery, and upon the appreciation of their importance, our only chance depends of rendering general paralysis as curable as any other form of recent insanity.

The same brain disorder that in its last stage is dementia, in its second extravagant delusion, is marked in its first approach, not only by the weakening of memory and moral sense that I have described, but by special delusion, which, although slight, are clearly identical with the mental symptoms of the second and third stages. It is true that these morbid impressions may be so trivial as hardly to justify the name of delusions, but they are, nevertheless, evidences of mental disease, and if not checked, too frequently and too fatally prove themselves to be so, by terminating in undoubted insanity, or hopeless dementia. Pinel, to whom the special malady we know as paralytic insanity, was totally unrecognized as a distinct malady, has, unconsciously, left us a finished picture of its first stage, in these words:—"A medical observer will often see in society the incipient traits of de-

mentia, of which the finished forms are to be met with in hospitals. A gentleman, who had been educated in the prejudices of the ancient noblesse, was advancing, about the commencement of the revolution, with rapid strides towards this species of mental disorganization. His passionate effervescence and puerile mobility were excessive. He constantly bustled about the house, talking incessantly, shouting and throwing himself into great passions for the most trivial causes. He teased his domestics by the most frivolous orders, and his neighbours by his fooleries and extravagances, of which he retained not the least recollection for a single moment. He talked with the greatest volatility of the court, of his periwig, of his horses, of his gardens, without waiting for an answer or giving time to follow his incoherent jargon."

Pinel does not finish the history of the case, but it is precisely one that is constantly met with in private practice, and which whether there are or are not symptoms of physical paralysis, those accustomed to the disease will easily recognize as instances of paralytic insanity. It may be said that "incoherent jargon" would enable any observer to diagnose insanity, and that the case is hardly a fair example of the first stage: this is very true, but it is the shading added to the outline; the sketch is correctly drawn. Pinel has accurately described the first stage of the disease; the incoherence belongs, perhaps, rather to the second stage; with that exception the portraiture is complete; we can gather from the context, although it is not so stated, that in the case in question, the third stage was dementia.

The first stage then of general paralysis is easily recognized, if there be any physical symptoms—if these are not present, it is marked by vanity, exaggeration, boasting, extravagance of ideas, speedily passing into absolute delusion, and overt acts of insanity. These symptoms are easily to be distinguished from habitual eccentricity, or peculiarities of character, by the suddenness of their invasion. Extravagance alone, of course, does not justify the imputation of insanity, but sudden absurd extravagance in a heretofore prudent man should be regarded with suspicion, and it will often be possible to trace it to some delusion in the mind of the patient, for instance, that his fortune is, or will be, ten times greater than it is, in which case it becomes decided evidence of disease. Ridiculous boasting and conceit are no proofs that the boaster is absolutely insane; but if this absurd bragging is foreign to his general character, if his memory is at the same time weak, if his actions are foolish, and if he shortly afterwards becomes

paralyzed and demented, the boasting, the failing memory, the folly, all become the indices of diseased brain, and the boasting is at once recognized as the first gradation of the *délire ambitieux*.

I met at a friend's house, about twelve years ago, a clergyman, aged fifty-four, a remarkably fine looking man ; he had lived much in the country, and talked a good deal about horses and dogs, more than clergymen usually do ; at dinner he attracted my attention by observing that the pears in his garden were larger than his hat, he stated this with an air of perfect conviction ; after dinner he mentioned that he was the best billiard player of his year at Cambridge, and the best Greek scholar ; on some one noticing this, he added, with great eagerness, that he was the only one who understood the Digamma. I fancied there was some slight tremor about his lip, but his speech was quite unembarrassed. I had never seen this gentleman before, but I was on intimate terms with our entertainer, and I mentioned to him my impression as to his friend's condition, and my opinion that there were symptoms in him of a peculiar form of malady, which, if unchecked, would end in absolute insanity and paralysis. Eight months afterwards this gentleman was brought to my house, in which he died, as I anticipated he would do, with unequivocal symptoms of paralytic insanity. His wife informed me, that at about the time I had met him, he was causing her great alarm, by sleeping with loaded pistols under the pillows of their bed ; that his ideas had become extravagant ; his temper irritable ; he had spent large sums of money foolishly, under the idea that he was richer than he was ; and had taken a sudden aversion to her, and had even attempted to kill her, and furiously attacked their medical attendant, who had placed him in restraint, and treated him for two months for *acute mania* ; two powerful attendants were placed with him night and day, they had brought him to my house with great difficulty. The removal of all restraint, and change of treatment instantly brought out the true character of the malady. Mr. ——— became quiet and composed, his principal occupation was writing letters to tradesmen, ordering various articles of furniture and jewellery, with large cheques, as he considered them, enclosed ; he had occasionally, under various delusions, fits of violence lasting about half-an-hour, in one of these he attacked me, as I have before described, with the leg of a piano-forte, under the idea, as he afterwards explained, that I had stolen a cheque for £20,000 ; his speech was somewhat affected, but

when excited he spoke volubly and well, and was fond of reading aloud; his muscular strength remained unimpaired for some months; his delusions were, that he was the richest man in Europe, Duke of Devonshire, and Marquis of Westminster, he was going to marry Lady Blessington; he had won five millions of money at the last Derby; had bought the Vatican and the Fleet Prison, and intended to build a palace with the materials; he insisted that he sang beautifully, and I was obliged to devise all sorts of excuses to prevent his constantly reading and singing aloud, which he would do till quite exhausted. He would sometimes for days together, be to all appearance rational, saw his family with pleasure, but allowed them to leave him upon frivolous pretexts, and shortly forgot their absence. He never wished to leave my house, or seemed aware that he was under confinement. Two years after I first saw him, while at dinner, he had a sudden epileptoid seizure with convulsions, lasting for a quarter of an hour, followed by coma of seven hours duration; after this the physical paralysis made rapid and obvious progress, and in twelve months afterwards he died comatose and insensible, after having been for three months stretched upon a water-bed unable to move hand or foot. In this gentleman, the muscular system was remarkably well developed, their reflex action continued strong long after complete paralysis had appeared; and I may also mention here, as an instance of the value of the water-bed in these cases, that the sores from pressure were entirely obviated, although the tendency to their formation was so great, that before recourse was had to it a slough formed in the calf of the right leg, which Mr. — was in the habit when sitting, of crossing upon the other. It is a very common delusion in patients affected with general paralysis, to imagine that their voice is very powerful, and that they are excellent singers, this may be very frequently remarked, and it is probably owing to the attention of the patient being specially directed to the muscles of articulation, which are usually the first attacked; and with the peculiar and happy form of delusion that characterises the disease, the very organ that is deteriorated, is the one imagined to be so highly endowed. This contentment, this *bien-être* of patients, in all stages of general paralysis, is very remarkable; they always declare they are perfectly well, there is an invincible *optimism* about them, every one they meet is the best fellow in the world, they are charmed with everything they see, their spirits are almost always good, their cheerfulness ever unabated; in other cases there is a more stupid contentment, but it is still the same, such patients smile when you address

them, and tell you they are happy and well, if you ask them questions, they will often answer rationally and collectedly; a stranger will, perhaps, wonder why they are in confinement at all, yet such are usually cases of hopeless disease, and outside the walls of an asylum become discontented and restless, troublesome and dangerous, from the absence of medical treatment, and the impossibility of exercising over them, except under particular circumstances, the proper moral control.

Although it cannot often happen, as M. Pinel has observed, that cases of general paralysis come under the notice of alienist physicians until the disease has made considerable progress, yet in those patients who have remissions, or in those who recover as the symptoms gradually yield to treatment, we see them in their reverse order. The following case illustrates this. Mr. —, a merchant in the city, became extravagant and boastful, declared that he was about to marry a lady who had given him no encouragement, and that he should order a service of silver plate for the wedding. I saw him soon after, he was then in his brother's house, under the charge of two servants, with whom he had constant contests, he spoke of his powers of walking, of the probability of his being Lord Mayor; complained bitterly of his confinement, and the cruelty of his attendants. He had been taken to the theatre, there he became excited, spitting on the people near him; on his return home, he tore with a nail, the lining of the carriage. He was brought to Chiswick, he willingly stayed there, he was always satisfied to hear that he should be free next day; he saw his relations frequently, always once a week, sometimes oftener, his health much improved, his delusions all disappeared, except the fatal *contentment*, and the impression that he was about to be married. He always persisted in saying that he was on a visit at Chiswick, and that he should not stay much longer. By twelve months there was an almost perfect remission of the symptoms of mental disorder, at the end of that time he went down to the sea side with an attendant; he did not return to my house, but I have since frequently seen him; he has become almost imbecile, and nearly quite paralyzed, says he is dead, but eats and drinks well, cannot walk, but is taken out in a carriage; he has had several severe epileptic fits, and will not probably long survive. In this case there seemed to be an arrest of the disease in the first stage, and I think it possible there might have been eventual recovery if he had continued under treatment. It may be said that the delusion of being in perfect health, is almost pathognomonic of general paralysis; patients totally unable to move, swallowing with difficulty,

unable to do more than stutter out a few sentences, will yet assure you that they are "quite well." The absence or the decrease of sensation, and the consequent avoidance of suffering assist this. I once saw a paralytic with a very large carbuncle on his neck, rub it with a towel, and declare that it was of no consequence, and that he was in excellent health. The strongest instance of this contentment was in the case of a gentleman who became totally blind, and yet to the last declared that he could see perfectly, and I really believe imagined that he did!

Patients who are recovering from general paralysis, or in the pseudo-lucid intervals, which are common in the malady, will sometimes deny or conceal their delusions, and even with the clue that familiarity with their cases must give their medical attendants, it is not easy to demonstrate the existence of morbid impressions. A gentleman who was setting off for a tour with his medical attendant, was considered by him as nearly convalescent; I did not quite agree to this opinion, but there were certainly no absolute delusions to be discovered. The patient had had well marked *délire ambitieux*, had thought himself an earl, and entitled to large territorial possessions; but he now strongly denied that such was his impression at that moment; I found, however, shortly before he started, that his Bradshaw's Guide, and some other books had been marked by him for the journey in the name of his assumed title; in a few weeks he was almost as deranged as ever. In this case, the correctness of M. Jules Falret's remark as to the "coherence in the delusions," marking paralytic insanity, was very well illustrated; this gentleman's insanity not only fell under Locke's well-known definition, and left him able to reason rightly from wrong premises, but it also led him to account for, and to give plausible grounds to justify his belief in some, at least, of the erroneous premises. This peculiarity in the delusions may often be seen in general paralysis, and has been mentioned as affording a distinctive mark between it, and expansive delirium, arising in other forms of mental disease. I believe its pathognomonic importance is rather over-estimated; the most marked case of expansive insanity I ever saw, was that of a gentleman, who imagined himself the son of George IV., and really gave very plausible reasons to convince his brothers that he might have been the son of Mrs. Fitzherbert. Insanity that "wears a reasoning show" is common in many forms of monomania, and almost constant in hypochondriacal insanity. Perhaps, the true reason why the delusions of general paralysis appear more plausible is, that they so much oftener turn upon the

fancied possession of riches and rank, which as being possible, admits of argument. But the general paralytic is frequently as monstrously absurd in his assertions as the most deluded monomaniac, and if he should fancy himself the Deity, as patients attacked with general paralysis sometimes do, the delusion can not be more coherent, than that of the monomaniac who imagines the same thing; probably the reverse, will be the case; coherence of delusion then, although frequent, cannot be considered as pathognomonic of any particular form of mental derangement, excepting perhaps hypochondriasis.

In tracing back symptoms that have ended in absolute insanity or dementia, it may become a matter of great moment to demonstrate the exact period at which the unsoundness of mind can be said to have commenced. Dr. Forbes Winslow, in his recent work on "Obscure Diseases of the Brain and Mind," states, that he has known, he does not say that he has seen, the premonitory stage of general paralysis to exist for five, or even ten years, the patients during that time having exalted, grand, or ambitious ideas, without the mind having "presented any decided or recognized symptoms of alienation." The two cases given by Dr. Winslow would be more satisfactory, if the physical symptoms had been described; as they are, however, they curiously demonstrate that the "coherent delusions" of general paralysis are not "recognized" as insanity, at least by the friends of a patient, simply because they happen to be *only* "absurd and extravagant;" Dr. Winslow can hardly seriously mean, that he, himself, would not have detected mental derangement in these symptoms which formed, as he terms it, the "premonitory stage" of the general paralysis, he says:—"I have known this tendency simply to distort facts and look extravagantly at the bright side of everything, through an intensely magnified and highly coloured because *morbid* medium, (when the actual circumstances of the party did not in the slightest degree justify such sanguine ideas,) to exist for five or even ten years, before the mind presented any decided and recognised symptoms of alienation!" We may suppose the "*morbid* medium" is the brain, and although I by no means think such cases should be put into confinement as lunatics, I must conclude that such ideas are more than simply extravagant, and that they are in fact absolute delusions, inasmuch as they are erroneous impressions, arising from either functional or organic disease of the brain. Cases of this nature, falling under the observation of less practised physicians, than Dr. Winslow, those who do not recognize the tendency to ex-

aggerate or distort facts, as any evidence of morbid action of the brain, which in such instances it undoubtedly is, have led to the erroneous assertion that general paralysis may occur without any mental symptoms at all. Moreover, any hesitation or failure in the diagnosis of such premonitory symptoms, as constituting mental unsoundness, may lead to very distressing results; I have known in three instances, the fortune of the patients to have been almost destroyed, the prospects of their families ruined, because the medical men in attendance were ignorant that this, the most serious brain disease we know, may be indicated in its commencement by these very slight manifestations of intellectual disturbance.

It is almost the rule in the early stage of paralytic insanity, that in cases in which extravagant ideas, or acts of folly are present, the physical signs are sufficient to shew at once to the physician accustomed to treat such disease, that the brain is the seat of the mischief. I met recently one of the most distinguished of our general physicians, in consultation, on a case of mental derangement in which he suspected approaching paralysis from sudden violence and extravagance. I was inclined to think more hopefully of the case. The patient when I saw him, was collected enough to reply rationally to my questions; but while talking, he stopped suddenly, became faint, and nearly fell from his chair, this was one of the characteristic seizures of general paralysis, and I had then no longer the slightest doubt as to the nature of his disease. I have described these seizures already, and should not have alluded to them again in this account of the prodromic mental symptoms of paralytic insanity, were it not that I find such an attack described by Dr. Winslow as a mental, rather than a physical symptom. In his chapter on the morbid phenomena of attention, he mentions the case of a lawyer, who was observed to stop "whilst speaking, as if his ideas were momentarily paralyzed." Two years afterwards this gentleman had a "slight epileptiform seizure," he became finally the subject of an acute attack of brain disease, and died at last insane. It is not stated that he was ever attacked by paralytic insanity. I have had the fortune to meet a precisely analogous case. A solicitor in very extensive practice, was accustomed almost every evening of his life to play whist; on two occasions that I met him, I observed that sometimes after having bestowed particular thought upon the card he was about to play, his hand would be arrested while in the act of placing it on the table, and there

would be a distinct interval of absolute unconsciousness ; if he had been speaking instead of playing cards, this interval would have been exactly the "paralysis of ideas" described by Dr. Winslow. Within a few months afterwards, I was examined as a medical witness, on a commission of lunacy, taken out against this very gentleman, who within two years died of general paralysis in an asylum near London. A late physician attached to St. George's Hospital, suffered under the same species of epileptiform attacks for many years before his death, although they did not for a long time prevent his continuing the practice of his profession. Such seizures are not necessarily connected with general paralysis, although they are so frequently concomitant with it. The attack constituting the *petit mal* of the French divisions of epilepsy and a still slighter form of this same affection, for the recognition of whose true nature, I am indebted I believe, to a very distinguished practical physician, Dr. Browne, one of the commissioners in lunacy for Scotland, may be noticed in some cases of general paralysis. In these the final words of sentences are cut off, not from muscular inability, as they often also are, but from a kind of epileptic spasm, that cogs for a brief moment the intellectual machine. "Some epileptic patients," says Esquirol, "present only a simple convulsive movement of a limb, or of the head or lips, or a general shivering, followed by rigidity ; sometimes have only a SENSATION AS OF BEING STUNNED, WITH A MOMENTARY DEPRIVATION OF THOUGHT." This symptom, then, is something far more than a disorder of "attention," it marks very grave disease, and is the index symptom either of general paralysis, or of some other most serious derangement of the central organ of the intellect.

Observations on the Size and Construction of Lunatic Asylums. By JOSEPH LALOR, M.D., Resident Physician of the Richmond District Lunatic Asylum, Dublin.

It is only after much thinking, and with much hesitation, that I venture to advocate in the following pages, principles as to the size and construction of lunatic asylums, which I believe to be at variance with those upheld by the highest

authorities on this subject ; but the question how provision may be best made for the enormous number of lunatics now known to exist in every civilized country, is one of such importance, and still so far from having received a satisfactory answer, that it seems a matter of duty on the part of every one who has had favourable opportunities for considering the matter, to place his views before the public. In this, as in other questions, full and free discussion seems to offer the best chance for a speedy arrival at the truth, and though my views may not meet public approval, yet their publication may contribute to enquiry, and thus tend to a satisfactory solution of the question. I am of opinion, that asylums of large size are the best adapted for the curative and humane treatment of the insane, and whilst I am not prepared to say what limit should be put to the size of an asylum, I do not consider that Colney Hatch, which is the largest of our public asylums, would be too large, if its internal construction had been arranged so as to meet certain modifications in the principles of management, which, in my mind, would be advisable in all asylums, but which are still more requisite in those of large than of small size.

Amongst the earlier principles which regulated the systematic treatment of the insane in lunatic asylums was this : that the influence of the moral governor, as the chief resident officer of these institutions was frequently called, should be brought to bear constantly on each case individually, so as, that he might daily give to each of the patients such personal advice and instruction as seemed best calculated to subvert existing delusions or immoral propensities, and to instil sounder notions. Whether intentionally or not, the same principles appear to have been adopted in the so-called moral treatment of the insane, as prevailed at the same period in the education of the sane classes ; and I think there are strong reasons for being guided by the same principles in the one case as in the other ; but whilst improvements in the principles of education have led to a considerable diminution in the amount of individual teaching amongst the sane classes, the exploded principle is still sought to be maintained amongst the insane for no good reason that I am aware of.

Public boards have been induced by considerations of economy to prefer the erection of large to small asylums, and this preference increases in proportion as the demand for asylum accommodation makes the cost of erection and maintenance of those institutions an object of greater solicitude to the guardians of the public purse. Nor should those benevolent

persons who look to the proper treatment of the insane as their primary care overlook the matter of economy, seeing that the question of expense so largely influences the judgment of public authorities, as to whether lunatics shall be left at large totally uncared for, or kept in workhouses with such insufficient care as workhouses are known to afford to the insane, or have special asylums properly built and properly maintained appropriated to their own use. But in my mind large asylums are not only the most economic, but what is of still greater importance, they can be made to present superior domestic arrangements, a superior class of officers, and the means of amusement, of employment, and of instruction, in much greater abundance, variety, and perfection than small asylums. The greater the number of inmates the greater will be the number who may be made the means of contributing to the comfort, the instruction, or the amusement of their fellow inmates, either by their knowledge of some trade, or the possession of some accomplishment, as music or singing; musical bands, theatrical performances, gymnastic and military exercises, and out of door games, are more easily organised, and when organized present a larger number to share their benefits as listeners or lookers on in large than in small asylums. So also lectures, teaching by classes, and above all the influence of the example of the large mass of the quiet and orderly, on their more disorderly fellow inmates will be more powerful and more available instruments of good in large than in small asylums. In instructing sane adult classes, whether in morality, in science, or in literature, the advantages of teaching in class, or in masses, become every day more fully appreciated and established. Singing, music, and amusements for the million, are every day more called for by the public voice, and the opinion I believe is gaining ground that religious instruction carries more influence when addressed to large masses than to smaller congregations. What reason is there for supposing that those powerful, mental, and moral levers should not be applied on the same principles to the insane as to the sane mind? Viewing the question thus, it appears to me that large are preferable to small asylums, no less on scientific principles, and from benevolent considerations, than from motives of economy.

Along with the principle of individual teaching of the insane has descended a classification generally threefold, according as the insane are considered to be refractory, quiet, or convalescent. The haphazard mode by which this latter principle was arrived at is evident from this, that the proportion in which

accommodation was provided for each of these classes seems generally to have been determined by dividing the entire number for which asylum accommodation was provided, first, by two for the sexes, then the number of each sex by three, making an arbitrary numerical equalization of the refractory, quiet, and convalescent classes, which every one at all acquainted with the subject, knows to be contrary to the real proportion. In some of the earlier built asylums single sleeping cells were provided for all the patients, so little was it thought that many of them might be associated in dormitories not only with safety, but as is now known advantageously. Subsequently when associated dormitories were introduced, the proportion of cells for the different classes seems to have been determined rather capriciously than on any fixed principle, and even at the present day, perhaps on no point is there such contrariety of opinion. I believe that the opinion is gaining ground more and more every day, that single cells are not required by any means in large proportion ; and the day may not be distant when it may be considered that they can be advantageously dispensed with altogether. The usual sizes for public asylums, as regulated by the supposed requirement of the district for which they were built, were for 100, 150, and 250 ; and the division of those entire numbers on the principles above indicated, gave about 25 or 40 as the usual number in each class. The want of reliable statistics for scientific determination of such questions seems to have necessitated such haphazard arrangements, and the proportion which the orderly bear to the disorderly amongst the insane is so largely affected by the circumstance whether the asylum accommodation be provided for the insane generally of a district, or only for those cases deemed the most urgent objects, either as regards curability, or their own or the public safety, that the question of classification must be viewed from an entirely different aspect in the one case from what it is in the other. Considerations of this kind seem, however, not to have had proper weight when lunatic asylums came to be enlarged to hold 300, 500, 1,000, or as in Colney Hatch nearly 2,000 ; and no better principle seems to have been adopted in the construction of large new asylums, or in the enlargement of old ones, than making them multiples in all their parts of existing structures. Thus an asylum for 500 was constructed as an asylum for 250 had been, in divisions of about 40, making 12 divisions, or in other words, 12 different asylums under one roof. The inconveniences, the complications, the disadvantages, and the difficulties of management which have resulted

from the want of scientific principles in providing large asylums, are generally attributed solely to the fact of the large size of those institutions, owing to that very usual, though not very logical process of reasoning—*post hoc ergo propter hoc*.

I shall endeavour to select some of what I believe to be the most important of the objectionable points in large asylums, and I hope to be able to shew that they are not attributable to this cause.

First. The difficulty of general supervision is plainly attributable more to the subdivision of asylums than to their large size.

The introduction of large dining halls has made it much easier to have the very important matter of the due distribution of food to 500 patients superintended personally by the head of the establishment, than it was formerly in an asylum of 150 with six refectories separated from each other by considerable distances; the introduction of large recreation halls and of large dormitories, has produced a result of an analogous nature as regards the sleeping accommodation and in-door amusements of the insane, and the association of large masses of insane people far from producing the result dreaded by some, of general turbulence and confusion, is found to be highly conducive to good order and quietude. It only remains to introduce large work-rooms and school-rooms, and the corresponding substitution of class teaching for individual instruction, on principles identical with those which have so favourably reformed our educational system for the sane classes, to make the general superintendence of a large asylum, say for 2000, about as easy for one head, as such superintendence was formerly in an asylum for 250, with its many arbitrary and complicated subdivisions. Of course a due staff of subordinate officers should be allowed also.

A lunatic asylum, whether large or small, should, I think, be conducted, so far as moral training is concerned, on the same principles as a school, chiefly of an industrial character; and the first step towards a correct system should be the abolition of the present mode of subdividing lunatic asylums by which each division is made, as it were, a house in itself. The very faulty arrangement of having the sleeping and day apartments mixed up together, and too frequently of having one room of quite insufficient size as a refectory and work room, equally requires correction. To keep apartments so arranged in wholesome condition and good order even for a few hours in the day, requires truly an amount of watchfulness,

supervision, and labour, which makes the proper superintendence of a large asylum, so constructed and managed, by a single superintendent, a plain matter of impossibility at any time. But there are periods of the day when the patients rise, and make up their sleeping rooms; and, again, when they are preparing their rooms to go to bed, when no amount of supervision by any number of officers, can prevent an unwholesomeness and offensiveness of atmosphere, and an indecorum of appearance highly injurious in their moral effects on the patients.

The maintenance of a refractory class, whose ordinary condition is one of permanent isolation from their more quiet fellow inmates, is, in my mind, open to many very obvious theoretical objections, and in practice I think I have observed that its general effect is injurious.

The dread of physical or moral injury to the quiet and convalescent classes, by the mixture of the so-called refractory, can at the most justify their separation only during the continuance of refractory excitement. No patient that I have ever seen is at all times violent; and it appears reasonable to allow even to the more refractory the solace and the advantage of association with the more orderly inmates, in those intervals of freedom from excitement, which are to be met with even in the worst cases.

The entire want of intellect, and the not unusual accompaniment of filthy or disgusting habits, have been also not unfrequently made the grounds of separation.

But the successful establishment of idiot asylums with classes associated for amusement, for instruction, and for domestic and industrial pursuits, and the beneficial results of such association, have abundantly proved the false principles which led to such unnatural, as well as unscientific, classifications. Even amongst criminals, who of all others might be supposed the most likely to be contaminated by association, the teaching of industrial pursuits, and the communication of literary instruction in classes, is found to produce good results. An asylum constructed so as to meet the requirements of such a system of management or education as that of which I have given a very imperfect outline, in addition to one general dining-hall, which might also serve as a recreation hall, according to occasion, should have general large work-rooms and large dormitories, and the day rooms should be on the basement story, and open into gardens. With such architectural arrangements, and such a system of management, those difficulties would disappear, the presence of which in

large asylums differently constructed, and of necessity differently managed, has led to the erroneous opinion, as I believe, of the superiority of small asylums, with a view to cure or humane treatment.

The construction of asylums which I advocate would, in my mind, render undue restraint so difficult, and so easy of detection, as to be a most powerful auxiliary to its repression. Restraint and harsh treatment, so easy to practice, and so difficult to detect in an asylum which is a complicated network of long and puzzling corridors, and of small rooms or single cells, could not escape observation in those immense halls where large masses of patients in association would be exposed to the notice of each other, of numerous attendants, and of every passing officer and visitor, assembled as the inmates would be on the most accessible floor, and in the most central positions. Thus also could the best aspect and prospect be most easily obtained, for the rooms which would be occupied by the patients during the day, no matter what might be the size or shape of the asylum, and there would be no longer occasion for keeping patients all day in rooms with a northern aspect, or looking out in confined yards or dead walls, as all such apartments might be left for sleeping rooms. The principles of association in the treatment of the insane have been already partially tested with a favourable result by others, as well as by myself, so far as dining and recreation halls, and dormitories; and I have also to a certain extent tested them in out-of-door associated labour amongst the male lunatics, and indoor needle work amongst female lunatics. At the present moment rooms of a large size are approaching completion in this asylum, which will afford me a better opportunity than I have ever heretofore had of testing the principle of association at work or in instruction amongst female lunatics, and I shall endeavour to turn this opportunity to the best advantage. I should have preferred to defer my observations on the present subject until I could have given the results of my further experience, if it did not appear to me on my late visit to England, that the question of the size of asylums was not considered there as much as appears to me desirable in connexion with those new principles of treatment which have been partially developed in the construction of large dining and recreation halls and refectories, and that it might therefore be attended with some advantage at once, to submit the two subjects for consideration in connexion with one another. It has also been usual to rest the advantages of large asylums entirely on economic grounds, and it may not be without its use to shew that there are higher reasons

for preferring them. If such a happy combination of science, benevolence, and economy, can by any means be effected as to lead to a provision for all our insane in suitable asylums, and with a suitable system of treatment and management, a consummation will be arrived at, at which I believe all true philanthropists would rejoice. If the foregoing remarks may contribute in the least degree to such a result, it will be to me a source of the highest gratification. I know they explain very imperfectly a few of the principles on which large asylums may be considered as best suited to the treatment of the insane, whether we look to cure, or to merely humane considerations. The entire subject is one of immense extent and importance, and requires elucidation from some abler hand than mine; but if I obtain for it in the meantime the favour of its being considered an open question, I think I shall have done some good.

The Fourteenth Report of the Commissioners in Lunacy, to the Lord Chancellor. Ordered by the House of Commons to be Printed, 25th May, 1860.

The first part of this report is occupied with the description of the additions made during the past year to the accommodation made in asylums for pauper lunatics, either by the opening of new asylums, or by the enlarging of old ones. The new asylum for the united counties of Bedfordshire, Herts, and Hants, built for 500 patients, at an estimated cost of £65,000, is nearly complete. At the Chester Asylum additional accommodation has been provided in a manner which appears to have given the commissioners great satisfaction, namely, by two new wings, copied from the new building recently erected at the Devon Asylum. These new wings, with accommodation for 217 patients, have cost only £7,733 5s. 4d., or, about £36 a head. Mr. Brushfield, the superintendent of the asylum, has furnished the commissioners with six lithograph plans of these new buildings; which, together with a concise description, the commissioners have published in their appendix. The new male building is quite detached, but the female touches the old asylum by one corner. We sincerely hope to see this plan so strongly recommended by the commissioners, adopted wherever a moderate degree of

asylum extension becomes needful. One of its advantages we take to be, that it will not readily be adapted to any immoderate extension, for instance, such a one as that proposed by the Surrey Magistrates for 660 patients, at a cost of £53,500; whereby the Surrey Asylum would be made to contain 1,600 patients, and become in size at least a rival to the gigantic blunders at Hanwell and Colney Hatch. The commissioners have, it appears, at present refused their sanction to this scheme of the Surrey Visitors, on the ground that the site is by no means too large for less than half that number of patients; and as the Magistrates of Surrey have refused to sanction the purchase of more land, it is to be hoped that the scheme will prove abortive, and that the only reasonable mode of providing the needful accommodation, by the erection of a new asylum in another part of the county will be adopted.

In Dorsetshire, sixty acres of land has been purchased at the rate of £100 per acre, for the site of the new asylum; plans for the asylum have been approved, and the work we hear, has been commenced. The new asylum for Northumberland was opened for the reception of patients in March, 1859, and on the inspection of the commissioners, "considering the short time the asylum had been opened, it presented a remarkable amount of comfort and order." It is situated at Cottingwood, three quarters of a mile from Morpeth, and will accommodate 210 patients. There are some points in the description of the building worth noting. "The external walls are built with a two inch void, to prevent the transmission of warmth and damp." "Pressed bricks are used, which give sufficiently smooth surfaces to the walls as to require no plastering to the interior of the wards." "The floors are all boarded." "The window-sashes of the day rooms and associated dormitories on the ground floor, are of cast-iron, made to slide upon brass sheaves, leaving unglazed spaces of one pane in breadth when open." "The whole of the wards are warmed by open fires only, the ventilation is effected by two foul air shafts in the towers."

The opening of the Sussex Asylum was delayed in consequence of engineering difficulties met with in boring for water. It was, however, opened on the 25th July, last year, and when visited by the commissioners, its general condition elicited their approbation, and the remark that "it evinced great activity on the part of the medical superintendent."

Plans for the enlargement of the Birmingham Asylum are under consideration, but the sanction of the commissioners

has hitherto been withheld, on account of the small amount of land attached to the asylum, which is very near to that thriving town, and therefore the recommendation of the commissioners to purchase fifteen acres of additional land, will probably not be effected without a considerable outlay. The completion of the Bristol Asylum for 400 patients, has been delayed by four strikes among the masons.

The commissioners conclude their report upon the alterations which have taken place in the public institutions for the insane, by describing the separation between the county pauper establishments, and the charitable hospitals for the insane, which have been established and hitherto jointly conducted at Gloster and Nottingham. At Gloster, the interest of the subscribers, or more correctly speaking, the interests of the charity represented by the subscribers of the joint estate for the time being, was purchased for the county for £13,000, with part of which sum, the subscribers purchased a gentleman's residence called Barnwood House. With this old mansion as a basis of operations, the committee have constructed a "building in every way suitable for its purpose, and it will afford excellent accommodation for the upper as well as the middle-class patients."

At Nottingham, a transaction of exactly similar character has taken place. The committee however for the hospital, having had to provide an entirely new building, which, with the purchase of fifteen acres of land, has been completed and furnished for £18,500. The building appears to be warmed in a novel manner, by "detached chimney stacks running up in the centre of the rooms, forming blocks of about six feet by five, but pierced in the centre with arched openings; this aperture is filled by two open fire grates placed back to back, the open space between them forming a warm-air chamber, the whole being covered down with an iron slab faced with ornamental tiles." "The patients being as it were, able to form a double circle round the fire, and to see each other through the arched opening between the fire grates, it renders this arrangement of the places more conducive to the cheerfulness of the apartment; and in regard to heat, it certainly is more economical than if they were placed as they otherwise must be, against the outer wall."

The commissioners commence their notice of private lunatic asylums, with some general remarks, perhaps we may say with the enunciation of some principles, by which they are guided in their decisions in the exercise of their important function, the grant and renewal of licences.

“The subject generally of Licenses for the reception of Lunatics, and their grant, renewal, and transfer, has continued during the past year to engage our serious attention, and the importance of the considerations involved induces us, upon this occasion, shortly to reiterate the principles by which we are guided, in dealing with applications.

“As respects the Metropolitan District, we have practically come to the resolution not to add to the number of Licensed Houses, unless for special reasons, applicable to the particular case. In the event of a medical or other person of high character and qualifications, and possessing adequate pecuniary resources, applying for a License to receive Private Patients in a suitable house, we should be disposed to make an exception, but should in that case, generally, if not invariably, limit the License to Patients of one sex.

“The Licensed Houses within our immediate jurisdiction, judging from the actual numbers of Patients resident therein, appear fully to meet, not merely the requirements of the special locality (which would be comparatively unimportant, inasmuch as private Patients are, for the most part, sent to Asylums not in the neighbourhood of their homes), but in general the wants of the community. We have also to observe, that, in consequence of the now rapid withdrawal of the Pauper Patients from the five large Metropolitan Houses at present licensed to receive that class of the Insane, extensive provision will shortly be made for the accommodation of Patients of the middle and poorer classes, for whom it is hoped that ultimately adequate means of care and treatment will be afforded in public hospitals.

“As respects Pauper Patients, we deem it our duty, by all proper means, to discourage their reception into and detention in Licensed Houses. We look forward to the time when all the Insane Poor, not fit to associate with the ordinary inmates of work-houses, or to be relieved at their own homes, shall be sent, for care and treatment, to County or Borough Asylums, or suitably accommodated and protected in additional buildings auxiliary to such asylums, connected with them, and subject to the same supervision and management.

“It remains only to add a few observations upon the question of the transfer of Licenses. The evil to be avoided is, the making Establishments and Patients the subject of mercenary and corrupt transactions, by the payment of money in the form of rent or otherwise, for what is commonly termed ‘good will.’ We do not go so far as to say that a house and premises which have been erected or adapted for the purpose of a Private Asylum, or which have been actually licensed as such, may not be properly purchased or assigned for a consideration somewhat beyond what the building would otherwise be worth in the market. The arrangements against which we deem it our duty so carefully to guard, are those by virtue of which, in addition to the fair value of the house,

the purchaser or new proprietor agrees to give, by a payment in gross or in the nature of enhanced rent, or per-centage, or otherwise, a sum of money which is substantially a consideration for the profits or income derived from the Patients. Independently of the obvious objections on principle to such dealings, we have had strong reasons to deprecate them in practice, as tending materially to cripple the resources of the new proprietor, and proportionately to abridge the comforts of the patients.

“Such are the views by which we are actuated in considering the questions of the renewal or transfer of Licenses, and we are of opinion that it would be very desirable if the principles we have indicated were expressly recognised and enforced by legislation.”

It appears to us that the commissioners have not quite thought out the political economy of this question, if we may be allowed the term. They have evidently been brought face to face with many of the difficulties inseparable from the maintenance and custody of the insane considered as a monetary speculation. They record two instances of private asylums in the hands of sheriff's officers, in one of which the asylum was partially denuded of furniture sold under execution. These are extreme cases, but there can be no doubt that they have met frequently with that which they complain of in one particular instance, namely, the inability to get their recommendations of improvement carried out, in consequence of the resources of the proprietor having been crippled by the sum he had given for the good-will of the establishment. “The large sum thus expended, cripples the resources of proprietors, and incapacitates them from carrying on the asylum in the most liberal way, or making improvements involving expense.”

Lord Shaftesbury, with that clear-sighted perception of the real pinch of any social difficulty, which he has derived from a lifelong devotion to the welfare of those who labour, and sorrow, and are heavy-laden, indicated the real origin of this difficulty in his answer to the 82nd question of the select committee on lunatics. He says, “the great and leading difficulty is to find a proper person to have charge of such an establishment.” “Medical men would be the fittest persons to be the proprietors of these houses, and to have the entire charge of them, but it often happens that the fittest medical men have no capital at all; whereas other persons who are not fit to have the charge themselves, have the capital.” “A man must have a certain amount of capital, £5,000 or £6,000, to open a house and carry it on with propriety.”

The whole of this question is vastly important, involving in fact that which his lordship justly calls, the great and leading difficulty of the system. We fear however it will not be of much use for the commissioners to object to money payment in some form or other for the transference from one hand to another, of a position which has cost money to create, and which is worth money to hold. The only effectual means for reducing such payments, would seem to lie in that unrestricted competition for the advantages so purchased, which the commissioners themselves have decided to forbid. While they publish their own "resolution not to add to the number of licenced houses," they cannot expect that the existing houses will be transferred from hand to hand without valuable consideration, and even if they could prevent such transference, it would not seem to be always desirable that it should be prevented—inasmuch as it is evident that the financial affairs of a private asylum may pass into the complicated condition which they thus describe, as that of Hoxton House, without any such change of proprietorship.

"The property, which has been used for the purposes of a Lunatic Asylum since the year 1695, is now in the hands of Trustees, and the profits of the concern are divided amongst a variety of claimants, some of whom are mortgagees of the estate."

The difficulty evidently has arisen, and has continued in consequence of the intermixture of the professional and commercial interests, the one engaged in the care and treatment, the other in the custody and maintenance of the insane. If it were possible to distinguish between these interests, not in theory alone, but practically, that is in their remuneration, perhaps a clue might be found to the true position of the medical man and the capitalist in their relations to the insane. It may well be within the scope of the functions of the commissioners to maintain a certain degree of sumptuary law with regard to the apartments, the clothing, the food of insane persons maintained in asylums, and even with regard to valuable consideration paid for the transference of profit upon charges made for such things. But it would be futile to attempt to regulate the payment for professional service of a value quite inestimable; to say to the alienist physician who has a well founded reputation in his specialty, that he shall only gain thus much or thus much for his skill, the exercise of which, if successful, will restore to his patient the highest attributes of man, if

used in vain, will leave him worse than dead, with darkened soul dwelling in the living grave of his own body.

The unaccountable neglect of the Government to provide an asylum for the army continues, and so far appears without promise or prospect of any change. The Commissioners speak out on the subject thus :

“ We regret to report that, notwithstanding our repeated appeals to the Authorities of the War Office, no steps have yet been taken towards providing a public Hospital for Insane Military Officers and Soldiers. The arrangements for the reception of a certain number of the former into the Coton Hill Institution, near Stafford, and of the latter into Mr. Byas’s Licensed House, Grove Hall, Bow, continue as heretofore.”

The only accommodation for insane soldiers is at Fort Pitt, a small place “ rather for observation and temporary probation than one for care and treatment.” The Commissioners visited it and speak favourably of its condition as a place for the temporary reception of a small number of soldiers [from the figures given it would appear that there were 19 patients on the day of the visit] placed therein for observation, or pending proceedings for their removal to asylums, or disposal elsewhere. One form of attempt to dispose of these defenders of their country, the Commissioners describe as having “ caused much public sensation and remark,” as well it might : It was by giving notice to the relieving officer of the Medway Union that the poor lunatic would, at a certain time and place, be turned adrift on the world and thus rendered eligible to be treated as a wandering lunatic. Unfortunately they did not choose their madman with discrimination : he would not wander. “ He was ultimately left alone and after waiting for some time, walked back to Fort Pitt, into which he insisted upon being readmitted.” It appears that subsequently the military authorities took proceedings against the overseers before the magistrates at Chatham, who, however, dismissed the application and refused to grant a case for the Queen’s Bench.

“ It only remains to state that, in transmitting to the Secretary of State for War the report upon the subject by the Visiting Commissioners, we expressed a strong opinion that the practice of treating Soldiers afflicted with Insanity merely as Paupers was highly objectionable in many respects, and stated our feelings as to the impropriety and hardship, to the unfortunate objects of the experiment, of turning loose insane Soldiers in order to try the question of their chargeability as wandering Lunatics.”

The number of single patients now brought under the notice of the Commissioners amounts to 115, who have been regularly visited and reported upon. This without question is but a small fraction of the actual number of the insane who are under care and treatment as single patients. The law as it exists is quite inoperative to bring this class of patients under the notice of the Commissioners. The condition of the patient on which they possess any legal right to claim information and to visit, namely, that the patient is "kept for profit," is of a nature so easily evaded, that the substitution of some other condition is absolutely needful if this class of patients is to be brought, as it most undoubtedly ought to be brought, under the inspection and control of the Government Board. We have elsewhere expressed our opinion that any lunatic patient resident in any house not being his own *bonâ fide* home, that is, his own house or that of his near relatives, ought to be considered a single patient and be visited by the Commissioners, and the responsibility of giving information should be placed upon the medical man in attendance, or failing a medical man, upon the householder, and that the formal certificates of insanity now required should be dispensed with, a simple notice not requiring the signature of a relative being substituted.

"As regards the mental state of those who come under our notice as single Patients, the majority are cases of a chronic character, chiefly Imbeciles; and some are so harmless and inoffensive as to require little restriction or supervision, and to be able to associate with the members of the families in which they reside. Others, however, are met with who labour under different forms of mania and melancholia, some with suicidal tendencies, and others subject to paroxysms of great excitement, in which mechanical restraint and other means for guarding against danger, are deemed necessary. Patients under these circumstances are frequently exposed to treatment tending to aggravate rather than ameliorate their mental disorder, and their accommodation is often very objectionable. Placed in houses totally unsuited for such cases, they are usually confined in the upper rooms, scantily furnished, and where they pass nearly all their time, either locked in alone or in company only with an attendant. They are rarely in a condition to admit of being taken out beyond the garden attached to the house, which in large towns is often very limited in extent; and some Patients rarely, or never, leave the house. Besides this, there can be little doubt that such Patients are often exposed to harsh and improper treatment, more especially with reference to the use of restraint, which is employed in the majority of cases

simply to save trouble and supersede personal care and watchfulness over the Patient. Such abuses are more especially likely to take place in houses under attendants who have the uncontrolled care of the Patient.

“The general result of our experience of the system of treating the insane as single Patients, strongly convinces us of the necessity for exercising, in all cases, the most careful supervision over them, both legislative and otherwise. Although in some instances there may be urgent reasons for giving this mode of treatment a trial, more especially in cases likely to be of short duration, it should ever be remembered that these are the cases in which medical and moral treatment are of the utmost importance, and that, if improvement does not take place within a limited period, much mischief may result from persevering in it. As a general rule, indeed, Patients of this class are usually under much less advantageous circumstances, so far as the chances of recovery are concerned, than if placed in a well-conducted Asylum.

“With reference to Patients who are in a confirmed state of imbecility or insanity, we are of opinion that, whenever their state, the arrangement of the families in which they reside, or other circumstances, necessitate the employment of restraint or seclusion, any restriction as to exercise, or the isolation before alluded to, the treatment they receive is not only unlikely to benefit them, but is absolutely prejudicial.”

There can be no doubt of the exact truth of these remarks, as they apply to a vast number of single patients. They, however, need some qualifications and exceptions; for instance, in regard to patients of large property who are still capable of enjoying many of the pleasures of open life, and still more do they need qualification with regard to the early stages of insanity. The number of patients who are treated as single patients, and who recover from the early stages of the malady without the brand of an asylum, either in their own memories or in that of the public is immense. The number of people that one knows or hears of as having had a transient attack of insanity is surprising, and it certainly will not be desirable that these cases should be indiscriminately registered and visited by the representatives of the Government, even though it may be found needful to treat them away from their own homes. A certain latitude of time for the early treatment of the disease must be allowed.

Single pauper patients are not in a more satisfactory state than single patients of the money-holding classes. Six thousand persons are returned as belonging to this category of lunatics in England and Wales, but what number of in-

sane paupers there are, scattered over the country who are not so registered, who shall say? The condition of these poor creatures as described in the Report is very lamentable. "Removed from home and left alone under the care of strangers"—"complete control exercised over them even to the application of mechanical restraint, by persons ignorant, and possibly harsh," all this "without any authority whatever"—"with little or no supervision," even the quarterly statements required by the statute neglected; a picture is drawn of their neglected condition little creditable to the department of the executive appointed to watch over the interests of the destitute poor, or to the parochial administration of the law as it affects the pauper lunatic. The commissioners are evidently much distressed at the contemplation of this mass of neglected suffering, and they recommend that the relieving officers and medical officers of unions should be impressed "with a due sense of their responsibility in this regard."

The commissioners further recommend that magistrates acting as *ex-officio* guardians should interfere directly in the control of pauper lunatics not in asylums, and that in order to do so with knowledge and effect one magistrate at least in each Union should belong to the Committee of Visitors of the County Asylum.

"As a further protection to this class of Patients, we think that every Visitor of an Asylum, resident in a Union, and consequently an *ex-officio* Guardian, may, as such, be a most useful agent towards amending the condition of Pauper Patients boarded out, or sent to a Workhouse. His visits to the County Asylum would render him competent to form an opinion of the kind of treatment needed for those living in his district, and he might thus be able to advance their condition; and moreover, he would become a competent judge as to the propriety of sending a case to the Asylum, and, having the power to do so, he might be instrumental in causing the removal of Patients now improperly kept out of it. As a Guardian he could inspect the list showing the names, condition, and allowances of all Patients in his district, and as a Magistrate he could order removal of any imperfectly cared for. It is generally admitted that the Pauper Patients not in Asylums are too exclusively under the care of the parochial authorities; and it seems to us that if any means could be adopted of introducing into each Union, a member of the Committee of Visitors of the County Asylum, many advantages would arise out of the combination thus formed. To effect this object it would simply be necessary to add a certain number of names to the list of each Committee of Visitors. In many counties the addition would be of small amount;

for instance, in Bucks 7, Cambridge 9, Derby 9, Chester 10, Dorset 12.

“Such an arrangement would, we think, be followed by the best results, especially if in addition to it the Medical Officer of the district were entrusted with a larger amount of authority. It is not difficult to conceive that if a Resident Magistrate were, as a member of the Committee of Visitors, to act in concert with the Medical Officer of the district, much substantial benefit and protection would be extended to this class of Patients. The home treatment would be improved; removal whenever necessary would be more readily effected; and the information contained in the order and certificates would be more accurate; the highly objectionable practice of taking a Patient for examination to a police court would be discontinued; and it is probable also that the obstacle raised to the transmission of a Patient to an Asylum owing to the payment of fees exacted by clerks to magistrates for drawing up the orders for admission, would be abolished.”

We earnestly advise this systematic appointment of Visitors, indeed, we believe that the recommendation originally came from us in evidence before the Special Committee; but we do not think that the action expected by the Commissioners from magistrates as *ex-officio* guardians will ever be realized. The best reason for believing that it never will be done is that it never has been done, for an entirely altered line of conduct taking place upon a single recommendation, however excellent the source of it may be, is not to be expected in this social world of ours. Magistrates have not interfered as *ex-officio* guardians in these matters, because such interference adopted by any individual magistrate *suâ sponte* and without any special mission or right, would undoubtedly, be a most offensive proceeding in the eyes of the guardians. Still the magisterial action recommended by the Commissioners would, undoubtedly be most beneficial to the best interests of the pauper lunatic. But the only way to obtain this action in a really effectual manner, will be statutory provision, giving to the court of quarter sessions power to appoint one or more magistrates in each union, to be a committee to superintend the treatment of all pauper lunatics not in the asylums, with power to pay a medical man certain fixed fees for his assistance and advice.

The last paragraphs of the above quotation refer to a practice which the commissioners do not appear quite to understand; indeed, in their notice of the matter in the appendix, they say “we have few means of ascer-

taining by what means such proceedings are carried out." The fact is, that these fees are recognised by magistrates as the legitimate payment of their clerks of petty sessions. No one can doubt the importance of such officers, whose professional knowledge of law is one of the most means of ensuring the due administration of the small law of the county. But the only means of paying these officials, is by fee, and those magistrates who take the most regular, active, and useful part in the administration of the small law, are the very men who most insist upon the payment of a clerk's fee upon every paper they sign. A magistrate who never sits at petty sessions may often sign a paper taken to him by an overseer or relieving officer without thinking of his clerk, but it is not so with the men who have weekly experience of the need of professional tutelage and assistance ; and thus it happens that they often refuse to sign admission papers which the clerk has never seen, unless with the understanding that the clerk will be paid his fee. We believe that the usual fee is a guinea ; and that the fee of £1 9s. mentioned by the commissioners, is exceptional. The whole system of fees for official services, is unboubtedly a very bad one, and we trust that one of the earliest amendments of legal practice will be to give fixed salaries in lieu of fees to all magistrates' clerks.

The following is the summary of the statistical tables appended to the Report :—

SUMMARY.

	Number of Patients, 1st January, 1859.						Discharges during 1859						Deaths during the Year 1859													
	Private			Pauper			Total Lunatics			Total Number			No. Recovered			Total Number			From Suicide committed in Asylum			From Suicide committed before Admission				
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.		
County & Borough Asylums	122	105	227	7129	8489	15618	15845	3074	3154	6228	1419	1510	2929	966	1154	2120	956	756	1712	5	2	7	...	...	1	1
Hospitals	1003	773	1776	108	108	216	1992	430	413	845	328	377	705	173	221	394	95	50	145	2	...	2	...	...	...	...
Metropolitan Licensed Houses	663	624	1287	465	799	1264	2551	519	586	1105	605	821	1426	155	199	354	145	141	286	3	1	4	...	...	...	...
Provincial Licensed Houses	837	704	1541	469	455	924	2465	505	423	928	451	404	855	182	183	365	109	73	182	2	2	4	2	2	4	2
	2625	2206	4831	8171	9851	18022	22853	4528	4576	9104	2803	3112	5915	1476	1757	3233	1305	1020	2325	12	5	17	2	2	1	3

Patients remaining 1st January, 1860.

	Private			Pauper			Total Lunatics			Number deemed Curable			Found Lunatic by Inquisition			Criminals			Chargeable to Counties or Boroughs.			Average No Resident.	
	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.	M.	F.	Tot.		
County & Borough Asylums	121	106	227	7829	9376	17205	17432	867	1085	1952	10	3	13	263	97	360	728	886	1614	...	...	...	16189
Hospitals	988	754	1752	120	113	233	1985	133	187	320	22	14	36	119	15	134	..	..	..	..	..	..	1999
Metropolitan Licensed Houses	703	639	1342	194	408	602	1944	91	162	253	69	58	127	20	3	23	17	28	45	...	...	...	2304
Provincial Licensed Houses	874	732	1606	377	373	750	2356	174	187	361	76	41	117	174	46	220	49	37	86	...	...	...	2040
	2696	2231	4927	8520	10270	18790	23717	1265	1621	2886	177	116	293	576	161	737	794	951	1745	...	...	...	22532

At the annual meeting last year, it was urged upon the Association that a statistical comparison of the results of treatment in the different classes of asylums would be instructive and useful. From the data afforded us in this report, we find that the gross percentage of mortality and recoveries in the four classes into which the commissioners divide all institutions for the insane, the relative proportions for the past year stand as follow :—

	Per centage of recoveries to number admitted.	Per centage of deaths to average number resident.
County and Borough Asylums ...	34·	10·5
Public Hospitals for the Insane	46·7	7·3
Metropolitan Licensed Houses ...	32·	12·4
Provincial Licensed Houses	39·2	8·9

The calculations are made in the manner insisted on by Dr. Thurnam, as the most just and scientific, namely, the percentage of recoveries are estimated in relation to the admissions, and the percentage of deaths in relation to the average number resident.

If the asylums for idiots, which is rather an educational than a curative establishment, be abstracted from the list of public hospitals for the insane, the percentage of recoveries will be still more favourable, namely, 50.2 on the total admissions.

It will be observed that the percentage of recoveries of the Metropolitan Licensed Houses is considerably below that of the Provincial Licensed Houses, while the mortality is nearly 25 per cent. higher, a result which could not have been anticipated from the well known excellence of the management of many of the former.

The mortality in the Metropolitan Licensed Houses is higher in the large ones admitting pauper patients, than in those which admit private patients only. In those devoted to private patients the mortality is also higher in the larger asylums than in the smaller ones. The mortality, however, varies greatly in the best known asylums; for instance in those of the London physicians

	Mortality on average number resident.
Dr. Forbes Winslow's Asylums	7 in 48 or 14·5 per cent.
Dr. Munro's Asylum	6 in 43 or 13·9 „
Dr. Conolly's Asylums	2 in 36 or 5·5 „
Dr. Wood's Asylum	2 in 48 or 4·0 „
Dr. Sutherland's Asylums ...	1 in 56 or ·5 „
Dr. Tuke's Asylum	0 in 20 or 0·0 „

In the same asylums for the previous year the mortality stands thus

Dr. Forbes Winslow's Asylums	7 in 54 or 11·0	per cent.
Dr. Tuke's Asylum	2 in 21 or 9·5	„
Dr. Conolly's Asylum's	3 in 35 or 8·5	„
Dr. Wood's Asylums	4 in 56 or 7·0	„
Dr. Munro's Asylum	0 in 42 or 0·0	„

But of course it would not be just to compare asylums like these, where acute cases are admitted and subjected to active treatment, with the smaller asylums merely occupied by chronic patients; with Elm House for instance, of which the Commissioners say, "It became clear however that the establishment was not calculated for acute cases, and we have forbidden their reception in future."

The following table shows the percentage of recoveries and of deaths in each of the public institutions for the insane. The advantage of hospitals for the insane over county asylums, is readily and fully accounted for, by the rule prevailing in the former institutions to admit only such cases as shall appear curable, while in many county asylums all cases including paralytics, epileptics, idiots, and persons demented from old age are admitted. In some county asylums, however, where the accommodation is limited, patients are not admitted indiscriminately and the proportion of recoveries is increased.

ASYLUMS.		Recoveries per cent. calculated on the Admissions.	Mortality per cent. on the number Resident.
Beds, Herts, and Hants	...	34·0	13·8
Bucks	...	27·0	12·5
Cambridge and Isle of Ely	...	25·9	6·9
Chester	...	30·2	16·1
Cornwall	...	34·5	7·8
Denbigh, Anglesey, Carenarvon, Flint and Monmouth	...	41·4	11·1
Derby	...	40·9	8·5
Devon	...	42·5	9·0
Dorset	...	56·4	4·8
Durham	...	26·0	9·0
Essex	...	47·8	10·9
Gloucester	...	30·1	11·3
Hants	...	40*	14·4

* No average number given, the calculation is made on the mean of the numbers resident at the commencement and the end of the year, viz. 512.

Kent	...	...	40·3	8·6
Lancaster, Lancaster Moor	...	...	36·3	6·1
Rainhill	...	...	52·8	6·9
Prestwich	..	...	50·5	9·7
Leicester and Rutland	...	...	28·0	11·8
Lincoln	...	...	31·0	7·0
Middlesex, Colney Hatch	...	...	18·9	9·3
Hanwell	...	...	21·5	6·1
Monmouth, Hereford, Brecon and Radnor			47·5	11·1
Norfolk	...	...	42·7	13·4
Northumberland	...	...	9·7	8·4
Notts	...	...	30·4	10·5
Oxford and Berks	...	...	40·0	9·4
Salop and Montgomery	...	...	56·0	10·0
Somerset	...	..	48·0	11·5
Stafford	...	...	52·2	14·8
Suffolk	...	...	50·0	11·4
Surrey	...	...	39·3	10·3
Sussex	...	...	2·6	4·3
Warwick	...	...	32·8	12·1
Wilts	...	...	46·5	13·8
Worcester	...	...	37·5	11·0
York, North and East Ridings		...	26·0	9·5
,, West Riding		...	45·6	11·4
Birmingham	...	...	58·4	10·7
Bristol, St. Peter's Hospital	...	...	41·6	22·0
Haverford West	...	...	20·0	10·3
Hull	...	...	48·5	17·4
St. Thomas' Hospital, at Exeter	...	...	85·7	9·6
Liverpool Lunatic Hospital	...	...	56·6	6·6
Manchester Royal Lunatic Hospital	...	...	35·5	14·2
Lincoln Lunatic Hospital	...	...	40·9	8·9
St. Luke's Hospital	...	...	75·2	2·8
Bethel Hospital, Norwich	...	...	60·0	7·8
Northampton General Lunatic Hospital	...	...	50·0	8·8
Nottingham Lunatic Hospital	...	...	4·8	6·0
Warneford Lunatic Asylum, Oxford	...	...	30·0	0·0
Coton Hill, near Stafford	...	...	58·8	5·7
Bethlehem Hospital	..	...	51·8	4·8
York Lunatic Hospital	...	...	34·0	9·1
Retreat, York	...	...	27·8	7·3
Royal Naval Hospital, Haslar	...	...	48·0	16·0

A Letter to the Right Hon. SPENCER H. WALPOLE, M.P., &c., &c., Chairman of the Select Committee on Lunatics. By JOHN CHARLES BUCKNILL, M.D., Medical Superintendent of Devon County Lunatic Asylum.

Sir,

When I had the honour to appear as a witness before the Committee over which you preside, I declined to give any opinion respecting Chancery lunatics. I did this from not feeling myself prepared at that time to place my opinions before you in a manner which would give them value.

As, however, you kindly requested me to communicate by letter anything further I might wish to say, and as I have recently been reminded by a member of your Committee that your enquiry is still open, I beg leave, most respectfully, to lay before you some considerations on the subject of Chancery Lunatics, chiefly founded upon my personal knowledge.

I see it proposed that the office of medical visitor of the Court of Chancery shall be abolished, and the visitation of the Chancery lunatics transferred to the Commissioners in Lunacy; yet the great and continuing increase in the number of inquisitions, and the demands of the public service, must lead the Court of Chancery to feel itself more than ever in need of medical officers of its own, a need unequivocally expressed in the provisions of the Bill introduced by the Solicitor General just before the last dissolution of Parliament.

The Committee, in investigating the duties of the Medical Visitors, appears to have exclusively directed its attention to that of the visitation of lunatics after inquisition. This duty has been their most important function hitherto, and it has been discharged in strict conformity with the law enacted at a date anterior to the recent improvements in the care, treatment, and supervision of the insane. Although there can be no doubt that the Chancery lunatics ought to be visited in a very different manner to that which was thought sufficient when the existing law was framed; yet merely to transfer the visitation to the Commissioners in Lunacy would be a very inadequate measure of reform, and would leave the greatest need felt by the Court of Chancery in dealing with lunatics even more unprovided for than at present; I mean

that need of assistance which the Court requires from medical men in whom it has confidence, during the proceedings which are adopted for placing a lunatic under its charge.

To understand this point it is necessary to be acquainted with the practical application of the law in working a petition of lunacy. I beg to offer a few suggestions founded upon my own observation and experience, which may, I trust, at least be sufficient to induce you to make further enquiry from persons more fully informed, and more competent to influence your opinion.

1. Petitions in lunacy are very rarely, if ever, presented before the lunacy is supposed to be chronic and incurable. I have known the greatest difficulties submitted to in the administration of property, or rather getting on without administering it, by borrowing money without security, incurring debt, &c., for a long period before the lunacy could be definitely pronounced incurable. To expect frequent cures, therefore, of Chancery lunatics is very unreasonable. In some few exceptional instances, the petition may be presented earlier, as when property is being rapidly dissipated; but the rule is that a Chancery lunatic is incurable before the petition is presented.

2. In a very large proportion of instances of the lunacy of persons of property, no petition is presented. I know lunatics, who, at the present time, are signing cheques, and ostensibly doing business the nature of which they are utterly incapable of appreciating. Consider how small a proportion of the insane are placed under the Court of Chancery, and it must be obvious to what an extent this is done. What is the cause of this except the expense and the painful nature of the proceedings in opposed petitions? Only think of the dreadful exposure of all one would wish to keep from the eye of the world, which an opposed petition involves; and the reason will be evident why so few petitions are presented, and that with few exceptions, those that are presented are unopposed. The presentation of a petition, indeed, may be held to indicate, either that the members of the family of the lunatic are unanimous as to the desirability of the petition, or that need of the protection of the Court is so urgent, that it must be obtained at all risks.

The family, of course, frequently are unanimous, and everything goes on smoothly and well; the powers of the Court to protect the lunatic's person and property are sought, and, in spite of the law which still gives to every lunatic the option of a jury, matters are so managed that this right is very rarely

exercised, and inquisitions are held with as much privacy and economy as can be desired. But, the cases in which the intervention of the Court is most desirable, are precisely those in which the family of the lunatic are not of one accord, in which, perhaps, some one relative or other person is making undue use of his influence over the lunatic, either as to the present direction or the future disposition of the property. It is in such cases that the proposal to present a petition is met with the threat to oppose, which, if carried into execution, would entail all the evils of a public trial of a most painful nature, and the expenditure of a sum of money in law costs which might alone be sufficient to make the heirs of the lunatic hesitate. In two cases, within my own recent knowledge, the sums of two and of three thousand pounds were respectively expended in the proceedings of contested petitions, and this for moderate properties. In one of these cases, the expenses amounted to nearly a fourth part of the whole property of the lunatic. I have heard of still larger sums being expended, and that in the well-known case of Mrs. Cummings, the whole of the lunatic's property was exhausted in the costs of the enquiry.

It may be urged that this is an evil which cannot be avoided, that a person to whom lunacy is attributed has a right to defend his personal and civil liberty to the fullest extent to which his advisers may think fit to go. This principle is clearly just in its application to cases in which any doubt of the lunacy may exist; but it is unreasonable to apply it generally to cases wherein it can readily be ascertained that the alleged lunacy is obvious; and where no beneficial result can possibly arise from it except in augmenting bills of costs.

The remedy I have to suggest is only novel in the extent of its application. It is in substance that addition to the functions of the Medical Visitors of the Court of Chancery which has been pointed to as contemplated in the evidence of Mr. Barlow, (see *Report*, page 128, q. 1313, 1314, 1315,) namely, that the Court of Chancery should always employ physicians acting as its own salaried officers to report on cases of disputed petition.

I would go further than this contemplated change, and strongly recommend that the Court should employ its own medical officer to report in all cases, whether the petition be opposed or not. Such an arrangement would, I believe, tend greatly to facilitate the duties of the Court, to promote the ends of justice by discouraging petitions from being withheld from the fear of unscrupulous opposition, and to

prevent the reckless and extravagant expenditure of money in opposing well-founded petitions. The Court does, indeed, at present, avail itself of referees in cases of difficulty, and I myself have had the honour to be employed by it in this capacity in the two past years, on two important occasions. My opinion on each of these occasions proved to be correct, but I do not the less hesitate to express my conviction, founded upon the experience thus gained, that the duties of a medical referee in these cases are too responsible and too invidious to be entrusted to any private person, and that the intention of the Court to provide itself for this purpose with the services of Physicians permanently attached to it in an official capacity, is one which your Committee will probably consider to have been formed on most sufficient reasons.

But a still more important consideration is that the action of the medical referee, whether private or official, comes too late in the enquiry to be of as much service as it would undoubtedly be under different arrangements. The medical referee (or rather the medical officer of the Court, since in this case he would not be a referee) ought to be employed before and not after the parties are committed to a contest. His action might then be expected frequently to forestall litigation and to prevent the great evils of contested inquisitions.

A person believed to be of unsound mind has made a will disinheriting his relations, or has given away large sums to persons holding him under undue influence, or has dealt with landed property in a manner prejudicial to his heirs; a petition in lunacy is presented by one or other of his relatives, accompanied by affidavits supposed to be sufficient to prove the case: these are answered by others supposed to be sufficient to disprove it, and after, as Mr. Barlow says, "an enormous number of affidavits are filed on each side, it has been found that the best mode of shortening the discussion has been for the Lord Chancellor to call in an officer of his own, and get him to give them the assistance of his opinion as to the state of mind of the alleged lunatic." But unfortunately, this is not done until *after* an enormous number of affidavits have been filed on each side, and both parties have been committed to the contest. The report of the medical referee, although it may determine the decision of the Lord Chancellor or the Lords Justices whether or no an inquisition shall be granted, will not at this stage of the proceedings have any influence in preventing further litigation, however hopeless such litigation may appear. An inquisition was held at Exeter in 1858, on a gentleman on whose lunacy I, as medical referee, had reported very decidedly. After evidence of the

lunacy had been given, the leading counsel in opposition (Mr. Montague Smith, Q.C.) laid his brief upon the table declining to attempt a reply against such a weight of testimony. The expenses of the proceedings, however, amounted to £2,000.

Now supposing that in this case the medical officer of the Court of Chancery (not a person casually employed in a difficulty, but one with the prestige of an important and responsible office) had been sent to examine the state of mind of this gentleman before any of the affidavits testifying to his sanity had been filed, is it not almost certain that the opposing parties would have refrained from proceedings obviously leading to an adverse issue, and thus needlessly incurring great loss of time and of money, to say nothing of reputation.

It may be urged that the small proportion of inquisitions which are opposed, would scarcely justify the permanent increase of official salaries which the Bill of Sir Hugh Cairns contemplated. The reply to this is two-fold.

First, that if one such an opposed inquisition were prevented annually, the increase of salary would be more than saved.

Secondly, that the great evils attending opposed inquisitions hinder the presentation of petitions in cases where the protection of the Court is most needed, and thus indirectly give rise to a denial of justice. Within a recent period I have myself been consulted on three cases in which there could be no doubt of the existence of insanity, and in which it was most desirable that the lunatics should be placed under the protection of the Court of Chancery; but in each of these cases the prospective evils of an opposed inquisition were sufficient to prevent that protection from being claimed. In one of these cases, involving very large interests, the petition was, I believe, actually presented, but was subsequently withdrawn.

The experience of the Court of Chancery must have amply proved to all the learned judges who have presided there, that whatever value evidence given on affidavit may possess on matters of fact, on matters of opinion it is of little worth; and hence it occurs that this kind of evidence so completely fails to enlighten the Court upon the real state of mind of an alleged lunatic. It is really astonishing what liberties people take in evidence of this kind, not perhaps so much in the absolute statement of falsehood as in the suppression of truth; but positive untruthfulness also is rife to a degree which cannot be excused on the ground of ignorance, although this also is a prolific source of misrepresentation. A large proportion of the mass of affidavits filed on an opposed petition, will be found to be those of persons quite incapable, from want of mental culture, of forming an opinion on a question of

mental sanity. Some ignorance however is less excusable ; for I have heard even professional men aver that in conversations with supposed lunatics, on which they have subsequently given evidence, they have carefully avoided dangerous topics. The result is confessed in the law which refers the final decision in all cases to an oral enquiry, and in the practice of the Court which refers the conflicting statements of one-sided affidavits to the arbitrament of an impartial medical examination.

What I recommend, therefore, is :

1st. That a petition in lunacy shall, when filed, only be accompanied by such affidavits as may be deemed sufficient to establish the *bona fides* of the petition, and the right of the petitioner to present it, and *prima facie* to establish a ground for the enquiry, and to afford such information as may be needful to instruct the Court and its officers respecting the history and circumstances of the alleged lunatic.

2nd. That after due notice to the alleged lunatic, the Physician of the Court shall be ordered to institute a thorough examination into the state of mind, and to report fully thereupon.

3rd. That the Court shall receive affidavits (if any) in reply to those of the petitioner, and to the report of its medical officer.

4th. That the Court shall order or refuse the inquisition.

5th. That when the inquisition is held, the medical officer shall re-state his report, and be examined thereupon as a witness in the case by the Master presiding.

I observe that Dr. Bright, in his evidence before the Committee, recommends that a medical man in the capacity of "medical assessor," be conjoined with the Master in Lunacy holding inquisitions. It would appear to me a far more simple and useful arrangement that the medical man, whose duty it has been to examine and report upon the state of the patient's mind to the superior Court, should act at the inquisition as a necessary witness, called in contested cases neither by one side nor by the other, and examined in chief by the presiding judge, but subject to the reasonable test of cross examination by the council on either side, under which he ought to require no other protection than that afforded by the fulness of his information and the impartiality of his position.

It may, perhaps, be thought that the intervention of the Physician of the Court, in the manner here proposed, would be needless in simple cases of unopposed petition ; but the following considerations will, I think, shew that it would be attended with benefit in all cases. In the first place, although the petition may be unopposed, the inquisition may be opposed

at a late period by the alleged lunatic claiming the right to be tried by a jury. I have known this occur in a case of dangerous and aggravated lunacy, in which the solicitor, who had the carriage of the petition, misled by the very obvious nature of the man's insanity had omitted to procure the attendance of the necessary witnesses, and all the proceedings were near proving abortive.

Secondly, in the most simple of all cases, where neither the petition nor the inquisition are opposed, an impartial, careful, and skilful examination of the state of mind by an officer of the Court, previous to the inquisition, must necessarily tend to satisfy the mind of the Court, and to render the proceedings complete and satisfactory. I have seen even a simple inquisition of this kind on the point of being broken off, in consequence of the absence of sufficient evidence of the state of mind, the solicitor who had the carriage of the petition not being well-informed as to the testimony which ought to be produced even in the most unequivocal cases.

The plan I have the honour to propose would insure in all cases the presence of at least one competent, impartial and fully instructed medical witness, whose evidence would be of much value to the Master, while his report even in the most simple cases could not fail to be of service in determining the judgment of the Court above, which must often at present order inquisitions to be held on very insufficient evidence of their necessity.

I would beg, in this place, incidentally to observe that it would seem desirable that in all cases a solicitor should attend the inquisition on behalf of the alleged lunatic. Very often no doubt this attendance would be a mere form, but it would seem to be a form conformable to the nature of the inquiry. Any enactment, however, for this purpose, should be so framed as to prevent the solicitor from feeling himself compelled to oppose proceedings which he may consider beneficial to the alleged lunatic.

I know that solicitors employed by lunatics to oppose proceedings, which every one except the lunatics believe to be entirely beneficial, often feel themselves in an equivocal position. The professional rule to act according to instructions must be abrogated, when instructions from an unsound mind are obviously at variance with the client's welfare.

One final suggestion I have to make on the manner of these enquiries is, that the alleged lunatic should be examined by the Master, in the presence of the jury, if there is one, at the commencement of the proceedings, and again, if in the discretion of the Court it is thought desirable, at their

termination. Such preliminary examination would often go far to facilitate and shorten the enquiry; while the contrary course sometimes gives occasion to a tedious and painful investigation of a matter which might perhaps be determined in a few minutes. The Master could find little difficulty in conducting this preliminary examination before evidence has been taken, in such a manner as would tend solely and fairly to promote the object of the enquiry, namely, to ascertain the existing state of mind.

The Visitation of Chancery Lunatics. The efficient visitation of asylums by the Commissioners in Lunacy which has of late been established, together with the waste of labour in sending two sets of visitors over the same ground, appear to have led the Committee to the opinion that it may be advisable altogether to transfer the visitation of Chancery Lunatics to the Commissioners in Lunacy. But the duties of the latter are already so onerous that this transference could only be effected by relieving the Commissioners from the duty of visiting the 7000 insane persons confined contrary to law, justice, and humanity in workhouses.

The loss of time and labour consequent upon the Commissioners in Lunacy and the Medical Visitors of the Court of Chancery, passing over the same ground in the discharge of duties nearly equivalent, is in reality not so great as it would at first appear to be. In regard to Chancery patients residing in asylums, this loss of labour does no doubt exist, since an asylum may be visited on the same day, by the Commissioners and the Visitors; but in visiting single patients, the track of the Visitors will be quite different from that of the Commissioners, and it must be borne in mind, that in these journeyings, it is in the short divergencies from the main lines of travel, to visit single patients on the one hand, or to visit union houses on the other, that the greater part of time and labour is expended. A journey of fifteen miles to and fro in a cab, consumes as much time as the journey by express from London to Exeter.

All the duties of visitation of Chancery lunatics were arranged in Sir Hugh Cairns' Bill to be discharged in an efficient manner by the Medical Visitors; but if the views above enunciated respecting the additional duties to be imposed upon these officers be accepted as sound ones, it must be taken into consideration whether their discharge would leave the medical officers of the Court of Chancery in a position to undertake the whole of these increased duties of visitation. Even assuming the improbable event that the number of petitions will not increase, the present number would leave

to each of two medical officers an examination and report, and an attendance upon an inquisition in nearly each week of the legal year. In some cases the examination and report and also the inquisition would occupy much time. I have known the examination and report in a difficult case spread itself over ten days, and the inquisition ordered upon it occupy five long days. This, of course, is an exception to the general rule, but such exceptions must occasionally take place.

On review of the circumstances, the best suggestion which presents itself to my mind is, that the visitation of all Chancery lunatics who live with their friends, or in their own establishments, or anywhere as single patients, should be made by the physicians of the Court of Chancery as arranged in Sir Hugh Cairns' Bill, and that the visitation of all Chancery lunatics residing in asylums should be made by the Commissioners in Lunacy. This arrangement would impose only a small amount of additional duty on the Commissioners in Lunacy, while it would greatly relieve the medical officers of the Court, and prevent that waste of labour from different officials traversing the same ground, which has been made a subject of complaint.

Perhaps it may hereafter be found, that in many instances the superintendence of Chancery lunatics may be rendered more efficient, by a somewhat different selection of the individuals, appointed to act as "committees of the person," to that which it is at present the custom to make. I have, I am happy to say, seen instances in which the greatest devotion to the welfare of the lunatic has been displayed by the committee of the person; but indifference and neglect are at least as frequent. Sometimes also the lunatic has a personal antipathy to the committee, which forbids visitation. It would therefore promise to be in every way advantageous if in many cases, the Court were to appoint a physician residing near the lunatic, to be the committee of the person, with power restricted to making visitations, and reports, and such changes in the condition of the lunatic as the Master or Board may direct.

In all cases indeed, and whoever may be the committee of the person, it would appear most desirable that no material change in the condition of the lunatic, as a change of residence, or of care, should be permitted without the sanction of the Master or of the Court.

Some cases of difficulty which occasionally arise would also indicate the desirability of appointing some one person to act as official committee of the estate, in all lunacies where there are no relatives who can be appointed to act in this capacity.

I beg to subscribe myself, &c.,

JOHN CHARLES BUCKNILL, M.D., &c.

Exeter, May 16th, 1860.

The Report from the Select Committee on Lunatics, ordered by the House of Commons to be printed, 27th July, 1860.

The Select Committee appointed to inquire into the operation of the ACTS of PARLIAMENT and Regulations for the care and treatment of LUNATICS and their PROPERTY ;—have considered the Matters to them referred, and have agreed to the following Report :—

The Acts of Parliament and Regulations for the care and treatment of Lunatics and their Property are of various kinds ; but for the purposes of this inquiry, they may be advantageously arranged under four general heads, according to the class of persons who are made the subject of those laws and regulations. First, lunatics in public asylums ; secondly, lunatics in private asylums or in single houses ; thirdly, those found to be lunatics under an inquisition directed to be held by the Lord Chancellor, or the Lords Justices ; and fourthly, those who are proved to be lunatics upon arraignment for criminal offences, or acquitted of such offences by the verdict of a jury on the ground of insanity, or who become unsound in their minds while in prison to answer a criminal charge, or while under sentence. The last two classes are usually designated as Chancery lunatics and Criminal lunatics ; and though the terms are not very accurate, yet as they are now familiarly applied, it may be convenient to adopt them for the purposes of this report. For the like reason, the word lunatic will also be used according to the meaning which the Legislature has given to it, namely, every person being an idiot or lunatic, or of unsound mind ; though that meaning will include many persons to whom the word is not strictly applicable.

The number of lunatics, using the word in its statutory sense, is very large ; and it is to be feared that this number is still on the increase. Whether it is increasing in a greater ratio than the increase of population, may be doubtful ; as it should not be forgotten that old chronic cases, which were not formerly placed under supervision, have now, with the increase and improvement of public asylums, been since brought into them ; and, in addition to this, the care of the patient is so much more efficient than it was before, that the annual mortality is considerably diminished, and the consequent longevity is considerably increased. Until the

year 1844, there were no data upon which an accurate opinion could be formed with reference to this important part of the subject ; but since that year cases have been better looked up, and more closely attended to. Taking this as our starting point, and comparing the number of patients on the 1st of January, 1844, with the number of patients on the 1st of January, 1858 and 1859, we find the following results :—

	1844.	1858.	1859.
Private patients in asylums, hospitals, and licensed houses	3790	4612	4762
Pauper lunatics and idiots in asylums, hospitals, and licensed houses	7482	17572	18022
Pauper lunatics and idiots in workhouses and with friends, &c.	9339	13163	13208
TOTAL	20611	35347	35992

There was, therefore, on the 1st of January 1858 and 1859, as compared with the 1st of January 1844, an increase of about 15,000, out of totals of 35,347 and 35,982 ; an increase apparently very great in proportion to the increase which has taken place in the population during the same period. But it should be borne in mind that in the return for 1844 many patients living with their friends as paupers were not included, there being no record of them at that period. After making allowance for the operation of the causes above referred, it is to be feared that a large part of the increase must still be attributed to other causes. Taking the figures as they stand, it is a melancholy fact that out of every 600 people in England and Wales, one at least is in such a state that, in many respects, he is incapable of managing himself and his affairs. A vast proportion, no doubt, are cases either of natural idiotcy or of mental imbecility arising from age, epilepsy, fits and other causes, where the maladies may be regarded as chronic or incurable. With regard to them, little more can be done by any laws however wise, or any regulations however prudent, than to provide the patients with such comforts as their circumstances will admit ; but with regard to others, since 50 or 60, or even 70 per cent. are capable of cure if taken in time and carefully treated, it is certainly a matter of primary importance that our legislative provisions should be so framed as to promote the accomplishment of this desirable object.

Public Asylums.

The principal Acts of Parliament now in force which relate to lunatics in public asylums, are the 16th & 17th Vict. c. 97, and the 18th and 19th Vict. c. 105. These Acts con-

solidated and amended the previous laws made for the purpose of providing and regulating lunatic asylums in counties and boroughs. From the year 1808 until the year 1845 the justices in quarter sessions had the power to provide, in every county in England, proper houses for the reception of such lunatics as were chargeable on their respective parishes ; but, until 1845, neither counties nor boroughs were obliged to do so. By the Act passed in that year this obligation has been imposed upon them, and the result is, that in the counties, some of which are associated together for this purpose, there are now upwards of 40 asylums. The number of boroughs bound to provide asylums is 71. Some have done so by erecting asylums for themselves, or by uniting themselves to the counties in which they are situated ; but 29 or 30 are still in default, and great inconveniences are thereby occasioned. The City of London has not yet made provisions for its pauper lunatics, notwithstanding the remonstrances that have been made on the subject for several years. A site has at length been procured ; and the Commissioners in Lunacy state in their last report that there is every prospect of an asylum being erected without delay. The asylums thus provided are placed under the superintendence of a committee of visitors, appointed by the justices, who have power to make rules for the general government and management of them, subject to the approval of the Secretary of State. The visitors are required frequently to inspect every part of the asylum ; and to report every year to the justices as to the state and condition of each asylum ; as to its sufficiency for the proper accommodation of the lunatics ; as to the management and conduct of the officers and servants ; and as to the care of the patients therein. The county and borough asylums are also required to be visited once a year by the Commissioners in Lunacy, who are, moreover, empowered to visit workhouses as well as gaols, in either of which there are lunatics.

It appears from the evidence that these asylums are, generally speaking, so well looked after, and so carefully attended to, that as regards them, but little alteration is required in the law. In some cases it may be a question whether they are not, in their structure, inconveniently large ; whether the staff of attendants should not be increased ; whether higher remuneration in some instances should not be given ; and whether it might not be advisable to erect, in connexion with them, detached buildings, of a simple and inexpensive character, for the reception of im-

becile and chronic patients. But these and the like matters require no alteration in the law, and may well be left to the visiting justices to regulate and determine, acting in communication with the Commissioners in Lunacy and the Secretary of State.

The chief evil for which a remedy is required is the detention of a large number of pauper lunatics in workhouses. The number of these lunatics amounted to no less than 6,800 on the 1st of January, 1857; and on the 1st of January, 1859, to 7,632. The law relating to this class of lunatics is certainly in an unsatisfactory state. By the Poor Law Amendment Act the detention in any workhouse of "any dangerous lunatic, insane person, or idiot," for a longer period than 14 days, is expressly prohibited; and the word "dangerous" is read as applicable to each of the three classes of mentally disordered persons who are there mentioned. But with regard to those who are not dangerous, the statutory provisions are ambiguous. On the one hand, it seems to have been contemplated by the Legislature that all pauper lunatics should be sent to some asylum, registered hospital, or licensed house, under an order by a justice or justices; on the other hand, there are provisions in the same Act, and also in another Act of Parliament, passed in the same Session, which seem to recognize, to a certain extent, the detention in workhouses of paupers deemed by law to be insane. The consequence is, that large numbers of pauper lunatics are kept in these houses without a certificate of their mental condition, and without an order from any magistrate regarding them as lunatics, although a large portion of such persons, especially in the rural districts, may be correctly described as harmless lunatics, who, if kept under a slight degree of supervision, are capable of useful and regular occupation, or whose infirmity of mind is consequent on epilepsy, or paralysis, or fatuity from old age. It cannot be denied that with regard to those who are really lunatics, there is a great absence of proper supervision, attendance, and medical treatment. In some workhouses there are not even separate wards; mechanical restraint is frequently applied, because the imperfect state of the accommodation will not admit of a better mode of treatment; in many cases the medical officers of a union cannot have the special knowledge requisite for the management of the insane; and it may generally be concluded, that the special appliances of a union workhouse are not by any means equivalent as to this class of inmates to those of a lunatic asylum.

The state of the law on this branch of the subject appears to require amendment. Your Committee are not prepared to recommend that all these cases, without exception, should be removed to asylums; but they are of opinion that no person should be detained in a workhouse respecting whose sanity a doubt exists, without a medical certificate, renewable quarterly, stating that the patient is a proper patient to be kept in the workhouse; that there should, if possible, be distinct wards for such patients, with distinct attendance; that the guardians of the union should specially visit such patients once in each quarter, and make a special entry on each such visit of their state and condition; that the Commissioners should also visit them at least once in each year, and that the same power of removing any patient to an asylum should be given to the Commissioners as that which the Justices now have.

A Bill called the Lunatic Asylums Bill, of which a copy is in the Appendix, was referred to the Committee appointed to inquire into this subject in the first Session of 1859. Although this Bill has not been re-introduced, your Committee has considered its provisions. The object of it was to facilitate the union of certain boroughs to counties, where the lunatics in such boroughs are now sent, for want of an asylum, to great distances from their own immediate neighbourhood; to enable the Secretary of State, where two or more counties have agreed to unite, but cannot agree about the plans and estimates of the intended asylum, to determine for them what plans and estimates shall be proceeded with and carried into execution; to authorise the committee of visitors to hire or take on lease land or buildings, either for the employment or occupation of the patients in the asylum, or for the temporary accommodation of any pauper lunatics for whom the accommodation in the asylum is inadequate; to authorise the committee of visitors to pay or contribute such sum of money as the Commissioners in Lunacy shall approve, for or towards the enlargement of any churchyard or consecrated public burial-ground, that the lunatics dying in any asylum need not be buried within the precincts of that asylum, to which in many cases great objections are entertained; to alter the interpretation of the word county, so as not to include under that term the county of a city or the county of a town; and to provide that a pauper lunatic found in any borough which is exempt from contributing to the county asylum shall be chargeable to the borough, and not to the county, when the settlement of such pauper lunatic cannot be ascertained.

Your Committee concur in the general expediency of these alterations. It would further seem desirable to reduce the time at which committees of visitors may grant superannuation allowances to their medical officers. Their duties are so peculiar, and such painful consequences are known to result from incessant intercourse with the various forms of this distressing disease, when prolonged for many years, that your Committee believe it would tend to greater efficiency of service, if the period which stands at present at 20 years, were reduced to 15. It would also be desirable that the name of some relation of the patient should be inserted in the order of admission of a pauper lunatic into an asylum, to whom, in the case of the death of such patient while in the asylum, notice should be sent.

Private Asylums.

The chief Acts of Parliament which relate to lunatics in private asylums are the 8 & 9 Vict. c. 100, the 16 & 17 Vict. c. 96, and the 18 & 19 Vict. c. 105. According to these Acts, the great principle which governs asylums where private patients are kept is that no person can receive into his house more than one patient, if he derives any profit therefrom, unless he has a license granted to him for that purpose, and submits to the regulations which that license implies. In the metropolis, the power of licensing is exclusively in the hands of the metropolitan Commissioners. In the provincial districts it rests with the justices at quarter sessions. These licenses are annually renewed, and they may be revoked by the Lord Chancellor. The patients are admitted upon an order signed by some relative or friend, with a statement of all the particulars of the case. This statement must be supported by the certificate of two medical practitioners, who have examined the patient separately within seven days previously to his reception, stating that he is a person of unsound mind, and a proper person to be detained under care and treatment. It must also specify the grounds upon which their opinion has been formed, namely, the facts observed by themselves or communicated by others. After two, and before the expiration of seven clear days, the proprietor or superintendent of the licensed house must transmit to the Commissioners, and also to the visiting justices, if the licensed house is within their jurisdiction, a copy of the order and medical certificates. The licensed house must be visited by two of the Commissioners four times at least in every year, if it lies within their immediate jurisdiction, and if beyond it must be visited four times at least by visitors appointed by the justices,

one of whom shall be a medical man, and twice at least by two of the Commissioners. In the course of such visits, inquiries are directed to be made as to the occupation, amusement, classification, condition, and dietary of the different patients, and also whether a system of non-coercion has been adopted or not ; and where it shall appear either to the Commissioners or to the visiting justices that a patient is detained without sufficient cause, they have the power, under certain conditions, of ordering his discharge. When a patient recovers, the proprietor or superintendent is required to send notice of such recovery to the person who signed the order for his reception ; and if such patient is not discharged or removed within fourteen days, the proprietor is required immediately to transmit a similar notice to the Commissioners or visiting justices as the case may be. When a patient dies, the medical practitioner who attended such patient during the illness which terminated in death is to cause a statement to be entered in the case-book, setting forth the time and cause of death, and the duration of the disease of which the patient died ; and a copy of such statement, within two days, must be transmitted to the coroner. In addition to these specific provisions, the Commissioners have power from time to time to make regulations for the government of any of these licensed houses, and they must report annually to the Lord Chancellor the number of visits they have made, the number of patients they have seen, the state and condition of the houses, the care of the patients therein, and such other particulars as they may think deserving of notice.

The foregoing statement of the law has been made for the purpose of bringing into one compendious view the several provisions which the legislature has enacted in recent years for the care and management of those who are confined in private asylums ; and it will probably contribute to a clearer understanding of the various suggestions which have been offered to us for the improvement of such provisions. It has, indeed, been submitted, that the only improvement which can be effectual is, the abolition altogether of private asylums for the compulsory confinement of the insane. Without going so far as that, other witnesses, and especially Lord Shaftesbury, Chairman of the Board of Commissioners, to whose opinion great deference is due, have recommended that the magistrates should be empowered, if they think fit, to provide asylums by money raised on the security of the rates, for all classes of lunatics. The main reason for this suggestion is thus put by Lord Shaftesbury :—“ When I look

into the whole matter," he says, "I see that the principle of profit vitiates the whole thing; it is at the bottom of all those movements that we are obliged to counteract by complicated legislation, and if we could but remove that principle of making a profit, we should confer an inestimable blessing upon the middle classes, getting rid of half the legislation, and securing an admirable, sound, and efficient system of treatment of lunacy." Again, in answer to a question whether he would have those asylums in every part of the kingdom, as there are public asylums for paupers, he adds, "Yes; these asylums would be quite free from all those vicious motives that have been referred to in the licensed houses." The examples which he would principally take as his guide are the chartered asylums dependent on charitable endowment, or private benefactions, in Scotland, of which there are seven, and the hospitals in England founded out of private funds, of which there are eleven.

The establishment of asylums of this character deserves to be encouraged, if it could be effected by private contributions. But should a power be given to establish such asylums throughout the kingdom as public institutions, by money to be raised on the security of a rate, the apprehension of a burden to be imposed on the ratepayers would, in the opinion of your Committee, render such an enactment inoperative; and they cannot recommend the establishment of them upon a compulsory system.

Assuming, therefore, that it would not be possible to abolish altogether the private asylums or licensed houses, it certainly becomes all the more important to consider in what manner they can best be regulated. Upon this part of the subject, several suggestions have been offered to the Committee, both by the Commissioners, and also by other witnesses. Those suggestions, for the sake of clearness, may be reasonably classified under the following heads:—

1st. The suitability of the house for the purpose for which it is to be licensed, and its superintendence.

2nd. The circumstances under which the patient may be placed under restraint, and the safeguards provided for the propriety of his confinement.

3rd. The care and treatment of the patient while he remains in the asylum.

4th. The restoration of the patient to liberty as soon as his case will, with safety, admit of it.

1st. *The Suitableness of the House for the purpose for which it is to be Licensed, and its Superintendence.*—The

circumstances under which a license should be given require to be examined with great care. A difference of practice in the metropolis and in the country appears to prevail with reference to the mode in which licenses are granted. There is no provision in the Act of Parliament which requires a previous examination of the premises. As regards the metropolis, the Commissioners always inspect the house before the license is granted. As regards the country, the magistrates sometimes adopt the same course; at others, they act on their personal knowledge of the locality, and are contented with an inspection of the plan. It is to be feared that some of the houses, both in the metropolis and in the country, are not well suited for the purpose. Many, which are unsuitable, have had licenses for years past, which have given to the property an additional value, and, therefore, it is generally difficult to refuse a renewal of them. But the great and leading difficulty is to find proper persons to undertake the charge of such an establishment. The fittest men may not have the capital, or those who have the capital are not the fittest men. The consequence is, that licenses are given or continued to some capitalist, upon the condition that he has under him a medical superintendent; but as the superintendent has not the same control as the proprietor of the house, there is a diminished, or at any rate a divided responsibility, which cannot be otherwise than prejudicial to good management.

The Commissioners and magistrates are well aware of these defects, and they are evidently taking much pains to remove them. Some amendment of the law, however, might be advantageously introduced. It would be advisable, for instance, that, except in cases to be specially allowed by the visitors or Commissioners, the proprietor, or in the case of a joint ownership, one of the proprietors, should, as regards future licenses, be required by law to reside on the spot. Nothing can lead to greater abuses than that large proprietors should have three or four houses, and reside in none of them. As a general rule, the proprietor, or one of the proprietors, ought to reside; and where he is permitted to be non-resident, the appointment of the medical superintendent should be subject to the approval of the Commissioners or visitors, as the case may be.

2nd. *The Circumstances under which the Patient may be placed under Restraint, and the Safeguards provided for the Propriety of his Confinement.*—This is by far the most difficult part of the subject. It has been suggested that in all

cases the alleged lunatic, before he is confined, should, as a matter of right, be entitled to have his case tried and decided by some magistrate; or, as it has been proposed in a more mitigated form, that the medical certificates of the alleged insanity should be inspected and verified before a magistrate; and that if the magistrate was not satisfied with them, he should have the power of inquiring into the truth of the statement made, and of the necessity of the intended confinement. The exact nature of the former proposition, and the principal reasons upon which it is founded, are explained at length in the Second Report, in answer to question 179. The latter proposition would tend to assimilate the law of England to the law at present existing in Scotland. There, the certificates, with a statement regarding the case, signed by a relation of the party desiring the confinement, are sent to the sheriff of the county (the sheriff in Scotland being a judicial officer), who has to satisfy himself, either upon the mere examination of the parties, or, if he thinks proper, by a personal examination of the alleged lunatic, or by calling other evidence, that the alleged lunatic is a proper person to be detained and taken care of. The reasons assigned in favour of this proposition are thus stated by the witness in reply to the question, "What evils would the course you recommend obviate?" The answer is, "I think it would give greater security to the public, instead of having an examination after the confinement in the asylum, when the mischief has been done. If you once place a person in an asylum, there is a certain stigma which attaches to him, and which he never gets rid of, and upon persons of weak nerves it has a most prejudicial effect."

The two suggestions thus offered to your Committee involve a most important question. But it appears to your Committee, that if either of them were introduced and strictly acted upon, they would be likely to produce still greater evils than those which they profess to remedy. According to the evidence taken before your Committee, it is fully admitted that in a very large majority of cases there is *primâ facie* evidence to justify the confinement. Indeed, it may be said that the instances are extremely rare in which, under the present law, the confinement is or has been unwarranted. If that be so, the evil of acting on the present law without inquiry before a magistrate is more imaginary than real. But the evils arising from a change in that law by insisting on inquiry, when the parties desired

it, would often lead to an unnecessary publicity, which it is for the interest of the patient, as well as his family, if possible, to avoid. Insanity under any shape is so fearful a malady, that the desire to withdraw it from the observation of the world is both natural and commendable. The reverse of this would in all instances be painful, and in many it would be cruel. A man in business may become affected with temporary insanity, brought on by over-exertion, mental anxiety, or physical ailment; but if he is early and properly treated, his recovery may be as quick as his seizure was sudden. What could be more injurious than a public inquiry in such cases as these? Where the insanity was undisputed, the inquiry would lead to no useful result, though the knowledge of the malady might be seriously prejudicial to the future prospects of the patient and his family. But when it was disputed, it is unnecessary to dwell on the various mischiefs which would instantly result from it; such, for instance, as the agitations caused to the patient's mind just at the moment when it was trembling on the balance; the injurious comments which might sometimes be made on his character and conduct; the unnecessary exposure of private matters, which need not be brought, and which ought not to be brought before the public gaze, if, at least, it be possible to avoid it; the stigma or prejudice which might permanently attach to him and his children in the event of recovery; and frequently it may be added, the grievous expense which such inquiries would entail, as they did in the case of Chancery lunatics, where inquisitions were required, until recently, to be held before a jury. Nor should it be forgotten that the delay caused by reference to the magistrate, with a possible inquiry, to be instituted by him into the case, might prevent or retard the immediate treatment which is so requisite for the patient, and thereby tend to aggravate the malady. It ought also to be borne in mind that the sheriff in Scotland is a judicial officer and professionally conversant with legal matters, while a magistrate in England may have little experience in those subjects which, according to this plan, he might be called upon to determine. For these reasons your Committee are disinclined to adopt these suggestions. No doubt the conclusion thus arrived at introduces the further question, what then are the proper safeguards? For if there be even one person improperly confined, it is right to provide the amplest protection which the law can afford in order to prevent so deplorable a result.

For providing this protection several things are necessary.

In the first place, it is important that the medical certificate should be clear in its statement, and accurately framed. The whole justification for the patient's confinement depends on this document. The form of the certificate required by law appears to be sufficient; but your Committee are of opinion that some additional security should be taken for ensuring its accuracy. It is sometimes imperfectly filled up, and the patient is then placed under restraint on a document which does not legally justify his detention. Mr. Bolden's suggestion, that these certificates should be verified before a magistrate, so far only as to enable him to determine whether the Act had been complied with, would probably tend to greater caution in this behalf. It would operate as a check on too hasty a conclusion, and obviate the necessity of further examination, without impeding a proper confinement for the purposes of cure, and without entailing that painful publicity which on so many accounts it is desirable to avoid. This suggestion, when thus considered, deserves to be attended to. *In the second place*, your Committee recommend that the certificate authorising the detention should be limited, in the first instance, to three months, and no more. It is now granted for an indefinite period; but if it were limited to three months in the first instance, "the effect would be," as Lord Shaftesbury observes, "to compel a revision of the case by the family or friends; the relations would be obliged to look again into the matter, as they would know, in all probability, if they did not do so, the patient would be returned upon their hands." *In the third place*, the order for receiving the patient into the asylum with which the medical certificates are accompanied, should state the time when the person signing it had last seen the patient; and such order should not be effective unless the applicant had himself seen the patient within three months of his signing the order. A case has been brought to the notice of your Committee, where the party applying had not seen the patient for two years, and another where he had not seen him for six times that period. *In the fourth place*, a copy of the order and of the medical certificates upon which the patient is confined should be sent to the Commissioners within 24 hours, instead of within seven days as at present, in order that their attention may be immediately called to any irregularity in these documents; and *in the fifth place*, the patient should, as soon as possible, be visited by the Commissioners, or by some persons acting directly under their authority; so that the patient should have the fullest oppor-

tunity of stating his complaints, if he has any to make, and that if he should appear to be improperly confined, immediate means should be taken for his release. A provision of this kind has been sometimes objected to by the proprietors of asylums, upon the ground that it implies suspicion and undue distrust. But the confinement of a person is too serious a matter to allow any feeling of that kind to interfere with the protection which is due to the patient. Moreover in those asylums which are well-conducted the proprietors have nothing whatever to fear, and asylums which are ill-conducted ought to be controlled. Undoubtedly it is true that, as above shown, the cases in which persons have been improperly confined are extremely rare; but one has happened within the last 12 months. In this case it turned out when the facts were heard, that the supposed delusion was not a delusion, and the patient was released as soon as visited by the Commissioners. But before that happened, the confinement had lasted for six weeks.

3rd, The Care and Treatment of the Patient while he remains in the Asylum.—After a patient is taken into an asylum, he receives the benefit of several visits. Within the metropolitan district he is visited once in each quarter by the Commissioners. Beyond that district he is visited once in each quarter by the Visiting Justices, and twice in the year by the Metropolitan Commissioners. These visits are of great importance, since they constitute almost the only opportunity in which the patient can make known his views, his wishes, or his grievances. Considering that public asylums are usually visited once a month, and even oftener, it is desirable that in private asylums, more visitations should be provided for, and, if possible, not less frequent than those in public asylums. But the mere visitation of persons in authority is not all that is required. Under what is termed Mr. Gordon's Act, the person by whom or by whose authority the patient had been delivered to the care of the keeper of any private house, was bound to visit him once at least in every six months. When the Act was renewed, this clause was omitted. It has been recommended that the omitted clause, or some analogous provision, should be reintroduced in any amending statute. The following passage, from the 19th Report of the Commissioners in Lunacy, enforces the value of this recommendation in terms which are not less just than strong: "We trust that in any amending statute it will be made compulsory upon the friends of all private patients, whether in mixed, private, and pauper asylums, registered hospitals, or licensed

houses, or under separate care as single patients, to visit them, or delegate some one to visit them periodically, and ascertain by personal inspection the accommodation and comforts provided for them. Instances have come to our knowledge where patients have been for years deprived of what we consider the most salutary supervision of their friends, and to whom no visits, either by the party signing the order of admission, or by a medical practitioner appointed by him, has taken place. We are aware that, under peculiar circumstances, objections may be made to the visits of relatives or friends, as detrimental to the proper treatment and recovery of the patients, more especially in recent or acute cases. Such instances may occasionally occur, but, as a general rule, we are of opinion that greater mischief arises from the omission or gradual discontinuance of those visits, not only so far as the feelings of the patient himself are concerned, but also his absolute welfare." This recommendation well deserves consideration, though there may be some practical difficulty in giving full effect to it.

Connected with this subject is the right of patients to see such friends as may desire to visit them, and to correspond with them in the freest manner, consistently with the restrictions and regulations which the necessity of the case must sometimes require. This is a point which has been urged perhaps more strongly than any other on the consideration of your Committee. Some discretion must, of course, be exercised, as to the visitors to be admitted, as well as to the times at which the visits are to be made. According to the evidence of those who have pressed this point upon our consideration, it is also admitted that a check would be required, on the permission to correspond, where, from the nature of the malady, the medical superintendent might know beforehand that the communication would be of an improper character or where the recipients remonstrate against it, or where the patient is in such a state of derangement, that there would be no use in forwarding the letters. In the opinion of your Committee, the *prima facie* right both of receiving visits and also of corresponding should be secured to the patients, and should never be refused by the authorities, except on specified grounds; and in that case patients or friends should be at liberty to appeal to the visitors or Commissioners, as the case may be, against such refusal. At present an application to visit a patient must be made beforehand, and letters are occasionally opened and kept back; and though there are cases in which this would be proper, your Committee conceive, that

with reasonable restrictions, an alteration in the law might advantageously be made, so as to secure the *primâ facie* right ; for it has been truly said that a patient's feelings should be sacredly respected in all matters, which are either matters of indifference in themselves, or which will not tend to retard his cure, or which do not affect either his own security, or the security of others.

A power might, with advantage, be given to the Commissioners and visitors of ordering the temporary discharge upon trial of a patient in a private asylum. This is a power which the visitors now possess with respect to patients in county asylums ; but there is no such power, in respect to patients in private asylums, though such patients may be removed to some other place, under proper control, for the benefit of their health. A power of this kind, if it be conferred, should, of course, be exercised with extreme caution.

4th. *The Restoration of the Patient to Liberty as soon as his Case will with Safety admit of it.*—The discharge of patients, upon their recovery, is the last point under this head which remains to be considered. According to the existing law, if a patient is not discharged in due course, upon his recovery, or if he is improperly detained in the asylum, the Commissioners and Visiting Justices, as the case may be, have the power, subject to certain conditions, of ordering his discharge. These powers are considered to be ample ; and so they are, as soon as the Commissioners or Visiting Justices are called upon to act. But before that happens an interval may elapse ; for the notice of recovery is first sent to the person by whom the order for his reception was signed, or by whom the last payment was made on his behalf ; and then, if the patient is not removed by his relatives within 14 days from the reception of the notice, the superintendent or proprietor is required, immediately after the expiration of that period, to transmit the notice of recovery to the Commissioners or Visitors, as the case may be. Then it is, but not till then, that the Commissioners have an opportunity of dealing with the case. It would be an improvement in the law, and an additional protection and security to the patient, if the notice of recovery which is sent to the Commissioners or Visitors after a 14 days' interval, were required to be sent simultaneously with the notice of recovery which is sent to the relations. Such a requirement would secure attention, prevent delay, and enable the Commissioners at once to act in case of neglect.

Patients in Single Houses.

Before closing this branch of the subject, the state of the law with regard to patients in single houses deserves consideration. Under the Act of 1829, the Commissioners knew nothing of these patients. The law provided that every medical man who had the charge of a single patient should send his name, under seal, to the secretary of the Commission; but the list was kept secret, and was known only to the secretary. Under the Act of 1845, a private committee of three was formed, of which the Chairman was one. To this committee the names of the single patients were communicated, and they were directed to visit them. But that was found to be very insufficient, because the patients were scattered far and wide, and the three Commissioners were unable to undertake and discharge the duties imposed upon them. Under the Act of 1853, the private committee was abolished, and it was thrown open to the whole body of Commissioners, who were enjoined to visit this class of patients once a year. But then this further difficulty occurred: the Commissioners had no power to visit a patient until such time as he was under certificate, and they had no means of ascertaining the fact whether he was under certificate or not. It therefore rested with the medical man to communicate to them the fact of his having received a patient, and such communication is often withheld, so much so that Lord Shaftesbury says, "We have every reason to believe that a very large number who ought to be under certificate are entirely hidden from our view. By degrees we have discovered a good many, and have compelled the medical man or their relation to put them under certificate, and they are now constantly visited; but there are a vast number of whom we have no knowledge." In the year 1858 there were 124 of these patients under the superintendence of the Commissioners.

There is a considerable conflict of opinion as to the advantages and disadvantages of confining patients in single houses other than their own. Some witnesses think that both with a hope of cure, and with a view to the security and comfort of the patients, the best way would be to send them to some good private asylum, because association, when well managed, is one of the most effectual modes of promoting a cure. Others again, admitting the benefit to be derived from association, when the disease has arrived at the second stage, are nevertheless of opinion that the treatment which the patient receives in single houses is a very good plan in recent cases, and that the per-centage of cures is quite as great in those

houses as it is in public or private asylums. In one thing, however, they are all of them agreed, that this class of patients ought to be brought under the supervision of the Commissioners. Dr. Sutherland confirms the opinion of Lord Shaftesbury that there are at this moment in single houses many persons uncertificated who ought to be certificated ; that in that case they are without the protection which they ought to receive ; that this practice therefore ought not to be continued ; and that it should be incumbent on the medical man to report to the Commissioners under a penalty whenever cases of that kind are committed to his care. It is very desirable that some provision should be made for the superintendence of this class of cases, and there is no better mode of enforcing such a provision than by making it penal for any medical man to receive any such patient, without apprising the Commissioners of it. This would place such patients under authority and supervision.

Chancery Lunatics.

With regard to the Chancery Lunatics, as they are called, great improvements were made in the law by the Lunacy Regulation Act of 1853. Before that Act was passed (except in a few cases, where the Chancellor was authorised to exercise jurisdiction over the persons and incomes, though not over the corpus of the property of lunatics), all inquisitions were held before a jury. The unnecessary expense and exposure which these proceedings often gave rise to was notorious. But this, in a great measure, has been done away with. For now, in consequence of the Act of 1853, an inquisition may be held without the intervention of a jury, before a Master alone, unless the Court or the Master shall think fit to have a jury summoned, or the alleged lunatic shall demand one. This change of the law has been most satisfactory. During the five years which have since elapsed, the average number of cases in which juries have been demanded, have amounted only to three annually out of 70 ; and in those cases where the jury has not been summoned, no complaints have been made, and no dissatisfaction expressed with the result of the inquisition. The large increase in the number of inquisitions which has subsequently taken place, as compared with those which were held anterior to the passing of the Act, is an additional proof of the success of that enactment. In the five years preceding it, there were 196 cases ; in the five years following it, there were 358. The absence of publicity and the diminished expense have probably led to this result. It has also been suggested that as soon as the fact of the lunacy of the sup-

posed lunatic is properly established, his property of all kinds should vest in an official committee, to be administered for his benefit by the Masters in Lunacy, or by some local jurisdiction in the provinces. In the case of small properties, this might prevent the necessity of appointing committees of the estate, always attended with considerable expense, and such properties would be economically managed upon the principle of a per-centage or *ad valorem* rate, to cover expenses ; but your Committee are not prepared to recommend the adoption of this suggestion without further consideration.

There is one point, however, connected with these inquiries which is still capable of further improvement. By the law as it now stands, the Master has the power of summoning a jury, if he thinks that the circumstances require it ; but before he does so, he must go through the whole case. It is clearly advisable that the power of the Master should in this respect be extended ; for the preliminary investigation, to a great extent, is useless, and occasions delay and expense.

Other improvements were advantageously introduced by the Regulation Act of 1853, particularly in dispensing with the necessity of a special order of reference to the Master in each stage of the case. In consequence of this alteration in the law, and the general orders in lunacy issued in pursuance of it, the saving of expenses has been very considerable. In many respects there is reason to believe that this saving may be carried still further ; and if the power of making general orders for that purpose is not sufficient, there can be no reason why it should not be enlarged. The cost even of an unopposed application to the Court is about £20 : it would be much less if an original jurisdiction in other cases, besides those which now exist, were given to the Masters. Mr. Barlow recommends, that with regard to leases of the lunatics' property, as well as with regard to the sums allowed for the maintenance of the lunatic, and the mode in which those sums are applied, original jurisdiction might be given to the Master, without the necessity of going to the court. Mr. Elmer concurs in these recommendations, and he points out other cases in which a similar course might be adopted ; such, for instance, as the transfer into Court of money belonging to the lunatic's estate. Mr. Elmer also concurs in the following suggestions, which have been submitted to the Committee by Mr. Enfield, and they appear to the Committee to be worthy of adoption, viz. 1. To assimilate the powers of the Masters in Lunacy to those of the chief clerks in Chancery. 2. To give the Masters the opportunity of oral communication with the superior

judges when any explanation is required, or any pending inquiries, in the same way in which explanations take place between the chief clerk and the Vice-Chancellor. 3. To devolve on the Master the duties of seeing that committees of the person are only allowed so much each year as they actually expend in the maintenance of the lunatics, giving the Masters liberty to allow salaries to committees when they see reason ; and, 4. To make periodical returns to the Lord Chancellor of the condition of every case under the charge of the Lord Chancellor as regards committees, their accounts, and their sureties.

There is one other alteration in the law, upon which the Committee have taken a good deal of evidence, namely, the propriety of transferring to the Commissioners in Lunacy the care, treatment, and general supervision of Chancery lunatics, leaving, of course, with the Masters in Lunacy the same jurisdiction as that which they now possess with reference to the inquisition and the property of the lunatics. The Chancery lunatics are visited less frequently than any other class of lunatics, whether in public or in private asylums. In fact, they are only visited once a year, and sometimes there is an interval between two visits of not less than 18 months ; nor does there appear to be sufficient security for the reports of the visitors being laid before the Lord Chancellor without previous revision and alteration. The Committee, however, have reason to believe, that the present Lord Chancellor has had his attention directed to this subject ; and that he considers that the present system of visiting is not sufficiently effective. From the evidence taken before the Committee, it appears that the best course would be to transfer the duty of visiting to the Commissioners in Lunacy, so that in all cases there should be one supervision, and one mode of treatment, with all the appliances which the best and most recent experience could afford applicable to all the lunatics in the kingdom. Dr. Bright, who is one of the medical visitors of the Chancery lunatics, has long expressed his wish that there should be a consolidation of the jurisdiction and superintendence of the different classes of lunatics under the same authority, making the Masters in Lunacy a part in the general establishment. Dr. Sutherland, who has several Chancery lunatics under his care, thinks that "it would be a good thing to join the two Commissionerships together ;" and keeping the question of property apart, he sees not the smallest objection to placing the inspection and supervision of the Chancery patients under the same authority as that which is exercised over other lunatics. Mr. Lutwidge,

one of the Commissioners in Lunacy, has observed, that it would be more simple and more consistent with efficiency, if there were one body to look to the medical and moral treatment of all lunatics. The only objection raised to such a plan is the hypothetical danger of a conflict of jurisdiction ; but it was shown upon examination that this objection might readily be overcome, if the Masters were to form part of the Board, so as to ensure free communication between them and the Commissioners, without interference on the part of the General Board with the management of the property. As, however, one of the Masters already is an unpaid member of the Board, and as it would be in the power of the Lord Chancellor to appoint, if he should think fit, the other Master to be a Commissioner, on the occurrence of a vacancy, your Committee do not think it indispensable that both the Masters should be by law *ex officio* Members of the Board.

Criminal Lunatics.

Those who are generally called criminal lunatics, may be divided into distinct classes. Those who are found insane on arraignment, or acquitted on the ground of insanity, and are thereupon ordered to be detained in safe custody during Her Majesty's pleasure ; and those who become unsound in their minds while in prison, either waiting their trial or after sentence. The care of the first class is principally provided for by the 39 & 40 Geo. 3, c. 94 ; that of the second class, by the 3 & 4 Vict. c. 54. According to the first of those statutes, persons charged with offences, such as treason, murder, or felony, shall, where they are proved to be insane on their arraignment, or where they are acquitted by the verdict of a jury, on the ground of insanity, be ordered to be kept in safe custody at the pleasure of the Crown. By the second, the former Act is extended to cases of misdemeanour ; but, in addition to this, where any person imprisoned for any offence, or to answer a criminal charge, shall appear to be insane, two justices, with the aid of two medical men, are directed to inquire into the circumstances of the case, and if the insanity is certified by them, the Secretary of State issues his warrant to remove such persons to an asylum. There they remain until they recover, in which case they are either sent back to prison to await their trial, or to undergo the remainder of their sentence ; or if that period has expired, the Secretary of State orders their discharge.

Both these classes of lunatics are usually sent to Bethlehem, or if Bethlehem be full, to other asylums in the country. But there is a great inconvenience in this, for some of those

persons, although they have been acquitted on the ground of insanity, are really sane. Others again have been the perpetrators of—what would be deemed in persons responsible for their acts—such heinous crimes, that though they may partially, or even wholly, recover, it would not be safe to let them loose again upon society. What then is to be done? To mix such persons with other patients is a serious evil; it is detrimental to the other patients as well as to themselves; but to liberate them on recovery as a matter of course is a still greater evil, and could not be sanctioned; for the danger to society would be extreme and imminent. The whole of this matter has recently undergone very careful consideration, and measures have been taken for the better care and supervision of this class of lunatics. A State asylum for their reception is being erected at Broadmoor, in the county of Surrey, on plans which have been submitted to the Commissioners in Lunacy, and approved by the Secretary of State; and there is every reason to hope that the inconveniences occasioned by keeping the criminal class of patients with other lunatics will thus be removed, and that suitable regulations will be established for their especial care and treatment. A better classification of the patients will then become comparatively easy, greater opportunities will be afforded for occupation and bodily exercise, a sounder system of discipline may be established, and if the Commissioners in Lunacy are required to visit this State Asylum, the extended supervision will be a new guarantee for its good management, while it will assist the Secretary of State to determine in what way the cases shall be dealt with, according as circumstances may justify a partial or total restoration to liberty. On a subject so delicate and difficult as this, a large and continuous discretionary power must be somewhere reposed, and there can hardly be a doubt that the Secretary of State for the Home Department is the proper person in whom such power should be vested. It would not be advisable to limit his power by provisions unduly strict and specific, since this class of cases, more than all others, requires to be dealt with in the most exceptional manner, according to the circumstances which at the time are or may be applicable to each of them.

The Commission; its Composition and Power.

The foregoing recommendations, if carried into effect, would probably require some alteration in the law as regards the Commission. At present the Commission is composed of paid and unpaid members; the paid members are six in number,

three legal and three medical men at salaries of £1,500 a year each. There is also a secretary, whose annual salary is £800. The unpaid Commissioners are five; Colonel Clifford, Mr. Gordon, Lord Lyveden, and Mr. Barlow, with Lord Shaftesbury at the head of the Board as chairman. All vacancies in the Board, whether among the paid or unpaid Commissioners, are filled up by nomination of the Lord Chancellor. The duties of the Commissioners, are of two kinds; those which they discharge at the Board, and those which are connected with the visitation and inspection of asylums. In the performance of the former class of duties, the unpaid members have power and functions co-ordinate with the paid Commissioners. This is not so with regard to the latter class. Each statutory visit being required to be made by two of the paid members, a medical and legal Commissioner. Lord Shaftesbury has informed the committee, speaking from a very long experience in the matter, that in the working of the Commission, "The non-professional element, not only upon the Commission, but among the visiting magistrates in the circuits, and in every possible department relating to the care and treatment of lunatics, is of the most indispensable importance, and without it he is quite certain that the whole system of the management of lunatics would fall into the greatest disorder, and that they would relapse into many of the errors from which we have been extricated." Your Committee would regret to see this part of the system disturbed or impaired, and in any alterations which may be introduced, they would desire to preserve the non-professional element in all its integrity.

If the visitation of the Chancery lunatics and single patients, and an additional visitation of workhouses and private asylums is required of the Commissioners, increased facilities will be necessary for the discharge of this class of duties. This object might to a certain extent be obtained by enabling a single Commissioner, whether paid or unpaid, to perform the additional duties required, even if it should be thought essential that each of the existing statutory visits should be made by two paid Commissioners. Your Committee cannot but feel some doubt whether it will be in the power of the Board, as at present constituted, efficiently to discharge the increased duties to be entrusted to it. But as they collect from the evidence of the Chairman that the Commissioners themselves are of opinion that they could do so without any permanent addition either to their number or their staff, your Committee have abstained from recommending, without proof

of its necessity, that such addition should be made, and also from considering, as in that case it would have been right to do, in what manner any such addition could best be provided.

In addition to the recommendations contained in this Report, your Committee further recommend, that all the Acts of Parliament relating to this subject shall be consolidated in three statutes; one with reference to public asylums, another with reference to private asylums, and another with reference to Chancery lunatics, and that the amendment suggested in the Report should be incorporated in the Consolidated Statute.

Your Committee have not specifically noticed several minor alterations which have been suggested to them, and which are contained in Mr. Bolden's evidence, 1st Report, 3077-3200; Mr. Campbell's Paper, 2nd Report, App. 401; Mr. Parnell's Paper, App. 403; Mr. Enfield's Paper, App. 404, Suggestions App. 404. These should be carefully examined, with the view of seeing how far they may be adopted before the consolidation is finally made.

27 July, 1860.

The chief alteration made in the Report as it was originally drawn by Mr. Walpole was in the following sections, amendments to which were proposed by Sir George Grey, and adopted by the Committee.

“XXX. If the visitation of the Chancery lunatics and single patients, and additional visitation of workhouses and private asylums is required of the Commissioners, an increase of strength will certainly be needed. Instead, however, of providing for this increase of strength by more Commissioners, with salaries of £1,500 a year each, the work of visitation might be well carried on by Inspectors or Assistant Commissioners, acting under the direction and authority of the Board. Six or eight, or at most ten, of such Inspectors or Assistant Commissioners would be amply sufficient; and if the Commissioners were ultimately reduced from six to four, and the Chancery Visitors were done away with, the extra expense would be comparatively trifling. Except in special and more difficult cases, such as serious doubts of the insanity of a patient, or the alleged misconduct of the proprietors of asylums, or the discharge of the patient upon recovery, the

statutory visits might ordinarily be conducted by a single Commissioner or by one Inspector, or Assistant Commissioner, as well as by two. It would probably be convenient to allot districts to them in proportion to the duties which they would have to discharge, and so all the patients throughout the kingdom might be regularly, as well as efficiently attended to. Considering that the managers of public asylums seldom, if ever, receive more than £600 a year, there can hardly be a doubt that excellent Inspectors, or Assistant Commissioners, might be procured at salaries from £700 to £800 per annum.

“XXXI. Your Committee recommend, therefore, that the next two vacancies in the paid Commissioners shall not be filled up when these vacancies occur.

“That the Board shall consist of four paid Commissioners, with four or five unpaid Commissioners as heretofore.

“That the Masters in Lunacy shall be ex-officio members of the Board.

“That the Chancery Visitors in Lunacy shall not be continued.

“That Inspectors or Assistant Commissioners with salaries at £700 or £800 per annum, shall be appointed.

“That Inspectors or Assistant Commissioners shall have districts allotted to them from time to time by the Board, and that they shall visit all asylums, licensed houses, work-houses, and certified lunatics, within their districts, subject to the control and directions of the Board.

“That the Commissioners shall visit all the certified lunatics within the metropolitan district, and also the lunatics in the new asylum at Bradmoor, as soon as that asylum shall be completed.

“That the ordinary visits, either of the Commissioners, or of the Inspectors or Assistant Commissioners, may be made singly if the Board shall think fit; but where the insanity of a patient is disputed, or where the proprietors of any asylum are charged with such misconduct as may lead to the forfeiture of his license, or when the patient in a private asylum seeks his discharge on the ground of recovery, either two Commissioners, if the case shall occur within the metropolitan district, or if without, one Commissioner with an Inspector or Assistant Commissioner, shall attend together.

“That all the Acts of Parliament relating to this subject shall be consolidated in three statutes; one with reference to public asylums, another with reference to private asylums, and another with reference to Chancery lunatics, and that the

recommendations and different amendments mentioned in this Report under the heads of 'Public Asylums,' 'Private Asylums,' and 'Chancery Lunatics,' shall be incorporated in the consolidated statutes."

The following were the Members of the Committee.

Mr. Walpole, <i>Chairman.</i>	Mr. Horsman.
Mr. Tite.	Mr. Briscoe.
Sir George Grey.	Mr. Rolt.
Mr. Whitbread.	Mr. Henley.
Colonel Clifford.	Mr. Monckton Milnes.
Mr. Coningham.	Mr. Kekewich.
Mr. Kendall.	

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Croonian Lectures. On the Pathology, Morbid Anatomy, and Treatment of Insanity, delivered at the Royal College of Physicians, London, 1858, by ALEX. JOHN SUTHERLAND, M.D., F.R.S.

Insanity is a disease at once so interesting, and so important, that it is not surprising that the subject should have been chosen by some who have preceded me in delivering the Croonian Lectures. In 1832, Dr. Seymour lectured upon the Medical Treatment of Insanity; in 1848, Dr. Conolly referred in his Lectures, more particularly to the Moral Causes and the Moral Treatment of the Disease; and in 1853, you, Mr. President, delivered your valuable Lectures on Medical Testimony and Evidence in Cases of Lunacy.

I propose in these Lectures, to speak of the Pathology, the Morbid Anatomy, and the Treatment of Insanity.

The theories of the pathology of insanity are numerous. Some regard the mind, others the body, as the seat of disease. Some think that it is a disorder of the nervous system, others, that it is one of the blood. Some adhere to the theory of nervous exhaustion, others to that of acute inflammation. Some assert that insanity is always an idiopathic disease, others that it is always symptomatic. Hence we have the Somatic theory, the Psychological theory, and the mixed theory; and we have the theory of a deservedly celebrated German psychologist, who thinks that the mixed theory is erroneous, because it considers the body as well as the mind as substrata of psychopathies, whereas these lie only in the relation of both to each other;

and, as he adds rather obscurely, "therefore neither in the body, nor in the mind." (Feuchtersleben.) All these theories have some foundation to rest upon. It is true that insanity may originate in the mind, as well as in the body, but diseased action must take place in the brain, otherwise we have not, as has been well observed, "a true psychopathy." The theory, that insanity is a disease of acute inflammation, has been refuted over and over again; but although the disease is not one of acute inflammation, it is frequently accompanied with chronic inflammation of the membranes of the brain; lastly, the theory that it is a disease of nervous exhaustion, which is a much safer one to adopt, does not apply to all cases, more particularly to those which break out suddenly; nor to those which are the result of congestion, bordering upon apoplexy.

If I refer to the theory of Heinroth, who considered crime and insanity to be convertible terms, it is merely to protest against the injustice of ignoring altogether the works of the metaphysicians, because of such mistakes, and against the error of saying that we have reaped no advantage from their labours; for we ought to remember that we have borrowed the doctrine of forces from Schelling, and the doctrine of relations from Hegel. The theories also of the Hartleian school, and of Charles Bonnet, of Geneva, were greatly in advance of the Cartesians, and of the ancient anatomists, who considered the nerves as hollow tubes, or pipes, within which the animal spirits were included; for both Hartley and Bonnet thought that there was a subtle, and elastic ether, which co-operated with the nerves, in carrying on the communication between soul and body. Bonnet, indeed, considered that this fluid was contained in the nerves, in a manner analogous to that in which the electric fluid is contained in the solid bodies which conduct it.

But to return to what I have said respecting the different theories of insanity, I would ask, how can any one of the above theories account for all the varieties of the disease? In order to arrive at just conclusions respecting the pathology of insanity, the whole subject must be kept in view in all its bearings. We must consider the mental, as well as the physical cause of the disease, and the relation which the one bears to the other. We must neither attribute the symptoms in every case to a special diathesis of the blood, nor, on the other hand, to a peculiar state of irritation of the nervous system; because while some forms of the disease are to be attributed to nervous exhaustion, and are analogous to dreaming, and somnambulism, other forms are the result of errors of primary, and

secondary assimilation ; others, again, are due to poisoned and impoverished blood, and are analogous to drunkenness, and delirium tremens, or are the result of fever, gout, rheumatism, syphilis, the poison of mercury, and of lead, a scrofulous or phthisical habit, or of the oxalic acid and phosphatic diathesis. While on the one hand we recognise the effect of excitement upon the nervous system by oxidation, as illustrated by the recent experiments of Brown Sèquard, and as exemplified in cases of starvation, by Liebig's theory of *eremacausis*; on the other hand, we recognise similar excitement of the nervous system, produced by carbonic acid, as in the cases of the French soldiers who became insane from venous congestion, the effect of cold, in the retreat from Moscow. The question of, where the disease is ? is a different one from another with which it is apt to be confounded, whence does it originate ? If we ask the first question, we are met by the answer which many give with much confidence, viz., that the disease must be located in the cortical structure ; but insanity is a disease of the affections and instincts, as well as of the intellect, and therefore we must assign a place for the disorder in that part of the brain, which is the seat of emotion as well as the hemispheric ganglia. But has physiology proved that the mesocephale is the only channel through which the affections flow ? Till physiologists agree amongst themselves upon this important question, it is useless for the pathologist to point to this part of the brain as exemplifying by its morbid appearances the cause of perverted affection.

Insanity is a disease which is very complex in its nature ; it is not only idiopathic, but symptomatic ; not only centric, but ex-centric. We have not only to consider the mutual action and re-action between the mind and the brain, but also the relation which exists between the ganglion globule and the blood corpuscule, between the blood and the tissues, between the hemispheric ganglia, and the other ganglia of the nervous system ; in short, we have to study the constitutional symptoms with which the disease is accompanied. Having thus considered some of the difficulties with which the subject is surrounded, I shall proceed to examine how far the states of the nerve force and of the blood throw any light upon the pathology of insanity.

First, with respect to nerve force. Nerve force, is probably the highest form of matter, as by it the mind manifests its ideas. The cell-nuclei, found in the nervous centres, and at the extremities of the afferent nerves, are generally supposed to be the sources of nerve force, and it is developed with ani-

mal heat from the oxidizing processes which are going on in the body : this, however, cannot take place without some alteration of the molecular condition. Are we then to suppose that a total and complete change in this molecular condition occurs during every discharge of nerve force. I think that Mr. Paget's observations upon this subject are very instructive ; he says, in the modelling of parts during development and growth, such complete changes probably occur, but in mere maintenance of parts, there is no evidence of their frequent or ordinary occurrence, and to assume it is contrary to the fact that we rarely find any rudimental structures among the perfect ones. Nutritive maintenance, probably requires nothing more than molecular substitution. Atoms even of refuse substance may be passing out, and atoms of renewing substance passing into places among the structures of a comparatively persistent framework. "Cell-walls, or their analogues, may be long-lived, while their contents are undergoing continual mutation." (Paget's *Croonian Lectures*, R. S., May 28th, 1857.)

These observations may prove of some use to those who feel disappointed when the minutest investigations of the brain of the insane under the microscope fail to point out anything characteristic of the disease. M. Esquirol, speaking of the examinations of the brain in these cases, says that "nature has refused to reveal her secret ;" but surely this ought not to stop us in our investigations ; and if morbid anatomy be unequal by itself to solve the problem, we must call in chemistry and physiology to its aid, and study the ganglion globule, and the blood corpuscle in their mutual relations. Not only are the subtle reasonings of intellect manifested by nerve force, but the processes of primary and secondary assimilation in all parts of the body are presided over by it, and the rhythmic actions of the heart, and of respiration, are due to its influence ; and as the involuntary movements of the heart are regulated by its ganglia, so are the voluntary movements of the muscular system, under the control of the cranio-spinal nervous system, and the hemispheric ganglia, the seat of volition and consciousness, exert their influence over the muscles solely through the medium of the automatic apparatus.

I was much struck in dissecting the torpedo with the enormous size of the fifth and eighth nerves which supply the electric apparatus, and by the appearance of the medulla oblongata which is highly vascular, and larger than the brain. We have proof here of the necessity of repose, in order to give time for the accumulation of sufficient nervous force to create a shock ; we have also a proof of the distinction between electricity and

nerve force; for a most elaborate apparatus is required, in order to convert nerve force into electricity, as we see in the beautiful honey-combed cells filled with fatty matter, upon the walls of which the nerves are distributed. Müller has taken great pains in distinguishing electricity from nerve force, and although his experiments were made before Mr. Groves' theory of the correlation of the physical forces, yet they prove distinctly that, electricity and nerve force are not identical.

In a very interesting lecture delivered at the Royal Institution, Professor Huxley explained the difference and the relation of the two forces. He showed that nerve force is not electricity; but two important facts were cited to prove that nerve force is a correlate of electricity, in the same sense as heat and magnetism are said to be correlates of that force. These facts were first the negative deflection of Du Bois Raymond, which demonstrates that the activity of nerve affects the electrical relations of its particles; and secondly, the remarkable experiments of Eckhard, which prove that the transmission of a constant current along a portion of a motor nerve, so alters the molecular state of that nerve, as to render it incapable of exciting contraction when irritated. Nerve force, like electric force, is probably transmitted by propagation onwards of molecular distribution, into the substance of the transmitting body in a very rapid manner. Helmholt, however, has ascertained, that the velocity of its transmission in a frog does not exceed eighty feet in a second.

Another part of the subject which is likely to throw some light upon the pathology of insanity, is the study of the properties of the ganglionic corpuscles, and of their commissural processes; and I was glad to find in a paper on the mutual relations of the vital and physical forces, published in the *Philosophical Transactions*, that Dr. Carpenter's attention had been drawn to the important subject of the dynamical relations of the nerve force, to mental agency on the one hand, and to the several vital forces on the other.

Minute anatomy is also likely to aid us in our future investigations. The mode of examining the internal structure of the brain and spinal marrow under the microscope has made rapid advances of late years. When I examined the minute anatomy of the brain, with my friend Dr. Todd, I was in the habit of cutting a thin slice, and (in order to make it translucent) of squeezing it between two thin slides of glass. I need not say that this gave a very imperfect idea of the delicate structure which was submitted to such rough treatment. Stilling, Kölliker, Lenhossek, Lockhart Clarke,

Quekett, and others, have shewn us new methods of tracing the delicate fibres of the nerves to their different nuclei. The method which Mr. Lockhart Clarke employed, viz. that of hardening the chord in spirits of wine, and treating the section with acetic acid, has been abandoned, and the section is now made transparent by chromate of lead, according to Kölliker's method, or is steeped in carmine, which makes the minute fibres and nerve cells more distinct. The tubules when removed from the brain of a living animal are delicate translucent fibres, which in a few minutes become opaque, and separate into two parts, viz., the nervous fluid with its nerve-axis and the investing case; very slight pressure renders these tubules varicose. Although the alterations of structure in the hemispheric ganglia must always afford most interest, the examination of the fibrous structure of the mesocephale, and of the spinal cord, are not to be disregarded in our minute investigations. Doubtless, disease at the origin of the nerves is sometimes the source to which the subsequent delusion may be traced. In a patient who fancied that wild beasts were tearing the flesh off his back, I found the membranes of the spinal marrow injected, and the minute vessels of the chord much inflamed in the cervical region. Its cut surface from the situation of the first to that of the seventh vertebra, presented a deep blush of red. In a patient who imagined that snakes were crawling about his arms, there was an effusion of coagulated blood, which adhered firmly to the inside of the vertebral canal, and pressed upon the posterior portion of the chord, from the situation of the third to that of the fifth cervical vertebra.

When we consider that diseases of the lungs give rise in many cases to symptomatic insanity, that disorder in the function of the ninth nerve is one of the first symptoms of general paralysis, and that illusions of hearing are of such frequent occurrence among the insane, it must be admitted that the medulla oblongata becomes a point of considerable interest to us in our present enquiry.

Stilling has traced the pneumogastric, the hypoglossal, the spinal accessory, and the glosso-pharyngeal nerves, through the medulla oblongata to special deposits or nuclei in the floor of the fourth ventricle.

Lenhossek who had the opportunity of examining the internal structure of the brain and spinal chord of the insane who died in one of the large asylums in Germany, has recently transmitted his valuable preparations to the College of Sur-

geons, with a pamphlet and diagrams, which verify Stilling's results.

I have thus briefly alluded to these recent microscopic investigations, because a knowledge of the internal structure of the nervous centres must precede that of the morbid structure, and I hope that these laborious investigations, when applied to diseases of the nervous system, may tend to elucidate their pathology.

We have a wide field open to us in the study of the subject of nerve force in insane patients. I recollect that Dr. Pereira called our attention to this in one of his lectures, delivered at the College, the substance of which was afterwards published in his *Materia Medica*. Speaking of the correlation which exists between nervous force and animal heat, he says, "the nervous force, perhaps, may produce heat, and conversely, heat may excite the nervous force. We know, that heat applied to motor nerves produces muscular contractions, and to sensory nerves, sensations; and numerous facts may be adduced, favouring the notion that nervous force produces heat. Thus the augmented temperature in the lower parts of the body, sometimes consequent on injuries of the spinal cord, and the flushes or topical excretions of heat frequently observed in nervous and hysterical subjects, favour the notion of the generation of heat by the excitement of the nervous force."

In nervous patients, there is great inequality in the distribution of nervous force, owing to irregularities in the circulation. In mania we not only very frequently find that the head is hot, and the extremities cold, but we sometimes meet with variations in the degree of heat in different parts of the head. By a delicate thermometer, I have noted a difference of two degrees of heat between the forehead and the crown of the head. In cases of acute dementia, where there is no external manifestation of the exercise of the intellect, and where there is little expenditure of nerve force, there is a minus quantity of animal heat: and in cases of dementia, when the brain is in a state of partial atrophy, we find patients sometimes basking in the sun, with their hats off, enjoying the stimulus which excessive light and heat gives to their blunted sensations. In these days, when the powers of the mind are overwrought, and when the strength of the body is overtaxed, it is well to remember the proverb, "that we can borrow from the brain, but not steal from it;" and the warning of Aristotle, "Excessive athletic exercises destroy the strength of the body." The ganglionic apparatus is capable of producing a greater amount of nerve force in one man than in another, but there are limits

which cannot be passed with impunity. How many have I seen unfit for the active business of manhood, who have exhausted themselves by over-reading in youth. Not only does excessive mental exercise of comparatively short duration, tend to exhaust the powers of the mind, but daily business without relaxation produces the same effect; thus, I have met with cases of insanity among tradespeople, who would never allow themselves relaxation, but who went on toiling, Sunday and week day, from one year's end to another. Some forms of paralysis, may be distinctly traced to excessive expenditure of nerve force. A lady of my acquaintance, suffered from paralysis of the hands for a year, in consequence of practising some difficult music on the piano during the greater part of a rainy day. A lady was kept up night after night writing imaginary despatches, dictated by her husband just before he was seized with an attack of paralysis of the insane, in consequence of this excess of writing, she lost the use of the index and middle finger, and is now obliged to write with her left hand.

The quantity of nerve force in the third stage of paralysis of the insane is very small, as there is little capacity in the nervous centres to produce it, and this form of paralysis towards the end of the disease sometimes terminates in complete paralysis. A patient of mine, labouring under general paralysis, fell asleep with his arm over the back of a chair, and the arm was completely paralyzed for two days afterwards.

Sudden shocks, as is well known, frequently cause local paralysis, thus ptosis of both eyelids was produced in a patient of mine, when she heard of the intended marriage of a gentleman to whom she was engaged, under more than usually painful circumstances; the ptosis of the eyelids soon disappeared, but the symptom was followed by an attack of melancholy, with a strong suicidal tendency. I need not say that paralysis of the seventh nerve, is a well-known symptom of disease of the brain from severe mental shocks.

Wherever we have symptoms of atrophy of the nervous centres, then of course there is little secretion of nerve force, as in the idiot, the imbecile, and the fatuous: but nothing expends nerve force so rapidly as venereal excess. Certainly the majority of recent cases of nervous exhaustion which come under my care, may be attributed to this cause.

It is curious that patients whose disease has been brought on by masturbation, after they have allowed their nervous system to lie fallow, or after they have experienced great mental emotion, will wake up as it were, into a state of comparative rationality. Upon one occasion, I very nearly failed

in obtaining the verdict of a jury, as to the undoubted un-soundness of mind of a patient, whose intellect having been disordered by this cause, was for a time partially restored by the excitement of the inquiry.

Examples of the mutual relation between the nervous and sanguineous systems, are to be found in *Tabes dorsalis*, the tremor of old age, *paralysis agitans*, and *catalepsy*. In *Tabes dorsalis* we have atrophy of the spinal marrow, with congestion and subsequent effusion into the spinal canal, the functions of the brain remaining unimpaired. In old age and *paralysis agitans* we have wasting and exhaustion of the nervous system, producing an anæmic condition of the blood, with a tendency to serous effusion in the encephalon. The brain is no longer able to control the functions of the spinal system, and the involuntary tremors of the limbs are the result of reflex action, upon the same principle as the incessant motion of the ciliary fibrils in the *anelida*, or the vibratile cilia of the epithelium of the mucous membranes, which being completely independent of volition never tire. That *catalepsy* is due to a supply of impoverished and poisoned blood, we know from the fact of its being present in certain cases of *adynamic fever*; and from the statement of Dr. O. Shaughnessy, viz., that an overdose of Indian hemp is accompanied by peculiar delirium, and venereal excitement, followed by insensibility, during which the patient retains any position in which he may be placed. In *catalepsy* there is very small secretion of nerve force: the nerves of sensation are deadened, at any rate receive few notices from external impressions, and the nerves of motion refuse to obey volition, so that the limbs of the patient remain fixed in any position we choose to place them.

If the soles of the feet are tickled, no reflex action is produced; if cold water be sprinkled over the body, no effect follows; if a patient be placed in a bath, he sinks to the bottom, and remains fixed in the same attitude; at times, the patient makes an effort to exert volition, but the oscillations of the nervous current fail, and the effort ceases. The duration of the *cataleptic* state varies much; indeed, when it is the result of acute dementia, it may continue as long as the disease lasts. A patient in St. Luke's Hospital laboured under this complication of disease; the pulse was weak, and raised to one hundred in the minute after the smallest exertion; he was constantly obliged to be fed: the saliva drivelled from his mouth, and he was unconscious of the calls of nature—he was washed, and dressed, and put to bed like a child; and was found on the following morning precisely in the same position that he

was placed in the night previously ; and yet when he heard that there was to be a ball, he would wake up from his cataleptic state, dress himself, talk rationally, and dance the whole evening. I have generally found that music has a very exciting effect upon cataleptic patients, and sometimes it may be a very valuable adjunct to the treatment, if judiciously employed.

We will now proceed to consider the state of the nerve force in cases of dementia, and of mania. In cases of dementia, there is little disturbance of the functions of the nerves of organic life, because the brain is in a passive state ; but in cases of acute mania, the processes of digestion and secretion are greatly interfered with, as is evident from the symptoms of constipation, the unhealthy evacuations, the scanty secretion of urine, and the deposits of uric acid and urate of ammonia. In acute mania, the production of nerve force is very rapid, the increased flow of blood, which is the result, at first stimulates the intellect beyond its ordinary power, and if the progress of the disease be slow, the mental symptoms manifest themselves in the following order.

The intellectual functions are elevated beyond their accustomed, sometimes beyond their natural powers, the conversation is brilliant, and the images which pass in rapid succession through the mind, are described with great clearness and beauty. In this stage of the disease nothing is concealed, all the family secrets come out, and the patient, as it were, thinks aloud. This exuberance of description does not last long ; the ideas crowd into the mind in rapid succession, and incoherence of conversation follows. Sometimes great variations are observed in the early symptoms, not only from day to day, but from hour to hour : incoherence, delusion, and glimpses of reason, chase each other in rapid succession and boisterous exhilaration is often followed by the deepest dejection. As I had occasion to observe in a paper published in the *Transactions of the Royal Medical and Chirurgical Society*, vol. xxxviii., the emaciation which takes place during the acute stage of mania, is generally very great ; the fat appears to be absorbed from all parts of the body to supply the brain ; and our patients at St. Luke's Hospital, sometimes weigh many pounds heavier at the time of their discharge, than when they were admitted. The cell nuclei are thrown into a state of unhealthy activity, there is little repose night or day, and want of sleep, as is well known, is one of the most common symptoms. There is a constant demand upon the blood for the albuminous and oleaginous principles ; the whole nervous

system partakes of this activity, and feels its influence, and is thrown into a state analogous to electric tension ; not only are the hemispheric ganglia involved, but the fibrous structure conveys the impulse to the peripheral extremities of the nerves, producing hyperæsthesia and pseudæsthesia ; the false perceptions of the nerves of special sense and those of sensation are sufficient evidence of this : and the errors of nutrition and secretion prove that the nerves of organic life likewise sympathize. When the disease arrives at its highest point, and a paroxysm occurs, we have then to deal with another force, which becomes equally unmanageable, I mean the force developed by muscular contractions, (which, as Matteucci has shown, is quite independent of the nervous system ;) these two forces acting and reacting upon each other, produce such a state of nervous erethism, that I have seen patients with symptoms resembling those of an animal poisoned by strychnine ; the fury of the passions, and the movements of the limbs are quite beyond their control, and the muscular force is developed to such an extent that they sometimes perform feats of strength, which they would have been quite unequal to, when well.

Professor Huxley, in the lecture to which I have before alluded, exhibited Weber's experiment of passing a series of shocks from an electro-magnetic apparatus, through the pneumogastric nerve in a frog properly prepared for the purpose ; when this was done, the pulsation of the heart ceased, and on breaking contact, it remained at rest for a little time, then gave a feeble pulsation or two, and then resumed its full action.

This negative innervation, as Professor Huxley terms it, is the result of the action of the pneumogastric upon the ganglia of the heart, thus proving that one portion of nervous matter is capable of controlling the action of another portion. The shock of the palsy stroke, and those mental shocks which produce an immediate change in the secretion of the different organs, and, as recorded by Dr. Graves of Dublin, even upon their textures, are probably the result of a reversal of the usual direction of the nervous current ; but the theory of negative innervation may, in some measure, account for the effect of the excitement of the nervous centres in cases of delirium, and in acute mania upon the nerves of organic life. In his elaborate article on insanity, Dr. Copland has not omitted to mention the effect of impaired nervous power upon the general health of the insane ; he says, "the general cachexia often preceding insanity, and still more manifestly attending it, is

the result of the morbid states of the chyle and blood, consequent upon deficient organic nervous energy throughout the digestive and assimilating organs. Many of the structural changes, as well as the scorbutic state of the body which very often takes place in the more chronic cases of insanity, proceed from the morbid conditions of the fluids, consequent upon the impaired state of the nervous power." (Copland's *Dictionary, Art. Insanity.*)

I have stated elsewhere (see *Medical and Chirurg. Transactions*, Vol. xxxviii) from the quantitative analysis of the phosphates in the urine, in cases of mania, monomania, and dementia, that a plus quantity of phosphates exists in the urine in the paroxysms of acute mania, and a minus quantity in the stage of exhaustion in mania, in acute dementia, and in the third stage of paralysis of the insane; and I have recently found that a plus quantity of the phosphate exists also in the urine in cases of acute melancholia. Whether the conclusion to which I have arrived be right or wrong, viz., that the amount of phosphates in the urine, when not due to the influence of diet, and where all the patients are on precisely the same allowance of food, both in respect of quality and quantity, is a measure of the expenditure of nervous force, is not a matter of much importance, but still it is not without interest, that these results should correspond with the analysis of L'Heritié, who found a minus quantity of albumen, cerebral fat, and phosphorous, in the brain of infancy, old age, and idiocy, as compared with the same substances in the brains of adults; and with the analysis of M. Couerbe, who found a plus quantity of phosphorous in the brains of those suffering from acute mania.

It has long been observed that sudden variations in the temperature and weight of the atmosphere exert a powerful influence upon all nervous disorders: and it is not unlikely that further investigations into the subject of the correlation between electricity and nerve force may tend to elucidate some obscure points in pathology. M. Andral says that "we know nothing positive regarding the influence of substances with which the atmosphere is charged upon the production of cerebral congestions; he however quotes a case to prove that electricity, employed as a therapeutic agent, may at least favour their development. M. Foville states that at certain epoques, a general and unwonted excitement is remarked in a lunatic asylum. The patients in different parts of the building, too far separated to hear each others noise, are subject at the same period to a marked exacerbation. Many disposed to

suicide, are more than usually tormented. Many epileptics are then siezed with fits. On the other hand, you observe days in which every thing is tranquil; one is struck with the calm, the silence which reigns in those parts which are inhabited by patients generally excited; the particular state of the atmosphere appears to be the most ordinary cause of these differences." I have observed precisely the same symptoms which M. Foville has described, and I have attributed them to the same cause. The peculiar atmospheric effect upon the nervous system, which precedes a thunder storm, is more than ordinarily felt by insane patients. One of our patients at St. Luke's Hospital was seized with a fit while a thunder storm was passing over the Hospital, and died in a few minutes. On the other hand, it is right that I should state, that the accurate registers of the barometer and thermometer kept at Colney Hatch, have at present failed to show that the fits of epileptic patients are influenced by the mere weight and temperature of the atmosphere. Throughout the months of November and December, great and rapid movements occurred without any very striking correspondent alteration in the number of fits. In connection with this subject, it is interesting to remark the different effects which atmospheric influences may produce during the same period in different countries, thus, (Holland's *Notes*, p.p. 198, 199.) "In 1837, influenza was epidemic during the month of December, in Russia, Sweden, and Denmark. During 1837, cholera was epidemic in Germany, and typhus fever was epidemic in England." Speaking of the influenza of 1733, Arbuthnot says, "there was during the whole season a great run of hysterical, hypochondriacal, and nervous distempers, in short, all the symptoms of relaxation. These symptoms were so high in some as to produce a sort of fatuity, or madness, in which for some hours together they would be seized with a wandering of their senses, mistaking their common affairs. Since this disease has been over, the air has continued to be partially noxious in diseases which affect the lungs, and for that reason occasioning a great and unusual mortality of the measles, at the rate of forty in the week" ("The Air, and its Effects upon the Body," chap. vii., p. 193, quoted in Registrar General's *Report*, 1847.) I have had several cases of insanity after influenza, which have generally been of long duration in consequence of the extreme nervous depression with which the disease was accompanied.

Dr. Hübertz, of Denmark, has endeavoured to prove that the partial distribution of light and heat, on the sides of moun-

tainous districts which have a northern aspect has favoured the production of insanity. It is certainly true that mountainous districts favour the production of idiotcy, as in Scotland, North Wales, and Switzerland, but whether or no the aspect has had any influence, has not been noted. According to Dr. Prichard, a great proportion of the insane, or of those included under that denomination in Scotland and Wales, are idiots. In six of the maritime counties of England, the proportion of idiots to lunatics is nearly as two to one, whereas, in six counties of North Wales there are about seven idiots to one lunatic.

There are anomalies with regard to pain and disease, produced by irritation of particular parts of the nervous system, for which it is difficult to account. In the expedition against Teneriffe, Nelson received a shot through the right elbow while in the act of drawing his sword, the shock forcing the hilt into the left groin. At the time of the amputation of the arm a nerve was included in one of the ligatures, this produced constant irritation and discharge, and he had scarcely any intermission of pain for three months after his return to England. He was attended by Mr. Cruikshank and Mr. Thomas, and whenever they attempted to detach the ligature from the nerve, Nelson referred the pain to the left groin. Sir B. Brodie mentions some remarkable instances of a similar nature in his work on *Nervous Affections*, as the anecdote of the late Dr. Wollaston, who stated that, one day he ate ice cream after dinner, and a short time afterwards he found himself lame from a violent pain in one ankle; suddenly he became sick, the ice-cream was rejected from the stomach, and this was followed by an instantaneous relief of the pain in the foot."

The explanation of these anomalies given by Sir B. Brodie, is the most satisfactory one which I have met with; he says, "you will naturally ask how is this pain produced? To this question I would answer, that in all probability it is in the brain itself that the communication is made, the impression being first transmitted to the sensorium, and from thence reflected to the nerves of the part which is secondarily affected." (*Brodie on Nervous Affections*, 14.)

Instances such as these may induce us to pay more attention to the anomalous sensations of hysterical women, and not to disregard them as unworthy of our notice: and the frequent illusions under which the insane labour, as for instance with respect to the subject of electricity, may lead us to infer that they are derived from real though perverted

nervous sensations, which either have their origin in the brain, or in the peripheral extremities of the nerves.

Besides the symptoms of hyperæsthesia and pseudæsthesia we have to consider those of anæsthesia; as the eyesight is frequently improved in the early stage of mania, so it is often impaired in cases of exhaustion from masturbation, and in paralysis of the insane. Sometimes the nerves of sensation are so deadened, that the patient is insensible to pain. I have seen insane patients undergo operations without evincing the smallest sign of pain; instances of this occur most frequently in cases complicated with paralysis of the insane, in these patients it often happens that the pupil of one eye is less sensitive to light than the other.

In my lectures which were published in 1843, I said that asynchronous action of the pupil, dilation of one iris, and contraction of the other, are bad signs. My friend, M. Baillarger, has called our attention to this symptom, as being frequently accompanied by paralysis of the insane; there is no doubt that it is so: unequal pupils are, however, met with very often in cases of insanity which do not exhibit any symptom of this form of paralysis. This state of the pupils is sometimes the result of sympathetic irritation from disease of the heart, and indeed it occurs sometimes in persons who are in perfect health.

Patients in a state of dementia do not complain, and apparently do not feel the impressions of cold; indeed the benumbing effect of the disease upon sensibility generally is so great in these cases, that in former times when the insane were badly fed, badly clothed, and badly attended, instances of sloughing of the toes in frosty weather not unfrequently occurred.

Our next subject for consideration is the condition of the blood in insanity. In the opinion of Romberg, more than two thirds of the cases of madness are the result of alterations in the blood. Whether this assertion be true or not it is impossible to say, considering the present state of our knowledge upon the subject, but we know that when a nerve is diseased, two things are necessary to restore it to a healthy state—rest from its particular function, and contact with good arterial blood. As is remarked in Turner's *Chemistry*, "we are still ignorant in what part of the body, or by what organs nervous matter is prepared. This point is worthy of the most minute investigation. In the meantime, according to Chevreul, the fatty matters which occur in small proportion in the blood, are similar to those of the brain." Hittorf and Michea are the only two who have subjected the blood of insanity, to quanti-

tative chemical analysis. From Hittorf's analysis we learn, that the blood of acute mania does not correspond with that of acute inflammation. If we accept his analysis, there was, in seven cases, a very slight increase of fibrin in five. If we take that of Becquerel and Rodier, there was a minus quantity in six cases. It should be stated that in one case where a greater increase was found, the attack of acute mania was the result of a miscarriage, and the disease was accompanied with pleuritis and pericarditis. In acute inflammation from four to ten parts of fibrin are found in one thousand parts of blood; and upon the authority of Becquerel and Rodier, the blood of inflammation is characterised not only by an increase of fibrin, but by a diminution of albumen, whereas the albumen in Hittorf's analysis was above the healthy standard in five cases out of seven. According to the quantitative analysis of the blood, published by M. Michea (*Comptes Rendus*, Nov. 1847), we find that the albumen in paralysis of the insane is diminished in nearly one third of the cases; he likewise found an augmentation of the blood corpuscles, and an absolute diminution of the fibrin. Becquerel and Rodier found that in symptomatic anæmia, and in patients weakened by typhus, phthisis, hæmorrhage, &c., there was a great deficiency of albumen. If we compare Hittorf's analysis with that of idiopathic anæmia, we shall find that all the cases are deficient in red globules; for in two cases where there is an apparent excess of blood corpuscles, we must take into account the difference of sex, for the analysis of Becquerel and Rodier quoted by Hittorf, is taken from their analysis of blood in females, but if he had compared it with that of males, there would have been a deficiency also in these cases. The amount being in the healthy blood of males 141.1.

From these analyses we learn that the blood of acute mania and paralysis of the insane differs from that of acute inflammation, and that the blood of acute mania corresponds with that of idiopathic anæmia, and the blood of paralysis of the insane, as far as the diminution in albumen is concerned, corresponds with that of symptomatic anæmia.

Although it is satisfactory to have this analysis, as it refutes the notion that insanity is the result of acute inflammation, yet the majority of the patients are recognized at once as being anæmic upon their admission into St. Luke's Hospital, and we frequently find the blood in an impoverished state when we examine our cases after death. In one case I remember the blood was so watery that it oozed out under the finger nails.

We know that whatever interferes with the health of the blood corpuscule is likely to affect the ganglia globule. Over-exertion of intellect makes a constant demand upon the blood for fresh supplies of nerve force, at the expense of the nutrition of other parts, as we observe in the pale and emaciated student; while care and privation prevents the due nutrition of the nervous centres, as we see exemplified in the weavers of Coventry and of Spitalfields. On the contrary, if the blood be deprived of a large amount of serum, and the blood corpuscules be left, the functions of the brain do not materially suffer, as we see in cases of cholera, where the patient preserves his intellect to the last. When cholera affected the female side of the County Asylum at Hanwell, in 1832, Sir A. Morison observed that the nympho-maniacal patients who were attacked with it, exhibited their propensities up to the time of their death.

The demand upon the blood for fresh supplies of nutrition in acute mania over-stimulates the brain, and produces local congestions, while the determination of the blood to the head in cases of dementia has, in some rare cases, produced a lucid interval. The effect of local congestions with poverty of blood are very well marked in some cases, and it is interesting to watch the manner in which the symptoms vary as the patient happens to be in the erect or the recumbent position.

The quality of the blood is sometimes so altered by affections of the mind, that it becomes unfit to nourish the nervous centres; thus the wasting of the brain in old age and fatuity and a deficient supply of nerve force, produce deterioration in the red corpuscules. Change in the condition and structure of the arteries is also produced by the quality of the blood—the tonicities of the vessels is much altered, *e. g.* in melancholia after long refusal of food, the conjunctiva becomes minutely injected, the vessels let out their contents, and ecchymosis frequently ensues. What takes place in the blood-vessels of the conjunctiva, may be supposed to bear some resemblance to that which occurs in the vessels of the brain; and thus we meet with effusions of serum, not only on account of the wasting of the brain, but also because the blood is so poor that it escapes from the minute vessels.

In examining the minute vessels under the microscope in cases of effusion of serum into the ventricles, or cellular texture of the arachnoid, it must be borne in mind that they become dilated in health whenever it is necessary to lubricate the adjacent structure, as in the vessels of the choroid-plexus, and in those of the joints.

The condition of the blood, which gives rise to the so-called atheromatous and bony deposits of the arteries, has a direct effect upon the nutrition of the nerve globule, and produces atrophy of those parts of the nervous centres which are most affected by the disease.

Again, the blood may become unfit to nourish the nervous centres by being both impoverished and poisoned, as we see in the depression of jaundice, and in the suicidal tendency of small-pox. Or there may be a poisoned condition of blood with congestion, as in many cases of recent mania; the incoherence of which disease is closely imitated by excess of alcohol, which does not, as has been asserted, produce its effects merely by congestion of the blood-vessels, but as M. Andral says, by acting directly upon the brain: in illustration of which he quotes two cases of persons who died from the effects of intoxication, and whose brains he afterwards examined; and he refers to the case mentioned in Dr. Cook's work on *Nervous Diseases*, where the body was opened immediately after death, and a clear fluid was found in the ventricles, which had the taste and smell of alcohol, and which took fire when brought near a burning candle. (Andral's *Clin. Trans.* p. 78). The effects of chloroform also resemble in some respects the symptoms of insanity; under its excitement faded ideas are often recalled to the memory, and what appeared to have made but a slight impression is sometimes recollected with much vividness; just as accomplishments are sometimes brought out in a wonderful manner during the excitement of mania, which the unlearned view as supernatural. An analogy between the effects of chloroform, and some of the symptoms in different forms of insanity, may be traced in the alteration of feeling, impairment of volition, the insensibility to pain at first diminished, and afterwards completely destroyed, the automatic movements, the total unconsciousness, and the reduction of the patient to a state of vegetative existence. Dr. Prout mentions the fact, that some patients cannot bear the exhibition of alkalies in any form. He says that he had met with several instances of this inability, in which great nervous disturbance was produced, more particularly of the cerebral functions; in one case the excitement produced by alkalies was so great as to border on delirium, or mania. Dr. Prout also pointed out that which is now generally recognized, viz.,—the peculiar nervous irritability which exists in the oxalate of lime, and phosphatic diatheses, displayed in different ways according to the idiosyncrasy of the patient. We should however bear in mind what Dr. Owen Rees says, in reference to this subject;

he states "that alkaline urine is not necessarily connected with severe nervous irritation, with wasting, and other symptoms of vital decay. Many cases in which we observe the secretion of such urine with phosphate deposits, shew no such condition, the debility not exceeding that which characterizes many forms of dyspepsia; while on the other hand, we often see great dyspepsia, and loss of vital power with wasting, as when oxalate of lime appears, and no tendency to alkalinity."

Well known causes of mental derangement are to be found in errors of primary and secondary assimilation, the non-elimination of poisonous substances from the kidneys and skin, habitual discharges when suddenly checked, and the too rapid healing of an ulcer.

It has been asserted by Feuchtersleben, that a mixture of wine and salt produces insanity, but I never heard of a case which was the result of taking brandy and salt, a nostrum once so generally employed as a remedy for all diseases.

The local action of certain narcotic poisons upon different parts of the nervous system has been well ascertained, but whether opium, as has been asserted, acts chiefly upon the cerebrum, belladonna upon the tubercula quadrigemina, and alcohol upon the cerebellum, has not been sufficiently demonstrated. The particular seat of epilepsy, and of paralysis of the insane, has in a similar manner been pointed out by some authors, but there still exists much difference of opinion upon this subject.

If there be so much difficulty in ascertaining the effect of particular poisons on different parts of the brain, although the physiologist has such ample means at his command for investigating the matter, and although how accurately soever he may make his experiments, his results must always be open to doubt when applied to disease, and that too in the human subject, where idiosyncrasy baffles results which have appeared almost reduced to demonstration, how much more difficult is it for the pathologist to point to any particular part of the brain, and to say that it has been the seat of monomania.

The next subject which I ought to bring before you is that of the different forms of congestion which exist in the different species of insanity; but as I have spoken of this subject in my lectures which are already published, and as Dr. Bucknill has entered fully into this branch of the enquiry, in some able papers upon "The Pathology of Insanity," published in the *Journal of Mental Science*, I the less regret that the time allotted to me does not allow me to touch upon it.

On the Prospects of Physicians engaged in Practice in Cases of Insanity. By JOHN CONOLLY, M.D., D.C.L., Consulting Physician to the Middlesex Asylum at Hanwell.

Since the following Paper was commenced, the appearance of the "Report from the Select Committee on Lunatics, ordered by the House of Commons to be printed, 27th July, 1860," of which Committee Mr. Walpole is the respected Chairman, has, in a considerable degree, relieved the minds of physicians practising in the department of insanity, from the apprehensions occasioned by the draft of a Bill ordered to be printed in February, 1859. It would seem that the evidence brought before the Select Committee in disparagement of the proprietors of asylums for the insane, and in support of the alleged fact of the improper detention of persons in a state of sound mind, was deemed insufficient to warrant the meditated additions to stringent restrictions already existing. All the obnoxious clauses relative to the appointment of Medical Examiners, a kind of unqualified auxiliaries to the Commissioners in Lunacy, and who were to make secret reports, have been abandoned; as well as some other clauses, which had been the source of great and just dissatisfaction.

There is still, however, a strong inclination felt by Members of Parliament to alter the present lunacy laws. Some concessions to public prejudice are probably deemed unavoidable. Portions of the testimony given to the Committee, although inconsistent with testimony given by the same witnesses, created the unhappy impression that the utmost detective activity of the Commissioners in Lunacy was called for, and every ingenious stratagem of visitation required, to detect and baffle the devices of the proprietors of private asylums. These declarations tended to produce uneasiness in the public mind, and seemed to call for new legislation.

The objects of legislation in matters of lunacy are sufficiently simple. To protect the person and property of the lunatic; to prevent his being robbed; to prevent his being improperly and unnecessarily deprived of liberty; and to prevent his being neglected or treated with cruelty; are the legitimate intentions of all the laws which affect him. If the laws step beyond these objects, and throw difficulties in the way of prompt and proper medical treatment being afforded to the lunatic, they become disadvantageous to him. In dealing, however, with questions

of this kind, it is too often entirely forgotten that Insanity is a disease ; that it requires the aid of a physician ; and that this aid may be obstructed by complicated formalities of law, including risks and penalties by which the treatment of no other disease is embarrassed. There is some reason to think that legislation has even already been pushed to this excess. If we consider on the one hand the very great importance of early treatment in all cases of mental disorder, and on the other, the numerous legal formalities thrust upon the attention of the medical practitioner, on undertaking the care and treatment of any case of this description, we shall become conscious of the difficulties created, and wonderingly enquire how the difficulties can have become so numerous. The explanation seems partly to be found in the history of asylums of a bygone age ; and a very curious and dreadful state of things is undeniably revealed by that history. In those days the law slept too soundly, and permitted cruel and thoughtless physicians to go untroubled to their graves ; but the horrors of those times have passed away, and their return is not to be apprehended. Few or no vestiges of the ancient abuses now remain : the character of asylums, and the station and acquirements of superintendents of houses for the insane are totally changed. Within the last seventy years, the exertions of successive physicians have produced important ameliorations, without the prompting of legislation, and with little encouragement or even regard on the part of the public. The clauses of the Lunacy Acts, even as they now stand, are therefore chiefly directed against a class of superintendents of asylums long since superseded by men of education and character ; and, protective against dangers or offences no longer existing, are little more than sources of inconvenience to those engaged in the study and management of one of the most serious of maladies. To honourable men, and physicians of liberal attainments, they are full of affronts and discouragements ; and are at the same time curiously inoperative as regards actually existing abuses, and even creative of numerous evasions of the laws from which flow the worst results to the insane, for whose supposed benefit they have been invented.

It would be illiberal, and even foolish, to say that the framers of the proposed alterations in the Lunacy Act have any intention of rendering its restrictions more offensive and discouraging, and of increasing the impediment, to the immediate and proper care of insane persons ; but it is somewhat to be apprehended that alterations, not recommended

by the Committee, will be suggested, which may have these effects, and be unattended with any real advantages.

Let us dispassionately consider the practical effects of the Lunacy Laws even as they now stand.—In the majority of cases, an attack of mental disorder is inconsistent with domestic treatment. Unlike a mere bodily malady, a disorder of the mind renders the attention of relatives, the tender nursing of a wife, or the solicitous watching of a husband, the dutiful devotion and care of children, not only of no avail, but absolutely inadmissible. The presence of these objects of affection, soothing and consolatory in other disorders, is in this perverting malady exasperating. Their best attentions act unfavourably on the melancholic, and add to the excitement of the maniacal. Even in the lightest forms of mental malady, home and its associations render moral government difficult or impossible. In nearly every case the cure is impeded, and in many instances hourly danger is incurred, and in some, life is sacrificed. What is to be done? A violent patient may be overpowered by two or three strong men, but physicians condemn such an application of muscular force, which forms no part of treatment, and of which the consequences may be fatal. The patient must be removed. An ordinary lodging offers no security. A separate house may be engaged for the patient, if expense is not a consideration, but not otherwise; and this house is usually detached, situated in a small garden, surrounded by walls: one or two attendants, a housekeeper, and kitchen-maid, form the establishment. The patient is wholly in the power of the attendants. His physician sees him occasionally, perhaps even for a time daily, hears the reports of the attendants and servants, and prescribes: he can do no more. Scarcely anything can be done which deserves the name of treatment, and against neglect there is no protection whatever. What the patient is really and immediately in need of, is a house where all ordinary dangers are guarded against; where there are numerous attendants; and where constant vigilance can be exercised, and constant care bestowed upon him all the day long, and even during the night, and every day and night; and this not by uncontrolled attendants and servants, but by a medical man, having well-selected and educated assistants, male and female, acting strictly and uniformly under medical direction. These advantages, indispensable to proper treatment, and to the patient's early recovery, can be secured in an asylum, and in an asylum only. The poor, happily for them, can be sent to one of the many excellent County Asylums. The classes of patients above the

poor, and up to the highest, require asylums differently arranged, and more resembling a private house; and it is against these refuges and places of comfort and cure, that the feelings of the public have been industriously prejudiced, and the vexations of legislative interference peculiarly directed.

A physician is called in, and finds a dangerous patient attacking those about him, breaking everything within his reach, trying to leap out of the window, or to throw himself down stairs, or to get up the chimney, or to hang, drown, or burn himself, and the medical adviser is expected to suggest what is to be done, and what is to be done at once. Every hour, every minute, threatens some catastrophe. If the physician does the only wise thing that he can do, and the best thing for the patient, and promptly removes the patient to an asylum, where his life may be saved and his cure effected, he commits a misdemeanour, and becomes liable to fine and imprisonment. No matter what the urgency of the case, he must wait with folded hands, until, often after much unavoidable delay, two certificates, or, at least one certificate in addition to his own, can be obtained, and properly filled up, and a legal order of reception also can be filled up by some relative or friend. Medical men have been taught to shun writing such certificates if they possibly can. Relatives reluctantly incur the responsibility of signing an order. Thus, time is always lost, and danger is always incurred; and, whatever happens, the physician is usually made responsible.

If called in to any other description of case, the case of any bodily malady, the physician would know what to do. His undivided attention would be given to the means of cure instantly required. Called in to give advice and help in a malady where reason and life are in immediate jeopardy, he has to apply his mind to forms and documents, to seek persons to fill up preliminary papers, to watch the very filling up, every syllable, every date, so as to escape subsequent official rebuke. Even his investigation of the case, as well as his immediate management of it, amidst all the disadvantages of the imperfect information of scared servants, and of bewildered and terrified friends, is rendered extremely difficult by the absolute necessity of attending to these legal forms, which are intended to prevent the imaginary danger (for such it is in these days), of a man of sound mind being treated as a madman, carried off to an asylum, shut up, plundered, and never heard of again.

The form of the documents to be filled up before the physician can legally resort to what is in many cases the most

important article of treatment, is complicated, and even curious; one great object apparently being the identification of the patient. There is an Order of Reception required, in which, in the course of three short lines, the name of the patient must be written twice. The Order is usually signed by a relative. Appended to this order is a Statement, containing sixteen particulars, often almost as many sources of puzzle to the signing and agitated relative, and seldom filled up completely and correctly. In this statement the name of the patient, at full length, must be written, for the third time. The sex and age are to be stated, the social state as to marriage, the condition in life, the religion, the previous place of abode, and various particulars which belong to the medical history of the case, and to this statement also the relative must again sign his name. Two medical certificates are also required, and in each the patient's name is again mentioned twice. Within a few days afterward, copies of the order, and statement, and of the two certificates, must be forwarded to the Commissioners, with a notice from the superintendent of the asylum to which the patient is taken, in which the name of the patient is given once, and another statement, signed by the medical attendant of the asylum, in which the patient's name is mentioned once more, or for the ninth time. The name and various particulars must be entered without delay in an admission book, kept in every asylum, and again in a case book, where the whole history of the case is recorded.

It would seem as if no precaution was omitted, or as if distrust of everybody's intentions in every case of insanity could not be more elaborately expressed. The physician pronounces his opinion, that the patient's case can only be properly treated in an asylum: his opinion is not relied upon. A relative is desirous to act on the physician's opinion: his motives are looked upon with suspicion, and his statement as unworthy of credit. Two medical men,—not partners, not relatives, not connected with the patient's relatives, not related in any degree or associated in any manner with the proprietor of any asylum to which it is proposed, or even afterward determined, that the patient shall be sent, and which two medical men are not to see the patient together, and consult after the manner of their profession, but are to see the patient separately, and not even in the presence of any other medical man—make as full and intelligible a statement as the prescribed forms of the Certificates permit:—their separate conviction, their deliberately recorded opinions, are not considered as entitled to belief. The medical officer of the asylum makes his statements, in

addition to all the others: it is assumed that he is simply swayed by views of profit, and that his word is not to be taken. After all this writing and signing, and the copying of all these documents and forwarding them to the Commissioners in Lunacy, enough is not yet supposed to be done to preserve a person in sound mind from being unjustly shut up as a lunatic. The physician, the relative, the two doctors called in to write certificates, the asylum doctor, and the Commissioners themselves, who can instantly visit the patient, or order him to be visited by anybody they choose, wherever he is, and at any time, by night or by day,—are all distrusted. The sleep of the members of a Parliamentary Committee is yet broken by reflections on the means of counteracting imaginary enormities, whether by means of the Justices of the Peace, or of examiners, or by any functionaries who shall, at least, possess the recommendation of complete ignorance of insanity and the treatment required by it.

A young medical man, who has received a complete medical and surgical education, must either be very sadly situated, or very advantageously, who can make up his mind to devote himself to the study and treatment of Insanity, and especially to the treatment of the insane in a private asylum. Whoever does so, condemns himself to a life of unceasing anxiety, to an abnegation of all domestic enjoyments, and to a hundred and fifty clauses of Acts of Parliament. If he undertakes to receive patients under his own roof, he must lay a plan of his dwelling before the Commissioners, marking and measuring every room and closet, and every rood of garden and orchard. Such proofs of the proper adaptation of the place for the proposed object are unobjectionable: but his professional dignity will be a little wounded by finding that his qualifications for opening such a house are not enquired into. Unless he proposes to receive one hundred patients he may be a doctor or no doctor, or he may be a shrewd person who has secured the promise of half the patients of a too confiding employer. He may know something of medicine or something of insanity, or nothing of either. He could not become an assistant or a dresser in a general hospital without some special education, but no special education or experience is required to qualify him for treating disorders of the mind. In the very beginning, and to the very end, the law merely treats him as one of the dangerous classes, exercising a suspected trade, and solely intent on gain. It takes no account of him as a physician whose life is to be given to the cure or alleviation of the obscurest as well as the heaviest of human afflictions. If the applicant for

a license is not a medical man, a medical visitor must indeed be appointed ; but to the particular qualifications of this visitor no especial attention is required.

The licensed house is inspected by the Commissioners, and regularly visited by them. They look most carefully into its management, and pay the utmost attention to the state of the patients, any of whom they can remove ; and they can also revoke the license at any time ; to all which no objection can well be made. Except in the case of a dangerous patient, the relative or person who signed the Order of Reception can remove the patient at any time, and without any notice. If a suspicion arises of the improper detention of a patient, or if any patient is believed to be in some asylum concerning which exact information cannot be obtained, the Commissioners can give an order to search the Returns of all Asylums for the twelve preceding months. If any doubt as to the actual treatment of a patient arises in the mind of any friend, every possible facility is given for visiting the patient, or for having the patient visited by any medical man for any limited number of times. The Commissioners have notice, within a few days, of every patient admitted into every asylum, with a short description of each case. They can visit the patient at once, and at any time. Books are kept, in which every accident, escape, or death, is registered, and every variation in the patient's health of mind or body, and every case relieved, or cured, or removed. All this is well ; but the proprietor of the asylum is scarcely regarded as the master of his own servants, and is required, if he dismisses any of them for misconduct, to report the circumstance to the Commissioners, which rather over-minute legislation is perhaps but rarely complied with. As a physician even, the proprietor of an asylum cannot give permission to any of his patients to pass a few days with their nearest friends, or with their parents, nor send them to the sea-coast or any where else for salutary change, or for the benefit of health, without formal leave from the Commissioners, on furnishing a formal assent of the friends in writing. These regulations would seem ample enough to protect any person from improper confinement, and any insane person from improper treatment or neglect.

But the jealous guardianship of the law extends further. A licence must be obtained, and all other restrictions must be attended to, by any person receiving even so small a number of insane persons as two ; and it is the evident desire of the Commissioners that no person, medical or otherwise, should take

charge of a single patient without certificates ; and if a medical man in attendance writes one of the certificates he is no longer acknowledged by the Commissioners as the attending physician ; and another must be appointed to make regular visits to the patient and to report to them. The patient, even so placed, cannot be allowed to visit his friends or go to the sea-side or elsewhere, without the formalities just mentioned.

Without impugning the nature and objects of the greater part of these regulations, it is well known and understood that some of them expose the proprietors of asylums to many dangers ; hedge them in by pains and penalties, involve them in the intricate meshes of the law ; and yet without the smallest protection from the Commissioners or any other persons, in any difficulty that happens to them. Some of the regulations so obviously interfere with the authority and freedom of action of relatives, and even parents, as to be evaded whenever practicable ; and the effect of others is to cause patients, especially of the richer classes, to be concealed, or deprived for a length of time of proper treatment, and only to be taken to an asylum when no treatment can be effectual ; or perhaps to be removed out of the way of restriction and publicity, to other countries, to Belgium or to France, with little regard to their well-doing.

It would be easy to describe numerous cases in which the necessity of procuring certificates, and the existing difficulties of reception and treatment in private asylums, or in a private family receiving remuneration, retard measures of importance, and add to the distress attending the occurrence of temporary insanity. Many instances occur in which intellectual men and women break down for a time from overwork and anxiety : with rest and proper care they recover, and return to the labour necessary to their living. Certificates and orders, and the degree of publicity really inseparable from these formalities, are ruinous to them. The man of business who has been subjected to these things is scarcely trusted again ; the literary man is regarded doubtfully ; the tutor and the governess are received into families with apprehension. There are also cases in which the physician knows that symptoms which appear slight to ordinary observers are the first of a series which will end in imbecility, paralysis, and death ; cases in which early and proper treatment, away from home, would so retard the progress of the malady as to effect what might be looked upon as a complete cure, although the cure would still be only temporary ; and in which cases the impossibility of getting certificates, and the penalties attached to placing

the patient in circumstances essential to cure, in the early stage, cause him to be inefficiently attended to until the nature of the malady becomes clear to inexperienced observers, and hopeless. Patients who have been insane for a time, and have been placed in a good asylum, and recovered, not unfrequently return to the same asylum of their own accord, when they feel that the mind is giving way again : they sometimes travel a great distance to do so, and suffer much on the journey ; and when they arrive, if the proprietor, without waiting for forms, receives them kindly, and places them in their old apartments, he places himself in a situation of great difficulty ; and has to make explanations and apologies for doing what it would have been disgraceful not to do. If he receives his dearest friend into his house and gives him the sheltering care required in derangement of mind, he is exposed to be fretted and pained by formalities. More constant and especial difficulty is experienced in cases of what is termed moral insanity ; where the conversation is sensible, or at least careful and cautious, and the conduct insufferable ; cases in young women, in which the feelings, affections, and actions are perverted, but the demeanour in society scarcely such as to occasion remark ; and cases in men where the disposition to drink to excess, and to waste money and property, comes on in paroxysms, but with deceptive intervals. Many imbecile young persons, both male and female, whose peculiarities render their remaining at home among brothers and sisters highly inexpedient, are also deprived of proper protection, given up to servants, and subjected to very inferior management or neglect. In such circumstances, and in others that may be mentioned, the question always, and naturally, arises, whether the proper treatment of the more marked forms of madness, and the security of the insane from ill-treatment, could not be effected without the exclusion of numerous cases from needful care, shelter and regulation, which the precise restrictions of the law as respects certificates undoubtedly occasions. It would not seem difficult to maintain an equally efficient acquaintance with such cases, and a sufficient supervision of them, without the aid of forms that assuredly have a pernicious effect as respects a very large number of patients requiring specific domestic care, or even immediate protection and professional aid. The modification of the existing lunacy laws would seem to be more needed than any increase of their number.

In the meantime, the calm and practical Report presented to the House of Commons from the Select Committee on Lunatics is such as to allay many anxieties which had been

excited by some of the evidence laid before it; and it may very sincerely be added, that the ability and judgment of the members composing the committee, and the independent character of its chairman, give us every assurance that, unless overpowered by the influence of persons more easily prejudiced, or more hasty and more easily excited and misled, no mischievous alterations are very likely to take place in the next session of Parliament. As respects private asylums especially, the changes recommended in the Report are not generally objectionable: the few requiring comment being—

1. That Medical Certificates should be verified or their correctness and their being justificatory of the patient's confinement shewn before a magistrate. This is Mr. Bolden's proposition, who, being a lawyer, readily falls into the common error of considering this important part of the medical treatment of a patient as simply a legal proceeding. The obvious effect of such a formality would merely be a hurtful delay.

2. That the Certificates authorising detention should be limited to three months, in order, to use Lord Shaftesbury's words, "to compel a revision of the case by the family or friends." This might in certain cases constitute a protection against neglect or improper detention; but in many other cases it would but renew the distress and apprehensions undergone before resorting to a measure painful even when its first necessity was first reluctantly admitted.

3. That the person signing the Order should state when the person so signing last saw the patient. To this there seems to be no objection, although the impropriety of its being signed by any one who has not seen the patient recently must be of very rare occurrence

4. That a copy of the Order and Certificates, instead of being sent to the Commissioners only within seven days, shall be sent within twenty-four hours; the only objection to which is, that in asylums into which pauper lunatics are received the number admitted at once is sometimes very great, and the superintendent would be so laboriously occupied in copying the mass of ill written documents, as to have no time to examine and classify the patients on their admission.

5. That the patient should as soon as possible be visited by the Commissioners, or by some persons acting directly under their authority. This duty should undoubtedly fall on the Commissioners: persons acting directly under their authority would seldom be competent to the duty of judging as to the propriety of confining the patient.

There are some further recommendations touching the visits

of friends and the correspondence of patients, on both of which points much must always be left to the judgment of physicians. The visits of injudicious friends may counteract all medical and moral treatment, and the letters of patients sent indiscriminately to those to whom they are addressed would produce mischief in many instances, incalculable annoyance in many more, and in some irremediable unhappiness.

There are a few other suggestions in the report, and those of a nature obviously useful : but if no extraneous authority and no proper prejudices sway or pervert the judgment of members of Parliament who give particular attention to this subject, the new bills are not likely to contain any clauses of which the proprietors and physicians of private asylums will have cause to complain. Their danger lies more in the supposed disposition of the Commissioners in Lunacy to look upon them as persons influenced by profit and profit merely, to a degree beyond that which influences other persons, or all persons who are industrious in business of any other kind, or in any branch of commerce, or in arts or arms, or in professional exertion of any sort. This disposition of the Commissioners, if it really exists, which is doubtful, is very unfortunate, and must produce results mortifying to many medical men of character and honour ; and distressing to the relatives of many patients, filling their minds with vague apprehensions, and forcing them to depart from arrangements which have long been the only source of comfort and satisfaction left to them.

The suppression of private asylums and the accumulation of patients, high and low, rich and poor, furious and gentle, in larger institutions, where, in some inexplicable manner, nobody is to derive any pecuniary advantage, does really appear to be an idea cherished by the Commissioners, and one for a time likely to prevail and do a certain amount of mischief. Such arrangements ought at least never to be made without some regard to the physician in whom the friends of the patients have long confided. The feelings of the friends, the situation of the new asylum recommended in relation to their residences, and the habitual influences which have long been comfortable to the patient, should receive humane consideration. The range of happiness in any patient's daily existence is very limited, and to detach any of them from familiar places and from attendants who have become their friends, and plunge them among a crowd of lunatics in which they become but units of a large community, are not matters to be regulated like a military change of quarters, but requiring grave reflection as highly important parts of treatment.

In relation to the question of the relative advantages of private asylums, Dr. Harrington Tuke's letter, which appeared in a recent number of the *Lancet*, (November 3rd), is well deserving of notice. It shews that on comparing the returns from asylums of various descriptions, "the highest rate of cure is to be found in private asylums for the upper and middle classes in which there are resident medical officers or proprietors;" that whilst the per-centage of cures on admissions in private asylums, with medical residents, but where also pauper patients are received, and the number of patients is consequently great, is 34.09, the per-centage of cures in private asylums solely for the higher and middle classes, with resident medical proprietors or officers, is 38.6. One of the tables given by Dr. Tuke seems to establish the fact that in private asylums the per-centage of recoveries, in the first year of the malady, is between 70 and 80; but that the per-centage in cases of more than one year's duration falls to 20. These statements are at least deserving of attention, both with reference to the character and effect of private asylums, and to the impropriety of creating obstacles to an early resort to them in cases of insanity.

I fully agree with Dr. Tuke in his comments on these facts. He justly observes that "the fact that nearly eighty in a hundred patients, placed without delay in a private asylum, are restored to health, should be sufficient to remove any impression unfavourable to such establishments. It has been well said, he goes on to remark, by Mr. Campbell, one of the Commissioners, "that it is unwise to degrade the position of the medical proprietor, and by showing extreme suspicion, and treating him as one who would take advantage of his patients, and for profit deprive them of their liberty, to deter men of the highest character from entering upon a department of medicine in which so much good can be done, so much evil prevented. Instead of seeking to overturn, it might be well to search for means to improve, and for safeguards to protect against abuse, an institution which affords the best opportunities for the cure and treatment of the insane, together with a shadow of that home which for a while must be abandoned, the society and sympathy of educated men and gentlewomen, the cheering companionship of children, and ever-watchful care ensuring the constant consideration and forbearance of servants." Nobody does the Commissioners in Lunacy the injustice to think them insensible to the arguments so well adduced in this extract, and so wholly without exaggeration.

I cannot conclude this paper without alluding to a subject which I believe to be important in relation to the Prospects of Physicians practising in Insanity, and which is unquestionably most important in relation to the insane. In all the projects of legislation with reference to persons afflicted with mental disorder, insanity, in all its forms, seems to be almost exclusively regarded as a disqualifying condition, a social peculiarity, calling for particular laws. Protection of property, and the care of the person, appear to constitute the sole object of the legislator's contemplation ; and their importance is indeed undeniable. But whilst great pains are thus taken to control those who undertake to be the medical guardians of insane people, and to surround them with restrictions, no consideration seems to be extended to creating a class of medical guardians qualified for so important an office. Their efficiency, arising out of study or experience, is still almost entirely overlooked. Unhappily, the same forgetfulness prevails in the medical schools, and even in the Medical Council of England. A medical man who undertakes the performance of surgical operations is very reasonably expected to be thoroughly informed as to the structure and shape of bones and muscles, and the course of blood vessels and nerves, and the natural laws of reparation and healing. For practising in mental disorders no preparation is demanded. It can scarcely be wondered at that the practitioners in this department of medicine are depreciated, or exposed to derogatory observations. The practice in which they are engaged seems to the public to require no qualification but that of having a house large enough to receive patients into ; and the medical proprietor or visitor of a private asylum may never have seen a well conducted asylum in his life. It would be very much to the advantage of such institutions if this state of things was altered, and if medical practitioners were encouraged and enabled to acquire some knowledge of the nature and treatment of mental as of other diseases. It seems scarcely credible that the faculties of the mind, the intimate and various relations between the mind and body, and the actual effects of various influences, as remedies or otherwise, on both, when the mental functions are modified or disturbed, should not be thought essential parts of medical study, even for those especially devoting themselves to the care of the insane. Yet this part of physiology obtains little attention, and of pathology and practical therapeutics none. It would seem to be concluded either that the treatment of disorders of the mind can be improved no further, or that its improvement is of no consequence.

I can only repeat, what I have at various times and in various places expressed before, that every large public asylum ought, during a part of each year, to be a clinical school. The practicability of effecting this, without any disturbance of the patients, has already been shewn at Hanwell, Bethlehem, and St. Luke's; and several of the pupils who have had the advantage of attending the visits and lectures in those asylums are now among the efficient superintendents of other institutions, and have already made important contributions to medical knowledge.

This neglect of insanity as a part of medical study is entirely accordant with all the past history of lunacy and lunatics. The whole subject of madness was long ago pushed out of medical consideration, and thrust out of ordinary practice as inconvenient. The treatment of the insane was eschewed by physicians, and given up to coarse and ignorant jailers and to low and brutal servants. The formal physicians of the last century, content with the axioms of the ancients, and practically ignorant of the real forms and course of mental maladies, and perhaps disdaining the painful task of personal inspection, gave a pompous sanction to established measures, involving neglect and cruelty. If they prescribed, they seem not to have regarded the effects of their prescriptions. The paucity of recoveries, and the shocking mortality in those old mad-houses, in no way discomposed them. Solemn professors, one after another, delivered the same unweighed doctrines from their chairs, and perpetuated the same pernicious practice. To this indifference to the condition and treatment of the insane the attention of the public was attracted in this country before that of the medical profession. The founder of the York Retreat was not a physician; the courageous investigators of the abuses in the old York Asylum, and in other asylums, were private gentlemen. Slowly, and somewhat reluctantly at first, and only in later years earnestly, the state of asylums and the treatment of the insane became improved by the medical officers of such institutions: but when their attention was fairly and heartily directed to subjects on which their education had left them in much darkness, what had before been merely mad-houses became in reality places of retreat and refuge, and entitled to the denomination of hospitals for the insane. But still this department of practice continued separated from general medicine; almost unavoidably as an art, and habitually as a study. In the old days no good lessons could be learned in asylums, where no good principle prevailed and no liberal

thought flourished. The malady was exasperated, not soothed, in those dreadful places. It was only as improvements proceeded that opportunities of sound instruction were created : but these opportunities were neglected ; and they remain neglected. The governing bodies of large asylums do not sufficiently appreciate the instruction of medical students. They too often fail to estimate the value of medical services in asylums, and disregard the opinions of their own medical officers ; looking upon medical and even upon sanitary monitions as of small importance ; raising, in despite of such authority and warnings, enormous buildings, where all causes of sickness and mortality are accumulated, and all medical experience as much set at nought as the authority of the Commissioners in Lunacy, who can only protest against these things, and have no power to prevent them.

Thus, whilst the Law has stepped in to avenge the errors of the past on men who have been actively endeavouring to sweep those errors away, it has done little more. A certain wantonness of legislation has been exercised on all medical men devoting themselves to the care of the insane ; and their name has received a brand from which their improved character ought to have been a protection. They are expiating the offences of their forefathers. Their best attempts have been made with small encouragement, and their labours in the exercise of their profession are stigmatized as venal. Nothing has been done, and nothing seems to be dreamed of, calculated to give encouragement to medical men practising in insanity, or to students who ought to be qualifying themselves for exercising this branch of the medical profession.— A few clauses in an Act of Parliament bearing on these neglected points might be really serviceable ; beneficial to the insane, and encouraging to the continued exertions on which the safety of the insane depends.

Suggestions towards an Uniform System of Asylum Statistics (with Tabular Forms). By C. LOCKHART ROBERTSON, M.B., CANTAB., Medical Superintendent of the Sussex Lunatic Asylum, Hayward's Heath.

(Read at the Annual Meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane, held at the Freemason's Tavern, London, on the 5th day of July, 1860.)

I. *Asylum Medical Statistics.*

The Sixteenth rule of our Association as amended at the Annual Meeting in July 1855, is to the following effect:—

“That to insure a correct comparison of the results of treatment in the several institutions, it is strongly recommended to those Members who have the superintendence of public asylums to keep registers of the cases admitted, according to the form agreed on, at a meeting of the Association held at Lancaster in 1842; and to append to their respective annual reports, tabular statements on, as far as possible, a like uniform plan.”

This form adopted at the annual meeting, held at Lancaster in June, 1842, and printed in Dr. Thurnam's classical work on the Statistics of Insanity, has unfortunately never come generally into use, I fancy owing to the legal Registers of the Commissioners having taken its place. Still the Association in revising their rules in 1855, by leaving the 16th rule which I have just quoted, and referring to the Lancaster form, at least recognized the expediency of that uniform system of Asylum Statistics, to which I venture to day anew to direct the attention of the Members.

This uniform system of asylum statistics engaged the attention of our most distinguished ex-President in his first Hanwell report, written so long ago as October 1839. He concludes that interesting historical record of the first effort to introduce on a general plan the non-restraint system, with the observation that “he has also been favoured with communications from several members of the profession attached to other institutions for the insane, by whose correspondence and their probable conformity to the registers kept at Hanwell, the general experience of the different lunatic asylums of this kingdom may be found capable of condensation, so as from time to time to be published in a compendious and instructive form.”

Since 1839 when this report was published, most of the existing county asylums have been opened and their annual reports have been freely circulated throughout the profession. Yet no such condensation of their experience as Dr. Conolly hoped for has yet been published, and this I believe simply because no such uniform system of statistics as that affirmed in principle, and traced in outline at the Lancaster meeting of the Association of Medical Officers of Asylums and Hospitals for the Insane in June 1842, has been adopted by their authors, all members of this Association, with one or two exceptions

I may safely affirm that while no actual difference of opinion exists among Superintendents of asylums, as to the facts to be elicited by medical statistics, yet no two reports are drawn up exactly on the same model. Consequently much inconvenience and difficulty is experienced in comparing the different results of treatment as viewed statistically.

As I have already said this is a subject which engaged Dr. Conolly's attention so long ago as 1839, and appended to his second, third, and fourth reports at Hanwell 1840-3, will be found a very carefully compiled series of tables of medical statistics of that asylum. They still, in my opinion, form a valuable basis on which an uniform system of asylum medical statistics might be compiled.

Moreover we possess in the work of our Associate, Dr. Thurnam on the Statistics of Insanity, a work which is an ornament to English psychological medicine, unlimited material from which an uniform system of asylum medical statistics worthy to be issued by this Association might be drawn up and brought into use. A Committee consisting of Dr Thurnam, Dr. Conolly, Dr. Hood, and our President, would, I feel sure, have no difficulty in preparing on the basis of Dr. Thurnam's researches such an uniform system as I now advocate.

I have read through the tabular forms of nearly every county asylum report of last year. They are a great mass of figures, and yet they seem to me to lead to no definite results. Unless indeed they were aggregated in uniform tables for a series of years, (which our present want of uniformity renders impossible) I can see no aim or object in their record.

I have spent many hours in endeavouring to frame a series of tables which might present these scattered figures in one uniform system. I hardly venture to waste your time with a statement of these futile efforts. At least they have convinced me that this work is still to do, and they enable me with the

force of one who has probed the evil, now to press on the Association the importance of officially promulgating an uniform system of tables for the medical statistical records of our asylums.

Until such a scheme exist, I must with all submission say how strongly I view the tables now published, as a mass of labour and good printing rendered useless from a want of system.

And if I am asked what remedy I suggest as a palliative until our uniform system of Asylum statistics be compiled, I would remind members of this Association, of our official Register of Cases, and suggest that from that Register a tabular form of the year's admissions, discharges and deaths, might be drawn up and printed with the Report. These three tabular forms would supply at all times to the Statistician, an uniform record of all the facts now scattered through the variety of disjointed tables appended to the several published Asylum Reports.

On the other hand I can hardly conceive anything more useless than the present series of tables—varying with each Report—appended to the different County Asylum Reports. The President with great truth to day, spoke in that address which we have all listened to with so much interest "*of the unskilful and partially eliminated statistics at which we have so much laboured, and with so little result,*" and well might he so characterize them. I never saw so much labour and good type put to so little purpose. I should like to know what object it can be to medical statistical science to be informed that in the county of —— ten of their cases admitted were of a month's duration, four of a year, or that two were between fifteen and twenty years of age, and one over eighty on admission? And yet such is exactly the character of the dribbling information furnished in the tables of our Asylum Reports. There is no general scheme, no uniform system of Asylum Statistics, striving to educe by the numerical method the natural history of the disease.

Yet what we require from a correct system of Asylum Statistics may be readily stated. We seek the numerical history of each hundred cases of insanity traced from the day when the disease first shewed itself, to its resolution in recovery or death. We want to know not merely the age on admission, the then duration of the disorder, but farther, its history and progress, with the influences of age, sex, occupation, social relations on the incubation, progress and result of the disease. We want, in fact, a scientific statistical record of the en-

trance, life and death of every inmate, which, at the end of each year may then, from the several reports be massed and grouped into figures, uniform, and accurate, and pregnant with information on the history of mental disease. At present just to take one instance, do any of our tabular views enable us to answer the important question in vital statistics, as to the influence of insanity on the duration of life—the additional years which in granting a policy on the life of one of our patients an office should charge?

The question then, which I have ventured to-day to bring before the Association, is one of practical importance. For each asylum to continue to print its varying tabular views, is, indeed, labour lost. For each asylum to publish the statistics of the year, according to one uniform authorized system of asylum statistics, would be rapidly to accumulate a mass of digested statistics of incalculable value. And, hence, if my premises be conceded, there can be no question that this uniform system of asylum statistical tables must originate, and be drawn up by this Association as a body. It would be in vain to expect that each asylum should consent to copy the tables of any given institution. I have carefully gone through the tabular views—dissolving views from their objectless nature, I might term them—of all the published reports of the county asylums. I have spent a great many hours in trying to digest them, but I confess to have found the task beyond my powers. One remembrance I have strongly impressed, of the extreme labour bestowed on the statistical history of the admissions of each; of the comparative neglect and silence with which the cured and dead alike are treated; of the absence of any effort to group into results the figures given, or deduce any facts from their bare enumeration.

If I might venture to point to one report which seemed to me to contain the required information, and to a fitting model for such an uniform system of asylum statistical tables as I should desire to see issued by this Association, I would adduce the tables appended by my friend Dr. Hood, to the annual reports of the Royal Hospital of Bethlehem.

If I am asked, as I finally may be, how would you in the mean time (until your uniform scheme be drawn up and sanctioned by the association) propose to record the statistical results of the coming year? you condemn the existing tables, what substitute have you to propose?

My reply is very simple. Leaving the varying forms on which so much good time is uselessly spent, let us, as I have already

ASYLUM MEDICAL STATISTICS. TABLE I.

a. A History of the Admissions during the Year 186 .

No. in Register.	Date of Admission.	Sex.	Age on Admission.	Duration of Disorder on Admission.			Mental and Physical State.				Civil State.			Apparent or Alleged Cause.		Prognosis.	Remarks.	
				Number of Previous Attacks.	Duration of Present Attack.	Class in reference to Duration.	Form of Disease.	Particular Propensities or Hallucinations	Original Intellect and Disposition.	Bodily Complications or Disorder.	As to Marriage.	As to Religious Persuasion	As to Occupation and Education.	Predisposing.				Exciting.
														Hereditary.	Other Causes.			

ASYLUM MEDICAL STATISTICS. TABLE I.

b. A History of the Discharges during the Year 186 . .

No. in Register.	Date of Admission.	Date of Discharge.	Sex.	Duration of Disorder on Admission.			Mental and Physical State on Admission.				Civil State on Admission.			Apparent or Alleged Cause.		Change in form of Disease before Discharge.	Result.	Remarks.		
				Age at First Attack.	Number of previous Attacks and their Duration.	Duration of present Attack.	Class in reference to Duration.	Form of Disease.	Particular Propensities or Hallucinations.	Original Intellect and Disposition.	Bodily Complications or Disorders.	As to Marriage.	As to Religious Persuasion.	As to Occupation and Education.	Predisposing.				Exciting.	
															Hereditary.					Of her Causes.

ASYLUM MEDICAL STATISTICS. TABLE I.

c. Obituary for the Year 186 .

No. in Register.	Date of Admission.	Date of Death.	Sex.	Age at Death.	Duration of Disorder on Admission.			Medical and Physical State on Admission.				Civil State on Admission.			Apparent or Alleged Cause.		Change in form of Disease during Residence.	Cause of Death.	Summary of Post Mortem Appearances.	Remarks.		
					Age at first Attack.	Number of previous Attacks.	Duration of Present Attack.	Class in reference to Duration.	Form of Disease.	Particular Propensities or Hallucinations.	Original Intellect and Disposition.	Bodily Complications or Disorders.	As to Marriage.	As to Religious Persuasion.	As to Occupation and Education.	Predisposing.					Exciting.	
																Hereditary.						Other Cause.

suggested, return to the observance of the first part of the 16th rule of the Association, and omitting all tabular statements until such time as a *like uniform* plan is drawn up, let us *keep and publish registers of the cases admitted, according to the form agreed on at a meeting of the Association, held at Lancaster, in 1842.*

I have constructed the three annexed tables from this form, in order thence separately to record, the admissions, discharges, and deaths of each year.

Such a record would enable any statistical enquirer much more readily than our disjointed tables do, to take out and group for his own use the facts on which he desired to generalize.

[See accompanying Forms, a. b. c.]

The following note is all that is required to render these forms intelligible to every reader :—

1. In order to obtain accurate information as to the various particulars of the accompanying form of Register, not falling under actual observation, it is desirable that the several institutions should be provided with a *set of Queries under similar heads with those of the register*, which in every case should be furnished to, and filled up by, the friends or guardians of the patient, at the time of admission.

2. In filling up the Register, it is particularly recommended that the “duration of disorder on admission” should be ascertained as accurately as possible, and that the cases should be distributed into four classes in reference to such duration. Thus discriminated, the facts observed in different asylums, when exhibited in annual reports or otherwise, will be fairly susceptible of comparison with each other. The following are the classes recommended.

Class I. Cases of the first attack, of not more than three months’ duration.

Class II. Cases of the first attack, of more than three, but of not more than twelve months’ duration.

Class III. Cases not of the first attack, and of not more than twelve months’ duration.

Class IV. Cases whether of the first attack or not, of more than twelve months’ duration.

3. As regards the “form of mental disorder,” it will be desirable, as much as may be, to refer every case to one of the following primary forms :

- | | |
|--------------------|----------------------------|
| 1. MANIA. | 5. DEMENTIA, under the two |
| 2. MELANCHOLIA. | heads of Imbecility and |
| 3. MONOMANIA. | Fatuity. |
| 4. MORAL INSANITY. | 6. CONGENITAL IDIOTCY. |

Criminal Lunatics should be further distinguished as such.

4. It is also recommended, that in filling up the column of the "result," one of the following terms should always be employed: 1. 'Recovered,' or 'Cured;'" 2. 'Relieved,' or 'Improved;'" 3. 'Unimproved;'" and 4. 'Died;'" and that any other particulars in reference to discharge, as, *e.g.*, by 'escape,' or by the 'desire of friends,' should in no case supersede this essential information.

5. It need scarcely be observed, that upon every re-admission of a patient, the case should be again entered in the register; though it will be desirable, that every such re-admitted case should be distinguished, as in the accompanying form, by an asterisk or in some other way, so that the re-admissions may be readily identified.

In addition to these official registers of our Association, and as a step to an uniform series of statistical tables, I think I may, without question, suggest the further addition to our year's record of the two following tables compiled by Dr. Thurnam, the one shewing the admissions, re-admissions, discharges and deaths, with the mean population for the year, and the second table containing the same facts for the entire period during which the asylum has been open.

ASYLUM MEDICAL STATISTICS, TABLE II.

Shewing the Admissions, Re-Admissions, Discharges, and Deaths, during the year 186 .

	M.	F.	T.	Male.	Fem.	Tot.
In the Asylum Jan 1st, 186 .						
Admitted for the first time during the year						
Re-admitted during the year						
Total admitted						
Total under care during the year						
Discharged or Removed :						
Recovered						
Relieved						
Not improved						
Died						
Total Discharged and Died during the year						
Remaining in the Asylum, Dec. 31, 186 , (inclusive of absent on trial, male and female)						
Average Numbers Resident during the year						

ASYLUM MEDICAL STATISTICS, TABLE III.

Shewing the Admissions, Re-Admissions, Discharges, and Deaths, for the years and Weeks, from the Opening of the Asylum, 18 , to Dec. 31st, 18 .

				Male.	Fem.	Tot.
Persons admitted during the	years and	weeks				
Re-admissions	"	"	"			
Total of Cases Admitted						
Discharged or Removed:						
			M. F. T.			
Recovered . . . . .	.	.	|	|	|
Relieved . . . . .	.	.	|	|	|
Not improved . . . . .	.	.	|	|	|
Died . . . . .	.	.	|	|	|
Total Discharged and Died during the period						
Remaining, December 31, 186						
Average Numbers Resident during the period.						

A third step may be taken in an uniform direction, by what is, indeed, a table of local interest, and one the facts shewn by which are often enquired after, viz: a table shewing the year's results, *distinguishing the Unions to which the cases belong.*

II. *Asylum Financial Statistics.*

No part of the published reports of asylums varies more in the amount of information given or in the form in which it is conveyed, than do the financial statements. In some instances we have a balance sheet only presented; in others we are favoured with the price of every mop and screw-nail purchased during the year, and between these extremes, there is in the several annual reports, every variety of detail and form of accounts to be found. Indeed some of these accounts look as if they were purposely obscure, and as if they meant to furnish an array of figures without results, and would seek to baffle, rather than court our scrutiny.

I need only in illustration of this, recall the remark made to-day from the chair, by Dr. Bucknill, where he said, "I beg leave here also to suggest that the new statute should empower the Commissioners in Lunacy to establish *an uniform system of asylum accounts*, and to require that they should be annually published. As they are at present kept, asylum accounts as often mislead as they instruct; yet a system which would enable us to institute a just comparison of our expenditure would be of great service. The maintenance charged in the different county asylums varied last year nearly 50 per cent., namely, from 7s in the lowest to 10s, 12s, and 13s in the highest. Even in old asylums the variations are great. An uniform system of accounts which would enable us at once to recognize the causes of this difference, whether of defect or of excess from the average, would be of infinitely more practical service than the unskilful and partially eliminated statistics at which we have so much laboured, and with so little result."

The President, you will remember, gentlemen, stated the case against our present asylum financial statistics, more strongly even than I have done.

The first information required from any system of financial statistics is a tabular statement of the income and expenditure arranged under their separate natural divisions. Thus in the case of an asylum we should classify Income as derived from *a. maintenance*, under its divisions of parishes in the county, borough patients, and private patients; *b. fabric account*, as derived from the county rate, and again, Expenditure under the heads of provisions, house expenses, clothing, salaries, and wages, &c., &c.

Surely on such stern facts as money figures, an uniform system of statistics might readily be observed, whatever difference of opinion might on theoretical grounds arise on the medical statistics of asylums.

The annexed form, which is in use in the Middlesex Asylums, and which I adopted thence in the Sussex Asylum, accurately supplies every information relating to the income and expenditure of an asylum, and may, I think, now be very fairly submitted to you as an excellent model of a classified uniform statement of *asylum income and expenditure*.

Such a statement of income and expenditure is an honest, clear statement, which he who runs may read, and withal so full and ample in detail, as to furnish at one glance, the means of comparison with the financial results of any similar institution.

Without such a statement, all comparison based on mere cost of maintenance, as presenting only the element of price, and omitting the more weighty matters of the beef, clothing, comforts, well-paid attendants furnished, is utterly fallacious. With straw beds, workhouse fare, and cheap, unskilled attendants, limited in number, I could easily reduce the maintenance charge at the Sussex Asylum from its present figure, ten shillings and sixpence, down to five or six shillings, but unless I exhibit a balance sheet of my expenditure, it would be a fruitless effort to compare the asylum so metamorphosed, with its present self, or with the Essex, or other model asylum, and vain to try to shew how, and by the withholding of which remedial agents, the reduction had been accomplished.

[In the discussion on this paper, at the Annual Meeting in July, Dr. Campbell made some excellent remarks on this very point, and which I take the liberty of here re-printing.

“I have (said Dr. Campbell) gone into the question of maintenance very fully myself, and I believe very much turns upon the diet tables, and the salaries and wages; a great deal depends upon whether you have a committee who will pay officers and servants well, or whether you have a committee who will not. My own committee are well aware that if you wish to get good servants you must pay them well. At a recent Quarter Sessions Meeting, a gentleman got up and said, “I have got Mr. Hill’s report. How is it you charge so much for the patients in Essex, when Mr. Hill charges so much less down in York?” I said, “I think comparisons are odious. I am sure if you go to a cheap tailor’s, you will not get a good coat.” However, the gentleman insisted again, and produced these tables of Mr. Hill. I looked into the different tables, and examined the way in which the maintenance accounts were kept. Now all accounts vary very much. I can take up, in some instances, a county asylum.

ASYLUM FINANCIAL STATISTICS. TABLE I.
 Showing the Income and Expenditure, from the 1st January to 31st December, 186

HEADS OF INCOME.	INCOME.				Total.	Year ending 31st Dec.	EXPENDITURE.				Total of General Heads of Expenditure.	
	QUARTERS ENDING						QUARTERS ENDING					
	31st March.	30th June	31st Dec.	31st Dec.			31st March.	30th June	31st Dec.	31st Dec.		
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	
<i>From Unions in the County.</i>	<i>Maintenance Account.</i>											
To Cash received for Maintenance												
Ditto due ditto												
Total												
<i>From Parishes in other Counties.</i>	<i>Maintenance Account.</i>											
To Cash received for Maintenance												
Ditto due ditto												
Total												
<i>From County Treasurer.</i>	<i>Maintenance Account.</i>											
To Cash received for Maintenance												
Ditto due ditto.												
Total												
<i>Private Patients.</i>	<i>Maintenance Account.</i>											
To Cash received for Maintenance												
Ditto due ditto												
Total												
Total Income from Maintenance												
<i>Fabric Account.</i>												
<i>Repairs and Alterations.</i>	<i>Fabric Account.</i>											
To Cash received from County Treasurer												
Ditto due												
Total												
Total Income from Fabric Account												
Total Income (Maintenance and Fabric)												

Average Weekly Expenditure for each Patient from Maintenance Rate.

HEADS OF INCOME.	QUARTERS ENDING				Year ending 31st Dec.
	QUARTERS ENDING				
	31st March.	30th June	30th Sept.	31st Dec.	
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Provisions					
Home and other Expenses					
Clothing					
Salaries and Wages					
Medicine and Incidentals					
Total					
Weekly Rate for the Quarters and Year					
Ditto ditto Parishes in other Counties					
Ditto ditto Private Patients					

report, and show that three or four hundred pounds which ought to have been charged to the maintenance account, they have managed to shift on to the county accounts. How they do it I do not know ; but certainly it is done. Some of the superintendents keep their patients very cheap, and many little items are put down under the heads of "alterations," "repairs," and other things of that kind, in a way that I really cannot understand. They may be very trifling items, but when put together I have known them amount to as much as six-pence or nine-pence a week for each patient. If the tables were kept in a uniform manner, and every article went down to the maintenance account, you would see very little difference of expenditure, and whatever difference there might be, would depend upon whether the committee gave a liberal diet and paid their officers and servants well, or whether they did not. There is very little difference in any other respect."]

A very few remarks will I think shew the clearness and value of this financial statement, as compared with the tangled mass of figures—occupying several pages, which form the financial statistics of some asylums—figures I repeat, whose jumbled form I can only explain on the hypothesis of their being an intentional effort to withhold the information apparently so minutely rendered.

And first, as relates to *Income*. The income of county asylums is derived from two sources, the one, payments on account of maintenance, the other, sums drawn from the county rate for the repairs and alterations of the fabric.

In the form suggested (Asylum Financial Statistics, Table 1) *the Income* derived from the maintenance account is stated in quarterly and yearly totals, as derived from

Unions in the county ;

Out county patients ;

County patients paid for by the county treasurer ;

And private patients ;

distinguishing in separate lines the sums paid, and the outstanding debts.

A similar quarterly and yearly statement of the sums paid by the County, for the repairs and alterations on the fabric.

These two heads of income form the total sum to be accounted for in the opposite side of the table—*the Expenditure*.

They contain all the necessary information, and are well calculated to present on one uniform system, the varied items of asylum income and expenditure.

The *Expenditure* of a county asylum can readily be classed under the following heads.

- | | |
|----------------------------|-----------------------------------|
| Provisions. | Salaries and wages. |
| House, and other expenses. | Medicine, wine, spirits, & porter |
| Clothing. | Incidentals. |

Every item of asylum expenditure, may readily be classed under one or other of these heads. In the table some thirty divisions are given, sufficiently minute for the most searching comparison.

The sums expended on the fabric account on the other hand resolve themselves into

- | | |
|-------------------------------|------------|
| Artizans wages. | Insurance. |
| Building and other materials. | Sundries. |

Every sum in the expenditure account, as in the income, is stated both in quarterly and yearly totals.

Appended to this table is a summary of the weekly cost of each patient on the maintenance rate for the quarter and for the year, given under the several heads of provisions, clothing, house and other expenses, salaries and wages, medicines and incidentals. A statement of the rate charged is added.

To this table is added Table II, containing the account current, and the balance sheet, in the usual mercantile form, completing the yearly financial statement of a county asylum.

ASYLUM FINANCIAL STATISTICS. Table II.,
*Shewing the Account Current and Balance Sheet for the
Year ending December 31st, 186 .*

a. THE ACCOUNT CURRENT.																																	
<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Dec. 31, 186</td> <td style="width: 20%; text-align: right;">£ s. d.</td> </tr> <tr> <td>To Balance of Cash this day</td> <td style="text-align: right;">£ s. d.</td> </tr> <tr> <td>To Cash received from Parishes and Friends for the Maintenance, &c., of Patients</td> <td></td> </tr> <tr> <td>To ditto from County Treasurer, ditto of County ditto</td> <td></td> </tr> <tr> <td>To ditto from ditto, on account of the ordinary repairs and alterations of the asylum</td> <td></td> </tr> </table>	Dec. 31, 186	£ s. d.	To Balance of Cash this day	£ s. d.	To Cash received from Parishes and Friends for the Maintenance, &c., of Patients		To ditto from County Treasurer, ditto of County ditto		To ditto from ditto, on account of the ordinary repairs and alterations of the asylum		<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Dec. 31, 186</td> <td style="width: 20%; text-align: right;">£ s. d.</td> </tr> <tr> <td>By Cash paid on account of Maintenance, &c., of Patients, viz.:—</td> <td style="text-align: right;">£ s. d.</td> </tr> <tr> <td>For Provisions</td> <td></td> </tr> <tr> <td>„ House and other expenses</td> <td></td> </tr> <tr> <td>„ Clothing</td> <td></td> </tr> <tr> <td>„ Medicine wine &c.</td> <td></td> </tr> <tr> <td>„ Salaries of Officers</td> <td></td> </tr> <tr> <td>„ Wages of Attendants & Servants</td> <td></td> </tr> <tr> <td style="text-align: right;">Incidental Expenses</td> <td></td> </tr> <tr> <td>By Cash paid on account of Repairs and Alterations of the Asylum, to this day</td> <td></td> </tr> <tr> <td>By Balance</td> <td></td> </tr> </table>	Dec. 31, 186	£ s. d.	By Cash paid on account of Maintenance, &c., of Patients, viz.:—	£ s. d.	For Provisions		„ House and other expenses		„ Clothing		„ Medicine wine &c.		„ Salaries of Officers		„ Wages of Attendants & Servants		Incidental Expenses		By Cash paid on account of Repairs and Alterations of the Asylum, to this day		By Balance	
Dec. 31, 186	£ s. d.																																
To Balance of Cash this day	£ s. d.																																
To Cash received from Parishes and Friends for the Maintenance, &c., of Patients																																	
To ditto from County Treasurer, ditto of County ditto																																	
To ditto from ditto, on account of the ordinary repairs and alterations of the asylum																																	
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„ Medicine wine &c.																																	
„ Salaries of Officers																																	
„ Wages of Attendants & Servants																																	
Incidental Expenses																																	
By Cash paid on account of Repairs and Alterations of the Asylum, to this day																																	
By Balance																																	

b. BALANCE SHEET.

Dec. 11, 186	£ s. d.	Dec. 31, 186	£ s. d.
To Balance of Cash this day (see Account Current)		By amount due to sundry Tradesmen, on account of Maintenance, &c., of Patients this day	
To amount due for Maintenance &c., of Patients, viz.:—		By ditto to ditto, on account of Repairs, &c., of the Asylum .	
	£ s. d.	Surplus	
From Parishes in the County			
Ditto other Counties			
Do. County Treasurer			
Do. Private Patients			
<hr/>			
To amount due from County for Repairs, Alterations, &c., of the Asylum			
	<hr/>		<hr/>

The only additional information required is a table of the *quarterly contract prices*. This information is essential towards forming any comparison of the actual cost of maintenance in an asylum. These prices vary much according to locality. The out-lying asylums procure their provisions at a much lower price than we in the home counties. Particularly in some asylums does this observation apply to that important item of asylum household expenditure, fuel.

It is only by an uniform and accurate knowledge, such as these tables furnish, of the income and expenditure of an asylum, that any just comparison of the maintenance rate can be formed.

I believe such an accurate comparison (*which has never yet been drawn*,) would shew but little difference in the expenditure on the maintenance account; that little depending chiefly on the numbers treated. Salaries and wages for example, divided between 300 or 600 patients, respectively shew a different result per head. Again the same observation applies to fuel.

Any vague comparison of mere price, omitting the consideration of the various component elements, is sheer quackery, unworthy of the members of a learned profession.

An uniform system of asylum financial statistics such as I have here drawn, is alike our remedy and protection from such vulgar fraud.

Connected with these financial statistics of the year, is the *Farm and Garden account*.

The Hanwell farm and garden account, which we have adopted in the Sussex Asylum, is a clear and accurate statement, occupies only one page, and gives at sight the information required. Figures running over several pages yield, it should be remembered, except to the professional accountant, no information. No better form could be adopted in an uniform system of asylum statistics.

ASYLUM FINANCIAL STATISTICS, TABLE III.

Shewing the Farm and Garden Accounts from the 1st January to the 31st December, 186 .

a. Abstracts of Receipts and Payments on Farm Account.

RECEIPTS.		EXPENDITURE.	
To Sale of :	£ s. d.	By Purchase of :	£ s. d.
Calves		Pigs	
Wool, Skins, &c.		Cows	
Cows		Hay and Straw	
Sundries		Corn and Provender	
Balance from Maintenance		Sharps and Bran	
(See Table I)		Potatoes & other Seeds	
		Farriery and Harness	
		Sundries	
		Wages as per Book	

b. BALANCE SHEWING THE PROFIT ON FARM.

TOTAL OF EXPENDITURE.		PRODUCE AND VALUE.	
To	£ s. d.	By	£ s. d.
Balance of Cash brought down		lbs. Pork, per lb.	
Rates and Taxes		„ Mutton per lb.	
Grains at per Bushel		„ Butter at per lb.	
(Brewhouse)		doz. Eggs, at per doz.	
Estimated Rent of Acres of		Gals. Milk at per gal.	
Land, at per Acre		Bushels Potatoes, at	
		„ Cabbage, at	
	£	„ Turnips, at	
		„ Carrots, at	
		„ Peas and Beans.	
		„ Onions, at	
		Lettuce.	
		Poultry.	
		Fruit	
		Tons of Wurzel	
		Trusses of Hay	
		Poles of Vetches	
<i>Profit on Farm</i>			
	£		£

In a true financial statement, such as I have here advocated, the expenditure in this account on the farm, as labour, seed,

purchase of stock, &c., are charged in the general table of expenditure. It is so much money actually spent. It represents milk, mutton, pork, vegetables, which, without the farm, would have to be purchased and charged with the other provisions. On the other hand, the farm balance sheet (b of Table 3) is intended to shew the saving to the house if any, on the farm, or in other figures the difference between the farm payments charged under the general expenditure, and the cost of the produce had it been bought in the market. A farm of 100 acres, with patient labour, ought to shew a fair profit of some £300 a year. The most wonderful farm returns are those of Colney Hatch.

III. *Asylum Domestic Statistics.*

Lastly, I would add a few words on the expediency of our adopting an uniform system of Asylum Domestic Statistics. They form as reliable a test of the efficiency and usefulness of an asylum as do either the medical or financial statistics, and aid as much towards the object of our 16th law—"the forming a correct comparison of the results of treatment."

The domestic statistics of an asylum comprise the following subjects :

a. The Establishment.

Every Asylum Report should contain a tabular view of the establishment, of the number of officers and servants with an accurate statement of the salaries, wages, and allowances. In comparing the relative wages table, it must be remembered how very much wages differ in the home and outlying counties respectively.

b. The Dietary.

The diet table should, I think, be printed with every statistical report of an asylum. In every household the diet is an important item of daily enquiry—in a large establishment the diet table certainly rises into the dignity of statistics.

An accurate diet table should shew at one view the daily and weekly quantities allowed to each patient. The meat should be stated as uncooked and free from bone. I now and then see vague definitions of Irish stew, which I generally construe into water, onions, and a few potatoes. Every diet table should afford information as to the quantity of raw

material allowed for making soup, broth, tea, coffee, cocoa, pies, and stews, for each 100 patients. In the diet table of an asylum which was recently quoted to me as a cheap model for the Sussex to imitate, I found vague Irish stew for one day's dinner, for another pea soup made from the liquor of last day's boiling, no meat in any shape, for a third, and one half the quantity of cocoa and coffee which we allow per head. Of course, the more we pass from hospital to union-house management, the lower will be the rate of charge, but the lower also I must hold will be the results of treatment and the usefulness of the asylum.

Moreover, unless the quantities of raw material are accurately stated and checked by the cook or housekeeper, there is such a practice as that of a steward keeping back a portion of the tea, coffee and meat, supposed to be allowed, in order to add his mite to the year's savings. This is another result of that contemptible straining after union-house maintenance rate.

c. Yearly Consumption of Provisions.

A tabular statement of the yearly consumption of provisions by the officers and servants, and by the patients, is consequently an important addition to asylum domestic statistics.

d. Employment of the Patients, and its Estimated Value.

A table of the average number of patients employed, with their occupation, the estimated rate per day, and average value of the patients' labour, is an interesting domestic record of the year's work.

To this may be added the farther detail of the work done in the several work-shops, the number of coats, trousers, caps, shoes, mats, &c., made, with the market value of the work. If, from this statement, the wages of the master tailor or shoemaker, as the case may be, is deducted, the nett value of the patients' labour in each workshop will be shewn.

Many asylums go most minutely into the statistics of their work, giving us even the number of stockings darned! This seems to me cooking up figures after the pattern of the London begging hospitals, with their wonderful numbers of out-patients relieved—old women with their aches and pains, and young ones with sinkings at the heart, all going to swell the sum total of the annual relief afforded. I need hardly say that I am not now advocating the vulgar puff direct of these fancy figures.

MR. BRUSHFIELD'S STATISTICS OF ASYLUMS FOR 1859.

ASYLUMS.	Admissions	Total Number under Treatment.	Recoveries	DEATHS.		RECOVERIES.		PER CENTAGES.			
				From all other Causes.	Total	On Admissions.	On Total Number under Treatment.	From General Paralysis.	From all other Causes.	From all other Causes.	
				From General Paralysis.	From all other Causes.	From General Paralysis.	From all other Causes.	From all other Causes.	From all other Causes.	From all other Causes.	
Bedford	91	389	31	13	29	42	34.06	7.96	3.34	7.45	10.79
Birmingham	118	473	69	22	4	38	58.47	14.58	4.65	3.38	8.03
Bucks	132	383	86	4	27	31	27.27	9.4	1.04	7.05	8.09
Cambridge	77	192	26	3	7	10	33.76	13.54	1.51	3.74	5.25
Chester	119	410	36	15	34	49	30.25	8.78	3.65	8.29	11.94
Cornwall	81	367	28	7	16	23	34.56	7.62	1.9	4.36	6.26
Denbigh	99	310	41	3	21	24	41.41	13.23	.96	6.78	7.74
Derby	88	367	36	9	14	23	40.9	9.8	2.45	3.81	6.26
Devon	174	745	74	18	36	54	42.5	9.93	2.41	4.83	7.24
Dorset	39	200	22	—	8	8	58.97	11.	—	4.	4.
Do. & Fisherton Ho.	51	279	23	15	18	16	45.09	8.24	.35	5.38	5.73
Durham	200	345	52	5	13	18	26.	15.07	1.44	3.77	5.21
Essex	138	544	66	10	36	46	47.84	12.13	1.83	6.62	8.45
Gloucester	176	610	53	11	42	53	30.11	8.68	1.8	6.88	8.68
Hants	121	644	47	18	59	77	38.84	7.29	2.79	9.16	11.95
Kent	166	775	67	9	40	49	40.36	8.65	1.16	5.29	6.45
Lancashire	197	678	37	6	40	48	36.3.	6.49	.91	4.55	5.46
Leicester	170	662	86	20	29	28	52.85	7.7	1.87	3.97	5.84
Lincoln	132	445	37	2	38	40	50.58	12.29	3.02	4.38	7.4
Middlesex	116	462	36	5	21	26	28.03	8.31	.44	8.54	8.98
Colney Hatch	888	2172	168	47	88	135	18.91	7.73	2.16	4.05	6.21
Hanwell	195	1199	42	14	49	63	21.53	3.5	1.16	4.09	5.25
Monmouth	122	466	58	8	31	39	47.54	12.44	1.71	6.65	8.36
Norfolk	110	425	47	12	30	42	42.72	11.05	2.82	7.06	9.88
Northampton	106	421	54	2	26	28	50.94	12.82	.47	6.18	6.65
Nottingham	128	387	39	5	22	27	30.46	12.46	1.29	5.68	6.97
Oxford	142	616	58	14	32	46	40.84	9.41	2.26	5.2	7.45
Shropshire	123	461	69	4	31	35	56.09	14.96	.86	6.7	7.56
Somerset	152	547	73	11	35	46	48.02	13.34	2.01	6.39	8.4
Stafford	222	681	116	10	70	70	52.25	17.03	1.46	8.81	10.27
Suffolk	112	406	56	2	33	35	50.	13.79	.49	8.13	8.62
Surrey	173	1128	68	13	85	98	39.3	6.02	1.15	7.53	8.68
Warwick	122	422	40	8	29	37	32.78	9.47	1.89	6.87	8.76
Wilts	116	459	54	5	57	57	46.55	11.76	.21	12.2	12.41
Worcester	120	464	45	7	33	40	37.5	9.69	1.5	7.1	8.62
York	142	584	37	7	35	42	26.05	6.33	1.19	6.	7.19
N. & E. Riding	331	1211	151	31	75	106	45.61	12.46	2.55	6.2	8.5
W. Riding											
Average . . . . .	.	.	.	.	.	.	39.9	10.33	1.67	6.09	7.77
Highest . . . . .	.	.	.	.	.	.	58.97	17.05	4.65	12.2	12.41
Lowest . . . . .	.	.	.	.	.	.	18.91	3.5	0.00	3.36	4.

I have thus imperfectly brought before your notice these few suggestions towards an uniform system of asylum statistics. My object has not been to press my ideas on the attention of men much more conversant than myself with the compilation of asylum reports. I rather hoped that this imperfect notice of so important an object of our Association, would more definitively than any vague discussion of the question, lead this meeting to accord to the suggestion with which I desire to conclude this paper, viz.—*that the Association appoint a Statistical Committee to draw up a form of Asylum Statistics, which, if approved by you at the next Annual Meeting, would lead to the adoption in the published Reports of our County Asylums* of AN UNIFORM SYSTEM OF STATISTICS.

[At the close of the discussion on this paper at the annual meeting, in July, the following observation was made by Dr. Bucknill:—

“THE PRESIDENT: In connection with this subject, Mr. Brushfield has placed in my hand a valuable table of statistics of asylums during 1859, which will form a very fitting and valuable appendix to Dr. Robertson’s paper. I have no doubt we shall find it very valuable when we come to study it in detail. With regard to general paralysis, for instance, we find the mortality in some counties very large, and in others very small; and perhaps, if we were to pursue the clue which this gives us, we might gain some information as to the cause of this most mysterious disease. I do not know that we are at present well-informed on the causation of that disease, which occasions, in our institutions, by far the largest number of deaths.”

The following is the table thus referred to.

It will be observed that Mr. Brushfield calculates his percentage of recoveries and deaths alike on the total number under treatment. I would refer my readers to the first chapter of Dr. Thurman’s “Statistics of Insanity,” for the reasons which lead me to reject this method of calculation, as inferior for the purpose of statistical comparisons, with that now usually adopted, viz.—of calculating the recoveries on the admissions, and the mortality on the mean annual population. Mr. Brushfield, however, thinks otherwise.]

Contributions to Logical Psychology. By REV. W. G. DAVIES,
Chaplain Asylum, Abergavenny.

Concluded from vol. vi., p. 384.

PART II. SECTION I.

Prefatory Remarks. It is necessary to preface the part which here commences, by stating that we must suppose that the reader has acquired an ordinary knowledge of the technicalities of logic, and has some acquaintance with the speculations of modern logical writers, especially with those of the late Sir W. Hamilton, and those of Mr. J. S. Mill. To be obliged to explain all the terms which we shall have occasion to use, would be inconvenient and irksome, and not at all in consonance with the brevity which it is necessary to observe in this place, and especially with that distinctness which is so needful to the successful exposition of what we have here undertaken. And why should we exercise our ingenuity in varying descriptions of mental processes already expressed with such abundant variety in the works of able logicians? Since then we do not seek to afford a systematic account, but merely to record the leading results which we have yet obtained from examining the landmarks on ground not recently explored by the investigators of logic, much minuteness will not be demanded from us. And we desire to state that all that is peculiar in these contributions arises from adopting this separate course.

Mr. J. S. Mill declares "that logic" (because it has no concern with the ultimate facts of the mind) "is common ground, on which the partizans of Hartley and of Reid, of Locke and of Kant, may meet and join hands."* And again, "that logic has no concern with the nature of the act of judging or believing, the consideration of that act as a phenomenon of mind belongs to another science." Mr. Thompson also states that: "Our conceptions are formed from single objects; how do we come to know these? The logician replies that it is not his business to show how."† Mr. Devey also declares, that all these questions "involve metaphysical theories, concerning which the greatest minds have differed, and are quite extraneous to logic, which deals

* Mill's *System of Logic*. Introduction, § 7, and chap. v., § 1.

† *Outline of the Laws of Thought*, § 10.

with principles about whose cogency there cannot be the slightest doubt."|| Now we have made it our duty to attempt precisely the very task which these logicians assign to the metaphysician, that is, to interpret logic by the light of logical psychology. And if there is anything worthy of acceptance in these contributions, it arises chiefly from a steadfast adherence to the method which we have deemed it right to pursue.

Perception in relation to Form examined.

Constitution of Perception. Perception, the primary act of consciousness, in the only state which it is important to notice in this inquiry, is an active faculty. It may exist in a more or less passive condition, but it leads in that condition to no results such as call for examination in a psychological investigation of this nature. By the activity of perception, we mean the fact of its re-acting upon the object which in the order of nature calls it into existence. By its passivity, the fact that it does not thus re-act upon the object.

Active perception then, when unmodified by the other faculties, is the apprehension of an object, as a whole consisting of such and such attributes,* but differing (as to identity, not as to resemblance). 1. *Internally*—the whole from the attributes; and the attributes from each other. 2. *Externally*—the object from other objects.

The whole here mentioned is that of comprehension, the characteristic of which is, that you cannot predicate of its parts, what you can of itself, as in the whole of extension. The word *all* when applied to it does not imply *every*. Thus *all* the inhabitants of Britain amount to so many millions, but *every* inhabitant of course does not.

Objects, as perceived, are said to be in the Category of Difference.

Difference determines the form of Perception, and that portion of the definition which constitutes the clause:—"As a whole possessed of such and such attributes," may be left out of view in logical science, which deals not so much with the matter, as with the form of thought. Now this form embodies itself in language, which therefore must have a prominent place assigned to it in logical psychology.

Source of Language and its Uses. When we mention the

|| Devey's *Logic*. Bohn, b. i., c. iii., § 1.

* By attribute here, we must mean simply that which pertains in any way to the whole—the reason will appear presently.

source of language, we mean simply its present source, namely those faculties through the instrumentality of which we acquire it, use it, and understand it.

We cannot discover that speech is necessary to the operation of Perception, nor to the lower or merely passive operation of Conception. But Conception operating with any degree of activity, and also Perception—its powers enlarged by combination with the other faculty—in short any active operations of the intellectual powers, require language as their instrument; for speech bears about the same relation to thinking, as agricultural implements do to husbandry, that is, indispensableness as a mean to the attainment of the desired end. Perception has such a multiplicity of objects to take note of, each object possessing so many parts, and part-parts; that if every object, part, and part-part had to be separately named, language would be a burden, rather than an aid; and thought, from its extreme complexity, be incapable of attaining to anything beyond the lowest degree of expansion. But when to Perception, Conception is added, then language, by expressing the simplifying and methodizing operations of that faculty, greatly facilitates thought; and upon it devolves the office of recording the results which accrue from the endeavours of Conception to reduce our discriminative knowledge of this, that, and the other thing into a class, and to recall such results whenever an occasion occurs. There are several other functions of language, such as that of abbreviating thought, and recording the events, experiences, and cogitations of the past as a foundation for the present generation to build upon, but we must resist the temptation of discoursing upon them here, and proceed to survey the landmarks only of our theme.

Of the Form of Perception. The form of Perception is afforded by the proposition in its most elementary state, that is, when it is regarded in so far as it gives expression to Perception alone, and not to either of the two remaining originating faculties. The symbolical form which we have selected to express perception is W is a . W stands for an individual or whole of comprehension: a for a part or attribute of that whole. Now, the subject and predicate of this proposition must, in the Category of Difference, be considered as strictly singular, yet at the same time connotative, implying marks, or possessed of comprehension. That we possess the power of so regarding them is evident, for Perception is logically prior to Conception, or the faculty which invents common names. We abstract from a common name the fact

of its being common, and consider it as exclusively a singular name. The reason why terms in this category must be viewed as singular is, that Perception cognizes objects as isolated from each other. It has no knowledge of them as united by a bond of similarity, and therefore expressible by a term having a plural form to denote a plurality of objects, but for each object as known to Perception, it would be necessary that there should be a separate name, which therefore would have no plural form.

Abstraction. Although there is no operation of the mind so simple as that which a term represents—the mental operation to which a term answers being part of an undivided act of mind, and that act prior to every other—yet, in reflective observation, we always fix the attention on some one part of this complex operation at a time, and withdraw it from the other parts, in order to analyze the operation into its constituent elements. This procedure is called abstraction, which signifies, not the actual separation of one part of an individual act from another part—which would be an impossibility—but the withdrawal of attention from one part of an object, in order that another part may be attended to.

Abstraction in the Category of Difference is quite distinct from generalization, being confined to a single individual at one time. Thus, we attend to the whole of comprehension which is a logical *individuum*, more than to its attributes, and give it a name. We attend to the parts in succession more than to the whole, and give each of them a name; and thus terms have their origin.

Some words, since they stand for parts of a whole, are part names; and since some parts embrace certain parts of their own, there are also part-part names. Thus in *remarkably eloquent*, the first word is a part-part-name, the second a part-name. If eloquent be made a whole name—eloquence, then remarkably becomes a part-name—remarkable.

But here we must state, that it is not to be supposed that we can think of a whole without thinking somehow of its parts, or of its parts, as parts, out of relation to itself. But a part may be regarded out of relation to the whole, that is, be considered as itself a whole, or be made the subject of a new proposition. For instance, if when thinking that man is mortal, we dwell upon the attribute mortal, so as to lose sight of man, then we regard the latter as a whole containing parts of its own, and think some such propositions as the following:—mortality is inevitable, it is awful to contem-

plate, &c. Hence predicables come to have complete names as well as part-names, in order that they may become the subjects of propositions when required.

Connotation of Names. When a name is bestowed on an object, it is to designate it in its entirety; that is, to name the whole and each of its component parts—actually as far as the parts are known—potentially in so far as they are not. Thus the word, water, would from the first actually connote fluidity, and the most obvious qualities of the object which it represents, but at the same time potentially connote—or be open to comprehend whatever other qualities were discoverable in the object, as, for instance, that it is composed of oxygen and hydrogen.

Function of the Copula. The copula in this category expresses the conjunction or disjunction of a whole with a part. It does not appear that it expresses more than this; for example, the existence of either whole or part. But it does seem to express the actual, not the hypothetical conjunction of these, as we shall presently see. When we say that the copula expresses conjunction of a whole with a part—a subject with a predicate—we must be understood to mean by conjunction a generic term which denotes several species of conjunction, each of which will be examined in the proper place.

Predication in this category is of two kinds; the one answering to a particular proposition in the Category of Resemblance; the other, to the definition in the same category. Thus, a triangle is a figure, is, when attention is called to the fact, and an *explicit* statement of it sought, a triangle in part of the comprehension, is a figure; and common salt is chloride of sodium, when similarly regarded is—common salt, to the whole amount of the comprehension, is chloride of sodium. But the only definition in the Category of Difference is a complete enumeration of all the parts which constitute a whole.

Having now mentioned the leading characteristics of Perception, in relation to form, we must, in the next place, address ourselves to the task of answering the objections which are likely to be urged against the doctrine here propounded, and thus more fully elucidate our position at the same time.

Objections and Answers. It will probably be objected, that the definition of the proposition is, judgment expressed in words; and that judgment is that operation of the mind

which decides whether one term shall be affirmed, or denied of another term, and is quite distinct from Perception.

Allowing what is here urged to be true, it nevertheless seems certain that the proposition is the correct expression of perception. That the ability to determine whether one term shall be affirmed or denied of another, must, in the first instance, arise from knowing that what the terms represent, have been perceived in conjunction or otherwise. What is judgment but an appeal to memory as to whether a certain attribute pertains to a certain whole, or the contrary? And that memory must have its origin in Perception is undeniable.

But, again, it may be objected that a judgment is complete, although there exist no such object as it is occupied with; and that a proposition which communicates such a judgment is in every respect as valid as one which communicates a fact. That it is only by holding the exploded doctrine, that the copula asserts existence, that judgment can be defined to be a perception, or the re-collection of the element of a previous perception. For instance, in the proposition, a dragon is a fiery serpent, there is as perfect a proposition as in calomel is chloride of mercury. That, in short, we must clearly distinguish between the validity and the truth of a judgment, in the same manner as we distinguish between the validity and the truth of an argument.

In answer to this, it is maintained, without being forced to deny what is here objected, that the copula does usually assert the actual conjunction or disjunction of a whole and a part. In the proposition—ice is frozen water, it is not affirmed that ice exists, but that it is composed, whensoever or wheresoever existing, of water in a state of congelment. And, in the other example, the copula does not affirm the existence of a dragon, but postulating that, it is further postulated to be a fiery serpent.

Perhaps, it may now be objected, that the form being precisely similar in both the examples here cited, there is nothing to indicate the difference which is contended for; and that what is true of all propositions must be that which is true in such an example as, a dragon is a fiery serpent.

Without having occasion to gainsay even what is now urged, it is quite competent for us to maintain, that the proposition is no less the expression of Perception in words, because we can abstract the matter from the form, and regard the latter to a certain extent by itself, or in combination with fictitious matter. Allowing that the affirmative copula

can only be equivalent to the word means, in every proposition ; for in two propositions one true, and another false, that is the only equivalent to *is* of which the case admits ; yet the meaning of words must, in the first instance, suppose a correspondence with fact, which means perception. Is it true that wool is not the natural covering of sheep, because we read of a wolf in sheep's clothing ? We owe the genesis of the proposition to Perception, all the objections here urged notwithstanding. The water that you would throw upon our ember turns out to be oil, and serves to kindle a flame to afford more light. False propositions pre-suppose true ones, for it is on the model of the true they are constructed. Truth is the real : falsehood the counterfeit. Imagination pre-supposes perception ; fable pre-supposes fact. True propositions and false are therefore not co-ordinate. The *usus loquendi* is, that the copula asserts the actual conjunction or disjunction of what the subject represents, with what the predicate represents, so that it is sufficient to lay stress on the affirmative copula, if it be held that the conjunction is real ; whereas we must say—is supposed or postulated, if it be a fanciful invention. If objectors will bear in mind, that it would be impossible to frame a proposition, false or symbolical, unless propositions had previously arisen out of our perceptions, we shall confidently expect their ultimate acquiescence in the doctrine here proposed.

It appears to us that we may go too far in drawing the distinction between matter and form in logic. The form, it is said, is all that logic is concerned about ; it is a science of the form, or of the formal laws of thinking, and not of the matter. And these formal laws, it will be maintained, are the mind's contribution to an object of thought ; that is, the matter supplies one element of Perception, and the form the other element. We can discover no evidence of the truth of this theory. What is called the form seems to be equivalent to the most general nature of the matter. The constitution of Perception tallies exactly with this most general nature of the object. The object is a whole containing such and such attributes ; but differing the whole from the attributes, and they from each other, &c. ; and the *cognition* of this generic relation between a whole and its parts, &c., is the only *form* which we can construe to our minds as intelligible. The cognition is relative to the object, and out of relation to the object cannot be realized—is a nonentity. So whatever may be said about the abstraction of the matter from the symbolical proposition, to retain as much of it as

answers to the form, is absolutely necessary, in order that such a proposition should have any import; and since the proposition in question is a form of speech, the supposition that it has no import involves a contradiction. Now, all objections which can be raised against what we have advanced may, we conceive, be answered by this concession, that although the proposition is, in the first place, the expression of Perception, it may be made to express any thought framed after the semblance of Perception. It is capable also of expressing more than has been here claimed for it. We shall now, for example, have to show that it represents Conception, as well as Perception; and in the next part of this inquiry, we shall have to show that it does the same for Reason.

SECTION II.

Conception in Relation to Form Examined.

Constitution of Conception. Conception is that faculty which apprehends resemblance between two or more wholes of comprehension. It is "the power which the mind possesses of taking several things together (*concipere, i.e. capere hoc cum illo*)."* It involves Perception. The plurality of objects of whose similarity it takes cognizance, forms a numerical whole, or whole of extension.

Objects as taken note of by Conception are said to be in the Category of Resemblance.

Of the Form of Conception, and of Common Terms. The form of Conception is afforded by the proposition with the predicate, or both subject and predicate, common to a plurality of individuals. Let it be distinctly borne in mind, that with Perception alone there would be no common term; no whole of extension, though a confusing multitude of wholes of comprehension entirely isolated from each other. That which binds these into one whole, is Conception. W is α , W is α , which is the only method in which Perception cognizes its objects, from perceiving no resemblance between them, are expressed by Conception, because it does perceive such resemblance, as W 's are α 's. Objects are cognized by Perception as non-identical. These non-identical objects resemble each other more or less, as the case may be. Conception apprehends this resemblance. While *identity* and

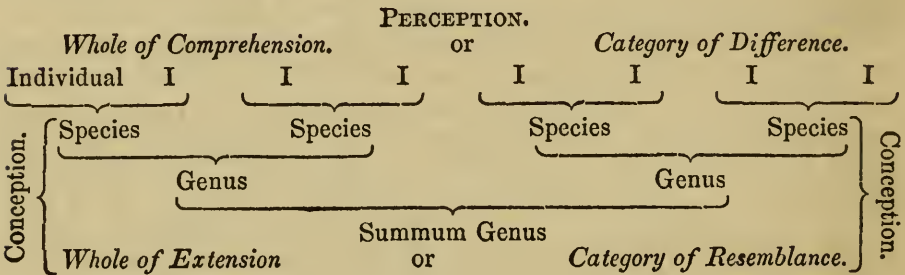
* Thompson's *Outlines of the Laws of Thought*, § 48.

non-identity, then, are known by Perception, *resemblance* and *non-resemblance* are known by Conception.

Care must be taken to keep the notions of identity and similarity apart. Identity does not admit plurality. Resemblance, on the other hand, involves plurality, or two non-identical objects; so does non-resemblance.

If an object be presented to us this moment, and then be withdrawn, and the next moment another, precisely similar, be presented to us, we shall be in doubt whether it be the first object or another. Perfect resemblance, therefore, when non-identity cannot be detected, leaves the impression of identity, accompanied merely with non-identity of presentation.

The first step from Perception to Conception is expressed by a number of individuals having a common attribute predicated of them, as $\frac{A}{B}$ are C, $\frac{D}{E}$ are F, in which C and F represent the first common terms. The second step is where C and F have a common attribute predicated of them as, $\frac{C}{F}$ are G. And this procedure goes on until we come to regard every thing as possessed of a common predicate, that is, till we arrive at what is called the *summum genus*. The following table will illustrate, more clearly than an elaborate description, the procedure which we have here attempted to sketch.



In this table, only three steps are described, but these serve to illustrate all that takes place in the longest series of generalizations from individuals to the *summum genus*.

Since the remarks to be made on this table are to be kept clear of those which would be called for in a systematic work, we shall merely state, that in it there are two extremes, the one is that of difference, the other that of resemblance. The mind begins with that of difference, and the more that is abstracted the greater the number of the resembling units of the whole of extension, and the more resemblance is abstracted or difference resumed, the greater

the number of the differing parts of the whole of comprehension. Now, if we abstract difference as far as we can, we arrive at the *summum genus*. On the other hand, if we abstract resemblance altogether, we arrive at that which is peculiar to an individual, the fact of not being identical with any other object, a fact represented by a proper name. Proper names, therefore, and the *summum genus* are the two poles of the table. The one represents difference, all resemblance being abstracted. The other represents resemblance, all difference being abstracted. To enlarge the sphere of resemblance is equivalent to diminishing that of difference; and to enlarge the sphere of difference, equivalent to narrowing that of resemblance; in other words extension and intension, bear an inverse ratio to each other.

Terms then, we have seen, are formed in the Category of Resemblance, by simply making those that were originally formed, in the Category of Difference, as already described, *common* terms. For instance, in that category, if an object is given a name, that name is potentially connotative of every attribute of that object. If a certain object is called mountain, this term potentially connotes every attribute of that object. After this, if another object is discovered so like the first, that it is spontaneously called by the same name, this only can be done by limiting the connotation of mountain till it embrace exclusively what is common to the two mountains. Now, what is thus common to the two can be predicated of the name without limitation, as, the mountains are lofty. But what is peculiar to each cannot be predicated of mountain, without limitation, as, this mountain is rugged, that is smooth. When a greater number of mountains come to be known, the connotation of the word would be still further dropped, but the qualities which each of them possessed in common would constitute the connotation of the word, as, all mountains are lofty. What a certain number of them only possessed in common would be predicated as accidents, *i.e.*, something additional to the comprehension, as, some mountains are capped with perpetual snow. When we predicate of a name that which it connotes, the proposition may be either universal or particular; when we predicate of it that which it does not connote, the proposition must be particular only. This seems to us the method in which common terms were constructed.

If it be objected to the description now offered, that a common name fully expresses both Perception, and Conception

without using it in a proposition ; that when we ponder over a list of names ,such as lion, tiger, leopard, panther, we entertain the notions of these animals as completely as when we read declarations concerning them—we answer that the common name serves to elicit thoughts, the only complete expression of which is the proposition. In order to understand a common name, we must think of the object which it represents, and we can only think of that object by calling up some of its attributes. To deny this, is to deny the possibility of thought, which only exists in so far as non-identicals are discriminated from each other, in so far as it operates in the Category of Difference. One meets a common name, Ichthyosaurus say : now, if he understands the meaning of this term he must mentally assert that it is the name of an animal, which is the denotation of the word ; and that this animal possesses such and such qualities, which is the connotation of the word.

There is a seeming exception to what is here insisted upon, in the case of a proper name ; a simple abstract quality such as whiteness, and the *summum genus*. A proper name, since it only represents an object, as non-identical with any other, must, it may be thought, have anything predicated of it synthetically. It connotes nothing, except it be the fact of non-identity ; whatever therefore is asserted of it is something added to it, that is, the statement is a synthetical one. A simple abstract quality such as whiteness can also have no connotation capable of analysis, whatever is predicated therefore of whiteness must be something added to it. The *summum genus* also only represents a simple attribute, consequently whatever is predicated of it must be so done in a synthetical sense.

It is quite evident that if thought is analytical in its first outgoing, it must have the power of reversing this process, and of reconstructing into complex wholes, the parts into which it had previously analyzed those wholes. All thought moves in one or other of these directions. Every common name, such as man, has its connotation unfolded which is analysis ; or something added to its connotation, which is synthesis.

From what has now been advanced, it will be inferred that the whole which, without exception, forms the subject of thought, may be either complex or simple ; if the latter, it can only be regarded from the synthetical point of view it may be urged ; if the former, either from the analytical or synthetical. But now arises the question, how is this simple whole perceived ? If it be asked how the complex whole is

perceived, the reply is, "through the medium of its parts." This cannot be the case when a simple whole is perceived you opine, because it has no parts. To suppose that the simple is perceived through the medium of what is appended to it, can find acceptance with no one; for how can we perceive a simple whole through that which cannot be a constituent element of it. The fact is, there must be something by which we can grasp these simple notions, and something also by which we can distinguish them from every other, as well as class them. Thus of non-identity we can predicate, that it is the singular (*differentia*) attribute of every object (*genus*). Of whiteness we can predicate, that it is a quality (*genus sui generis differentia*). Of the *summum genus* we can predicate that it is the attribute (*genus*) common to all things (*differentia*); for no other is common to all things, this therefore is its characteristic. We come to the conclusion then, that simple notions are known, because possessed of something knowable; and because this something is moreover distinguishable from everything else, *i.e.* Perception takes note of that which differs, and the fact of its differing. Conception, moreover, takes note of that in which it resembles other things.

The Procedure from Concrete Thought to Abstract Described. A striking fact in connexion with Perception and Conception is, that the first is engaged with the isolated units of individuality; the second ends with the unity of resemblance. The procedure from the first extreme to the last is that from the concrete to the abstract. When Conception takes note of a number of singular objects, it gives them a common name; but if the objects be thought of in one view, the name expresses the fact by having a plural form. The tendency towards unity, therefore, does not stop here, but Conception seeking rest, as it were in perfect unity, abstracts even non-identity, or difference in number, and merges the resembling units into one. The result is an abstract noun. Hence such terms as humanity, whiteness, colour, and old age, some of which, being singular abstracts, may be called factitious individuals.

Here we must explain, that it is the use which we make of a word, as much as its form, that must determine whether it is concrete or abstract. If we say, man is frail, we use man as an abstract noun. If we say, a man must be cautious, we use it as a concrete noun.

Some words become singular abstracts by one step; thus

from old men and women, we arrive at the singular abstract old-age, by one removal. Other words become common abstracts at the first step, and singular abstracts at the second; thus from coloured things we derive the common abstract, colour at the first removal, and the singular abstract, as in colour is his forte, at the second removal.

It is also noteworthy, that the common attributes of an object are as much objects of Perception as if there were no faculty to recognise their similarity to other attributes; and may consequently be thought of as exclusively in the Category of Difference, because Perception is logically prior to Conception. This being the case, it is difficult to understand why a rose *e.g.* cannot be thought of without bringing it under the class rose; why it cannot be viewed as if it were the only rose in existence, in the same manner as a monotheist thinks of God. It is quite true, that this is not usually the method in which we think of an object, for we generally regard it as one of a class; when we perceive a rose we know it, not so much by then and there scrutinizing its several qualities, as by means of the notion which we have acquired by observing roses in general.

Of the Quantity of Propositions, and first, that of the Subject. The subject only of a proposition is commonly considered as a whole of extension, for it must be remembered, that Conception acts so as to multiply the formula W is a , into W 's are a 's. In which procedure the predicate is multiplied as many times exactly as the subject, being a part of it; but it is not regarded as possessing any quantity distinct from the whole of which it thus forms a part. Thus in the proposition, men are sinful, all that is commonly attended to is, that sinful is co-extensive with man, for this is all that is usually required to be known. Now, this fact elicits the question, what are the laws of attention? for on these laws hinges what Sir William Hamilton has called the fundamental postulate of logic, namely, "that we be allowed to state in language what is contained in thought."

Laws of Attention Examined. A single act of attention of the simplest character, we believe to be a perception; for attention is not a separate faculty, but a mode of the operation of our cognitive faculties. The keen, vigorous, or curious activity of these, however induced, whether by explosion of force internally, or by an exciting cause externally, constitutes in our opinion an act of attention. The laws of this mental operation seem to be four, one principal, and three subordinate.

The Principal Law of Attention. A single act of attention is expressed by a categorical proposition, that is, you cannot attend to that in an object in one effort, which we are obliged to express in two propositions. Thus if we say, this ball is round, some winds are cold, all snow is white, we can attend in one effort to what we assert in each of these propositions. But if we say, this ball is hard and round, it seems, that we must use two efforts of attention; and that such a proposition is only a concise form of stating, that this ball is round, and the same ball is hard. We conclude therefore that every compound proposition gives utterance to more than one act of attention. When a proposition apparently compound cannot be reduced to two, as, John and James supported the basket *i.e.* between them, there is but one effort of attention expressed. But this mental operation although confined within these limits has considerable latitude within them, as will appear from the following sub-laws.

1st Sub-law. *Attention is confined to what is essential to the purpose at which we aim.* Thus in the proposition, since it is sufficient for ordinary purposes, to regard the subject only as a whole of extension, and the predicate exclusively as a part co-extensive with it, attention is not directed, but in the second place to the predicate notion as forming a whole of extension equal to, or exceeding that of the subject. It follows therefore that propositions are to be divided, in *the first place*, according to the quantity of the subject, as is ordinarily done, that is, into singular or universal affirmative, and particular affirmative; and into singular or universal negative, and particular negative. When, however, attention is directed to the quantity of the predicate, there are not two acts of attention involved, but merely one, because the quantity of both terms of the proposition are regarded in their relation to each other.

An important instance of this sub-law is, that mental processes are not objects of attention, except by a special effort—a reflective one—we make them such; and even then some of them are so hidden, that it requires the most diligent search to find them. This accounts for the difficulty of introspective research. We ordinarily attend to an object, but not to the fact of attending to the object; hence the mental process not being contemplated remains necessarily unknown, and no matter how clear and simple a thing appears when known, before that event it is but a vague something in the realm of shadows.

2nd, Sub-law. *In the Category of Difference, the more we*

attend to a whole, as a whole, the less we attend to any part, and the reverse. Thus if we attend to the *tout ensemble* of a man, we cannot, at the same time, be minutely examining him in detail. Or if we attend to minute points, we cannot be paying much heed to the *tout ensemble*.

We may attend so earnestly to some one point as to lose sight of the whole to which it belongs, and thus make that point the whole which we are contemplating. We may perceive that a tree is very wide-branching; and if we are so much impressed with this feature as to lose sight of the tree, then the fact of being wide-branching becomes the subject of a new proposition; the *genus* in the former proposition becomes the *species* in the latter.

3rd Sub-law. *In the Category of Resemblance, which involves the former category, the more we attend to the comprehension of a notion, the less we attend to the extension and the reverse;* for since the greater the depth or comprehension of a notion, the less the breadth or extension, and *vice versâ*, it follows that one of these must absorb the attention at the expense of the other. If we watch minutely the habits of bees in a glass-hive, we shall be constrained to observe single bees, and lose sight of the many. But if we be attracted to the many, we cannot, at the same time, be attending minutely to single bees.

We have endeavoured to ascertain, like Sir W. Hamilton and others, how many things, *e.g.*, pins in close contact in a row, we can pay heed to at one time, so as to realize each pin, and we find that the utmost number is eight; but even this we cannot do without mentally dividing the eight pins into two divisions of four each. With this aid, we succeed in realizing each pin. On the other hand, if neglecting single objects we endeavour to attend to a great number of objects at once, as for instance, to snow flakes in a snow storm, we have only an indefinite idea of their number, we know it is very large, but how large we cannot tell. Yet in this case we know that we do not see all the flakes, but some of them. The notion of quantity here, therefore, is relative (particular) and indefinite. It is possible that we should be able to contemplate at once the whole of a certain number of objects, for instance, sheep in a pen, and yet have only an indefinite idea of their number. Here the notion of quantity is absolute (universal) yet indefinite.

Nature of general notions in the Category of Resemblance. From the observations recorded in the preceding paragraph we draw important conclusions in reference to the nature of

general notions. If attention cannot be yielded to more than a very limited number of objects at one time, so as to be conscious at once of their exact number, of what kind is the notion of quantity which occupies the mind when we say, that all men are mortal? It is quite evident that we neither do nor can know the exact number which the word *all* represents in such a proposition. We do not even realize, without successive acts of attention, the numerical quantity of such a statement, as, that some Englishmen are great poets. Indeed, we only realize the exact number of a great many units by that operation which Dr. Whewell has aptly styled the Colligation of Facts, that is, a process which enables a number of details, attended to in succession, to be summed up in a single expression, in short, when applied to quantity only, the process of counting. Have we then, in logic, anything but an indefinite notion of the quantity of propositions? Not commonly. The attempt to procure a definite idea of quantity involves counting, even where that is practicable. In universal propositions, such as, all men are mortal, it is quite impracticable; for who will undertake to state with numerical precision the quantity of such a proposition? What is the precise meaning, then, which we attach to the mark of universality in logic? We can here only partly reply to the question: the full answer can only be given when Reason comes to be explored. The reply which we are enabled to yield in this place is, that it is absolute and definite or indefinite; whereas the mark of particular quantity is relative and definite or indefinite. By relative we mean that it implies the absolute quantity of which it forms a part.*

From the foregoing, we may glean that general notions do not always present the same features to the mind. They may be regarded as possessed of absolute quantity, as *all* men are bipeds; or of relative quality, as, some men are eloquent, or, *a* man is not to be bought or sold. They may be regarded as factitious singulars, as, royalty commands respect. Since they have these varying features, not to mention others which cannot be appropriately considered in this category, it is no matter of surprise that there should be a difference of opinion as to the chameleon's colour.

Of the Quantity of the Predicate of a Proposition. From

* Definite in such instances as all the men numbered 1,000; or some of the men wore shakoes, say 100 of them. Indefinite, when the number is incomputable, either from being infinite, or because we have not the opportunity to compute it, &c.

the first sub-law of attention we inferred—that which the practice of logicians from Aristotle down to Archbishop Whately fully corroborates, that the predicate in propositions is not ordinarily quantified—except in so far as it forms a portion of the subject—even in thought. But here we must distinctly aver that it does not follow from the first sub-law, that the predicate *never* is quantified in thought. If an occasion arises to create a necessity for this, then it will be quantified; and a correct system of logic must not ignore the fact. We accordingly believe, with the limitations indicated above, that Sir W. Hamilton's new doctrine on this subject, is fully called for, especially in connexion with the conversion of propositions.

Propositions, therefore, although divisible in the *first place*, in the manner usually taught by logicians, are, for special purposes, divisible, in the *second place*, as in the following scheme, which for the sake of brevity is limited to affirmative propositions.

SCHEME of *Affirmative Predication*, shewing the quantity of subject and predicate; and how the heads of predicates are related to each other in the counter wholes of comprehension and extension.

A	Whole (1) species equals part of (2) genus in extension. Whole genus equals part of species in intension: <i>e.g.</i> , in the whole of extension:—	* ALL THESE are <i>some of those</i> : converse,
		<i>Some of those</i> are ALL THESE.
	Whole species equals whole differentia or (3) proprium in extension. Whole differentia or proprium equals part of species in intension: <i>e.g.</i> ,	ALL THESE are <i>all those</i> : converse,
		<i>All those</i> are ALL THESE.
	[Definition.] (4)	
I	Whole species equals whole differentia with part of genus in extension. Whole differentia with part of genus equals whole species in intension: <i>e.g.</i> ,	ALL THESE are all THESE OF THESE: converse
	ALL THESE OF THESE are ALL THESE.	
	Part of species equals part of genus in extension. Part of genus equals part of species in intension: <i>e.g.</i> ,	(5) SOME OF THESE are <i>some of those</i> : converse
	<i>Some of those</i> are SOME OF THESE.	
	* In the whole of comprehension: SOME OF THESE are <i>all of those</i> , and so on throughout the scheme.	

(1) Species is the greater whole of comprehension, and this is indicated by the capitals.

(2) Genus is the greater whole of extension, and this is indicated by the italics.

(3) Differentia and proprium although marking an important distinction among the essential qualities of objects are, in relation to form, of precisely similar import. Proprium in logic is only appreciable as a differentia.

(4) Definition, in the Category of Resemblance, is more than a mere enumeration of the attributes which the subject of the proposition connotes; it states that the subject is in a larger class, and also marks out or defines the exact

portion of the class which it occupies. In addition to this the comprehension and extension are equalized. The subject being greatest in comprehension—the predicate is made of equal comprehension by adding to it that which the subject embraces in excess of it, namely the differentia. And the extension of the predicate being greater than that of the subject, it is limited to the extension of the latter; in other words difference and resemblance are made to balance each other. Again the predicate of a definition explicates the differential and generic elements of the subject, in which they are not thus explicated. Thus, the proposition is an asserting sentence; here the two last words which form the predicate unfold the two constituent predicables which form the subject. In the scheme the equalization of comprehension and extension is indicated by both subject and predicate being in capitals.

(5) All propositions which are not definitions can be brought into that form, as the only *full* example of predication. Thus let **SOME OF THESE** are *some of those* be, some men are some black things. Some men equals all negroes: some things equals all black men. Then all negroes are all black men.

As a specimen of the advantage of thinking of the converse of propositions we select the declaration, that a necessary truth is that, the negation of which is inconceivable. This has been disputed. Instances have been enumerated of men, and scientific men, holding certain statements to be evidently true, because the negation of such statements was to them inconceivable; while the wonder is now, how such statements could for a moment gain credit among them. They, for instance, denied the existence of antipodes because the contrary belief had taken such firm hold of their convictions that they could not shake it off, or, which is the same thing, admit the conceivability of the negative. Now by thinking of the converse of the proposition, that necessary truths are those the negative of which is inconceivable, much light is thrown on the question in dispute. We then know that necessary truths are *some* of those statements whose negation is inconceivable. There are some declarations, therefore whose contrary is inconceivable which are yet not necessary truths. Hence we discover that it is essential to define the exact kind of inconceivability that is meant to the declaration before us, which must be that arising from being in opposition to the laws of consciousness as a truth-organ. Whereas the other kind of inconceivability is the result of ignorance, or of some mental or moral incapacity. Thus that $5 + 5$ do not equal 10 is inconceivable in the first sense. But that Friday is as favourable a day as any other on which to commence an important undertaking, is inconceivable only to those who are not accustomed to undo ill-founded associations; that is, inconceivable in the second sense.

Some general Observations on the Marks of Quality and Quantity in the Proposition. The divisions of the copula,

the mark of quality, apparent from the form are affirmative and negative, *is* and *is not*. The copula is the genus of which these are two species. From this we infer, that whether we affirm or whether we deny, a similar mental process takes place, *i.e.* to perceive the presence of a quality, and to perceive the absence of one, are acts which come under the same head, namely, perception of a whole and simply something pertaining in any way to it. This is the most general view of the perception which we can take. The fact, for example, that the copula is a genus, divisible into affirmative and negative, and also that assertion is a genus, divisible into the same members, indicates that there is a correspondence in the mental act to which these give expression. Perception is, indeed, in the ultimate analysis, the apprehension of a whole, and simply something pertaining in any way to it.

But now we must be careful to guard against the error of confounding two species together, because, having a fundamental resemblance, they come under the same genus. Affirmation, and negation, are not the same processes, because they have a common attribute, and can be brought under the same denomination. This were entirely to overlook their *differentiæ*. The one is an affirmative assertion—the other a negative assertion; they only agree in being assertions. The one predicates presence—the other absence; they only agree in being predications.

Some, in opposition to the views here stated, have endeavoured to prove that all assertion is affirmative, that when we say, this man is not learned, *not* is to be considered as a portion of the predicate, as this man is not-learned or unlearned. That all assertion is affirmative is, as we have endeavoured to shew, untrue. But as the word *not*, may now be an affection of the copula, now a portion of the predicate, it is necessary further to demonstrate that not learned and a not-learned do not express one and the same idea. There is a different act of attention required to comprehend the one, from what is required to comprehend the other. The one states, in the Category of Difference, that this man *is not* possessed of the attribute learned; and in the Category of Resemblance *is not* in the class learned. The other states, in the former category, that this man *is* possessed of the negative attribute not-learned; and in the Category of Resemblance, *is* in the class un-learned. Now, to regard a man as *not being* in the positive side of a dichotomous* division, and then to

* Let a genus be A, its division according to dichotomy would be, say, into X and not-X

regard him as *being* in the negative side, although the two acts imply each other, demand evidently a separate act of attention, (see Law of Attention), and consequently must, in formal logic, have distinct expressions. In other words, to affirm absence, and to deny presence involve separate acts of attention, and must be differently expressed.

It has been contended also, that in the proposition, no man is a stone, *no* is not an affection of the copula, but of man, *i. e.* no-man is a stone. Now, we know that in a dichotomous division, no-man must include everything but man, namely cows, horses, houses, trees, and what not, as well as stones, consequently if we say, no-man is a stone, then since a cow is a no-man, therefore a cow is a stone. Where lies the fallacy? In the non-distribution of the middle term no-man. It should be some no-man is a stone. If no man is a stone, therefore, equals no-man is a stone, it must be, some no-man. Now, who can possibly realize by the same act of attention two propositions so differently worded as, no man is a stone, and some no-man is a stone? The word *no*, therefore, must in the universal negative proposition be regarded as strictly an affection of the copula.

From these discussions we must conclude, that the ordinary logical notation is not free from ambiguity. In a strictly symbolical notation, such as Professor De Morgan proposes,* we might indeed have theoretical accuracy, but as long as we use the ordinary marks of quality and quantity, we must submit to a certain amount of departure from theoretical precision, and overcome the ambiguity consequent on the use of marks which are not univocal, by explaining the various senses in which such marks are used. *All*, for instance, the mark of universal quantity, has several meanings. Sometimes it stands for a collective whole, as a regiment of soldiers; sometimes for a whole of extension, either numerically definite, as, all the men numbered 100; or not numerically definite or incomputable, as, all men are mortal. Sometimes it has to express necessary and universal conjunction, as, all figures involve space; sometimes a conjunction which is not proved to be necessary, though uniform as far as experience reaches, as, all horned animals are ruminant. *Some* again, the mark of particular quantity, means either a definite ascertainable number, as, some men are well known poets; or a definite but unascertainable number, as, some men are swindlers; or an indefinite number as in, bring me some (any number of) books. Now, all such variations as these in the meaning

* Syllabus of a Proposed System of Logic, Walton & Maberly, 1860.

of the marks of quantity and quality lead to ambiguity, and are so many drawbacks from what ought to be the absolutely univocal character of formal logic, drawbacks which must eventually be remedied by the adoption, if not of Professor De Morgan's "mysterious spiculæ," certainly of some system possessed of theoretical accuracy.

There are also variations of the copula which cannot well be unambiguously expressed in common language, because it is doubtful whether a modifying word belongs to the copula or to the predicate. If we say *e. g.* that man is necessarily an animal, we know from the grammatical rule touching adverbs, that necessarily qualifies the copula; but if we say, man is necessarily subject to decay, necessarily, according to the rule, may qualify either the copula or the predicate. Of course, is necessarily subject to decay, and is necessarily subject to decay only differ in demanding separate acts of attention; but still formal logic should have no place for ambiguities, its notation ought to be perfectly *explicit*.

SECTION III.

Conception not Competent to Supply the Data of Scientific Truth. We have now arrived at a very momentous stage of our inquiry. We stand, as it were, on the confines of one region, and within view—as many maintain—of another. But some insist, that the region beyond is all illusion; that all our real knowledge is limited to that at the confines of which we have now arrived. All knowledge which pretends to be independent of experience is fictitious. It must not be taken as vouching for the existence of aught beyond itself. If this be true, then all scientific truth, in other words, all universal affirmative propositions, are acquired by Conception with the aid of some of the secondary operations, especially association and imagination. For all general propositions, so far as we have yet seen in the course of this inquiry, are due to the operations of this faculty. Among these general propositions, universals alone constitute scientific knowledge. But how do these come to be regarded as necessary truths, *i. e.* the predications of necessary conjunction between one fact and another? The answer afforded is, that association welds so securely two facts uniformly observed, or thought of in union, that the notion of the one cannot be dis severed from that of the other. A subjective necessary conjunction is induced between the one notion and the other; and this, by a law of objectivity, is

imputed to the external conjunction. But this is no proof that one of the facts is necessarily conjoined to the other. For what we may know to the contrary, though it is uniformly united to it now, there may come a time when this shall not be the case. The conjunction may be contingent, although we have never met with an exception to the invariableness of it. Let the nature of the external conjunction then be what it may, the internal conjunction, if the former be *uniform*, grows so indissoluble, that it is felt to be a necessity. Whereas if *not* uniform, there is an obstacle opposed to the associating propensity, in informed and cultivated minds especially; and consequently one fact is not inseparably linked in thought to another, and therefore the conjunction is pronounced contingent.

If during every day and every hour of waking life a fact presents itself to our notice in union with another; if we have never heard, never read of an exception, how can we possibly conceive one to exist? And that especially if we have no analogies on the model of which we could picture the nature of the exceptional case. Who for instance, can frame an idea of space, which has no space beyond? Who can form an idea of time to which there was no time prior, or will be no time posterior? Necessary conjunctions are therefore fully accounted for, without having recourse to speculations on the existence of occult mental agencies which manifest themselves only in their effects.

We are not conscious of having in the least understated the doctrine which we have here attempted to describe. We have even made an effort to believe it true; but consciousness does not favour its assumption of completeness; and denies that the region beyond Conception is nothing but an illusion. It teaches us that there are three originating faculties, Perception, Conception, and Reason; and that the last faculty has very important functions indeed to perform in the economy of the human mind—functions quite distinct from any which we have yet described, and far superior. Take what view we may of the matter, we cannot discover that Conception does anything but perceive resemblance and non-resemblance, or in other words, general facts. Blot Reason out of the map of the mind—and by Reason we do not mean that operation which expresses itself in the syllogism only—and there is no accounting for such notions as causation, necessity, contingency, essence, and dependency. As to universals, they degenerate on such a supposition into spontaneous assumptions, their existence being attributed to a most fallible pro-

propensity—a propensity which is accountable for most long-standing errors and superstitions—a propensity which leads the mind to a belief in omens, apparitions, and the predictions of weather almanacs; and which rashly generalizes from the most casual coincidences. Now it is the duty of every one who is enlightened on the point to resist, rather than encourage, such a misleading tendency, and not to allow it to usurp an unrightful sway over his beliefs and opinions. If it is to such a fallacious propensity that we owe the conviction that certain truths are necessary and universal, better have no such conviction: let the mind be free.

But after all, it is only such uniformities of conjunction as are most obvious, undisguised, and unquestioned, that can be so firmly fixed by association upon our convictions. “A truth necessary and universal,” writes a profound writer in the *Quarterly Review*,* “relative to any object of our knowledge must verify itself in every instance where that object is *before our contemplation*, and if at the same time it be *simple and intelligible* its verifications must be obvious.” The italics in this quotation are our own; we wish to draw attention to the words so marked. What if any object be for the first time, or seldom before our contemplation; and what if it be *not* simple and intelligible? Are there no necessary and universal truths now on the point of discovery, and yet to be discovered? Will not these be seldom before the contemplation of man at first, and far from simple and intelligible? Must we wait till every such truth becomes a truism before association can generate that subjective necessity in subjection to which we call certain conjunctions among external facts necessary and universal? What we repeat, according to this system, becomes of obscure and disputed uniformities; of those recently detected, and yet admitted by few; of those which, it is to be hoped, are yet to issue with abundant outflow from the prolific womb of events? Is it only when these have been popularized in our lecture rooms, and taught in our schools, that they will gain that hold upon the mind which, according to the sensational school, is the sole reason why we call the truths of geometry, *e.g.*, necessary and universal? Better the system which divides universal truths into necessary and contingent, *a priori* truths, and those of observation and experiment, than that which accounts for the existence of truths of the former class by Conception aided merely by some of the secondary acts of consciousness.

But again, what light does inductive logic throw upon this

* June, 1841. Art., Whewell on *Inductive Sciences*.

question? It teaches that *inductio per enumerationem simplicem, &c.* is incompetent to establish universal truths, and has been found at fault in attempting to do so not infrequently. Now what we humbly proposed in the next part of this inquiry was to place on record, what seems to us, an extension of inductive logic; to account for the genesis of necessary and universal truth, in strict accordance with the *a posteriori* method, but that method carried beyond its present limits; to shew that from a single instance of conjunction, viewed in a positive and negative light, we can legitimately infer necessary and universal conjunction; to point out how the chasm which has hitherto yawned between the rival schools of Bacon and Locke on the one hand, and of Descartes and Kant on the other, may be filled up, and the rivalry brought to a close; to indicate how the *inductio per enumerationem simplicem, &c.* of conception may be anticipated in many important instances, and may most confidently be expected to verify such necessary anticipation, with unfailing uniformity as long as this Cosmos endures. But we must here, we regret to say, bring these contributions to a close, and refer those who might possibly be curious to know what the Third Part would be like, to an article entitled, "Philosophical Progress," which appeared in the *Journal of Psychological Medicine*. That article contains the germs of what has now been developed into much fuller proportions, and to which, we hope, publicity will be given in due time.

Laycock and Winslow on the Brain :* A Review. By J. STEVENSON BUSHNAN, M.D., Fellow of the Royal College of Physicians of Edinburgh ; late Senior Physician to the Metropolitan Free Hospital ; Resident Proprietor of Laverstock House Asylum, near Salisbury.

Dr. Laycock's volumes present a formidable aspect. The correlations of consciousness and organisation is a sufficiently puzzling title. Open either volume where we will, we meet in the head lines such expressions as "mental dynamics," "cerebral differentiation," "teleotic homologies," "correlations of the will," "unifying functions of the brain," and other hard words enough to make the hair on the head of him who is to read by compulsion, stand on end. Nevertheless the book is a readable book. Dr. Laycock, beyond doubt, has a metaphysical turn. He deals with the most abstruse topics with the easy air of a man whose life and conversation have been spent in speculation. We say this without prematurely pledging ourselves to the belief that he is even only for the most part sound in his opinions ; for such is the nature of metaphysics, that a man may be a prodigious genius in that line, and yet it may be the fortune of the age in which he lives, never to discover that his works rest on some wholly baseless principle.

Dr. Laycock has plainly been led to write this book because he believes that metaphysicians have hitherto cultivated their science on a wrong basis. It is true he qualifies this statement, by referring to practical results, and in particular to inquiries directed to the relations between body and mind—still in many parts of his work without any qualification, he severely rates metaphysicians for their small progress owing to their defective methods of inquiry. In short, it is obvious that one object of our author is to induce metaphysicians to

**Mind and Brain ; or the Correlations of Consciousness and Organisation, with their Applications to Philosophy, Zoology, Physiology, Mental Pathology, and the Practice of Medicine.* By THOMAS LAYCOCK, M.D., F.R.S.E., &c., &c. Professor of the Practice of Medicine, and of Chemical Medicine, and Lecturer on Medical Psychology in the University of Edinburgh. (With Illustrations.) 2 Vols. 8vo., 984 p.p., Edinburgh, 1860.

On Obscure Diseases of the Brain, and Disorders of the Mind : their Incipient Symptoms, Pathology, Diagnosis, Treatment, and Prophylaxis. By FORBES WINSLOW, M.D., D.C.L., Oxon., &c., &c., &c. 8vo., 721 p.p. John Churchill, London, 1860.

abandon their old modes of study and to adopt in future that which he advocates.

To this advice we demur at the very outset. We make Dr. Laycock quite welcome to pursue his own method of inquiry and, in common we are sure with the philosophic world at large, we feel grateful for whatever benefits the pursuit of that method may ultimately confer on science. But we are not convinced by Dr. Laycock's views that the old method of metaphysical inquiry is either erroneous or unprofitable. We are decidedly of a contrary opinion. Our author's scheme is neither metaphysical nor physiological, but a compound of both. The two sciences are not fit to be amalgamated. Each should pursue its own plan of investigation, if we would urge each to its utmost improvement. At the same time, we are clearly of opinion that metaphysics may borrow very important hints from physiology, and that physiology may obtain the like advantages from metaphysics. It is, indeed, of daily growing desirableness, that the metaphysician should be more of a physiologist, and the physiologist more of a metaphysician than heretofore.

The great fault charged by our author against the old method of metaphysicians is, that they limit their inquiries to the subjects of consciousness, and that their knowledge is confined to what can be acquired by reflexion on what is supplied by consciousness. As respects that part of special metaphysics termed psychology, we think that limit should be rigidly preserved, always with this understanding,—that, whatever consciousness may be found to include, shall be admitted, notwithstanding that it may be beyond the limits fixed by some of the older metaphysicians. While psychology limits itself to what consciousness supplies, it is so far from interfering with the extension of human knowledge in any possible direction, that the very purpose of psychology is to render man's exertions in the pursuit of true knowledge more effective. Our author is not forbidden by psychology to direct his investigations to any quarter in which he sees reason to expect discovery ; but he is not at liberty to blame psychology for not attempting studies which lie beyond its sphere.

It will be seen by quotations to be made hereafter, that our author charges metaphysics with contradicting experience, on the ground that thought is regarded as preceding existence, and that an immaterial "Ego" is accepted instead of a concrete "Ego." We admit that many of the older metaphysicians have regarded the "Ego" as purely immaterial. But Dr. Laycock himself might be made our witness, that the

metaphysicians of the present day do not universally exclude the "concrete Ego" from their science, even when they confine their studies to what is derived from consciousness. Sir William Hamilton's views distinctly point to the "concrete Ego"—that is, to the extended living frame being derivable from consciousness. He holds "that all sensations whatsoever of which we are conscious, as one out of another, *eo ipso* afford us the condition of immediately and necessarily apprehending extension; for in the consciousness itself of such reciprocal oneness is actually involved a perception of difference of place in space and consequently of the extended." Again, Sir William says, "and be it observed that it makes no essential difference in this doctrine, whether the mind be supposed proximately conscious of the reciprocal oneness of sensations at the central extremity of the nerves in an *extended sensorium commune*, where each distinct nervous filament has its separate locality, or at the peripheral extremity of the nerves, in the places themselves where sensations are excited, and to which they are referred." One passage more from Sir William Hamilton; "our nervous organisation (the rest of the body may be fairly thrown out of account) in contrast to all exterior to itself appertains to the concrete human Ego and in this respect is subjective, internal; whereas, in contrast to the abstract immaterial Ego, the pure mind, it belongs to the non Ego, and in this respect is objective, external." Here in so many words Sir William Hamilton says, the bodily frame, or at least a texture co-extensive with the bodily frame exists as a subjective consciousness. How then does a subjective consciousness differ from an objective consciousness? A subjective consciousness is a consciousness ending in self, not going beyond the Ego, notwithstanding that it is here a consciousness co-extensive with the peripheral extremities of the sentient nerves. An objective consciousness is a consciousness of the presence at the peripheral extremities of the sentient nerves, of something external, something beyond the concrete Ego.* That this is no new doctrine in psychology will appear from the following additional observations by Sir William Hamilton. "To this opinion may be reduced the doctrine of Aristotle, that the soul contains the body rather than the body the soul—a doctrine on which was founded the common dogma of the *Schools*, that the soul is all in the whole body, and all in every of its parts; meaning thereby, that the simple, unextended mind, in some inconceivable manner, present to all the

*See on this point a "Lecture on some of the Metaphysical Aspects of Physiology," by Dr. Sellar. *Edinburgh Medical Journal*, July, 1859, p. 12.

organs, is percipient of the peculiar affection which each is adapted to receive, and actuates each in the peculiar function which it is qualified to discharge." We think then it sufficiently appears that Dr. Laycock should with some reserve, have charged metaphysicians in general with accepting an imaterial "Ego" instead of a concrete "Ego," so as to contradict experience.

What our author means when he says metaphysicians contradict experience in the manner alleged is, as we understand him, that experience shows that organism precedes consciousness in an individual, and, since organism is an evidence of existence, that there is existence of that individual before there is proof of existence afforded by consciousness. Here as we think there is either a confusion of ideas or a *petitio principii*—there is a confusion of ideas if the embryo be spoken of, as an individual man, before consciousness begins. Again, if our author assumes that psychologists in all past time must have had in their thoughts the ideas peculiar to him of the vital force being mind, there is a *petitio principii*. It surely will be time enough for Dr. Laycock to reproach psychologists with not having made use of his discovery when they reject it after it has been announced to them. But finally, let us ask Dr. Laycock:—whose experience is contradicted, when the psychologist regards consciousness as the first evidence of existence? The psychologist confines his study to the states of consciousness in the individual man. Every individual obtains the first evidence of his own existence in consciousness, prior to any form of experience. If this individual, after he has come to recognise an external world, turn his observation on his own organism, the fruit not of his experience, but of inference from his experience, is that his organism was in progress of existence before consciousness; but here manifestly the consciousness of existence was prior to this experience. Here Dr. Laycock has manifestly forgotten his logic.

We proceed at once to such an outline of the views adopted by our author, as is at all compatible with the limits necessarily prescribed to this article.

The first important point of difference then to be remarked between the metaphysical system of our author, and that of English metaphysicians in general is, that he is not content with the subjects of inquiry which consciousness supplies. He holds this common limitation of metaphysics, or of that part of metaphysics included under psychology proper, as one of the chief errors of past times, and the main cause why mental philosophy has made hitherto so little progress. He maintains that

the fact of existence is the first essential step in our progress, and that, if it be not a great truth, it should be assumed, for the purpose of inquiry, before we proceed to take into account what consciousness supplies to us.

“The fundamental principle that Existence in the order of events precedes Thought, having been overlooked by the great majority of philosophers since the time of Descartes, they have commenced the investigation of the laws of Thought independently of the laws of Life or Existence. Hence the doctrines of consciousness are founded primarily upon inquiries into how the man feels and knows, without reference to how he exists; in other words, an “immaterial” *Ego* has been accepted as the proper subject of inquiry, rather than the “concrete” *Ego*.—Vol. I. p. 133.

In short, what Dr. Laycock here contends for is undeniable, as respects the common sense of mankind—the original self includes the natural body, or the external to self does not take in the bodily frame—all nature consists of self (comprehending body and soul) and that which is external to the body.

“He sees things like himself occupying and moving in the space around him. He separates himself by comparison from all other things in time and space, and designates himself *Ego*, I, *me*. He is thus *self* conscious. Rarely indeed, however, does the man say *Ego cogito, ergo sum*: I think, therefore I am. That metaphysical dogma is contrary to experience. In the order of events, life precedes consciousness, just as consciousness precedes knowledge. Hence the doctrine of experience is the reverse of the Cartesian proposition, and may be formularised rather into ‘I live, therefore I think: I think, therefore I know.’ As consciousness is thus identified with existence by the Cartesian doctrine of consciousness as a cause, it is a logical conclusion from that doctrine that such a thing as unconscious existence is an absurdity and impossible.”—Vol. I. p. 135.

Dr. Laycock here inextricably confuses himself owing to the false inference which we pointed out a page or two back. The mistake he makes is, that he confounds the knowledge possessed by the human race in its progress onwards, with the knowledge arising in the individual during his period of self education in infancy. Surely it is beyond doubt that the infant becomes acquainted with his existence as a sentient and thinking being before he sees “things like himself occupying and moving in the space around him.” The latter part of the passage above quoted is a purely gratuitous assumption. Psychologists regard consciousness as the evidence of self existence, but it is only the idealist who regards consciousness as the only evidence of existence. All psychologists who believe in

the existence of an external world believe that existence is possible without consciousness.

Our author next proceeds to speak at some length of cognitive consciousness, successional consciousness as thought, and volitional consciousness, while with respect to the definition of consciousness he does not differ from our ordinary authorities.

But let us now advance into the next division of the work, namely, the third, or that entitled "Ontology," for the purpose of exhibiting our author's notions respecting latent consciousness.

"There is a doctrine of Psychology closely connected with the doctrines of unconscious cerebral action, which I was the first to develop, more than twenty years ago, of vast importance to a practical science of mind. Sir Wm. Hamilton, who alone of British psychologists has fully developed the theory of latent states of mental activity "or mental latency," distinguishes three degrees of the condition. The first is to be seen in acquired knowledge.

"I know a science or language, not merely while I make a temporary use of it, but inasmuch as I can apply it when and how I will. Thus the infinitely greater part of our spiritual treasures lies always beyond the sphere of consciousness, hid in the obscure recesses of the mind. This the first degree of latency." * * * The second degree of latency, Sir Wm. Hamilton states*, when the mind contains certain systems of knowledge, or, certain habits of action, which it is wholly unconscious of possessing in its ordinary state, but which are revealed to consciousness in certain extraordinary exaltations of its powers. The evidence on this point shows that the mind frequently contains whole systems of knowledge, which, though in our normal state they have faded into oblivion, may, in certain abnormal states, as madness, febrile delirium, somnambulism, catalepsy, &c., flash out into luminous consciousness, and even throw into the shade of unconsciousness those other systems by which they had for a long period been eclipsed and extinguished.

"The third class or degree of latent modifications are included in the question stated by Sir William Hamilton, whether in the ordinary processes of mental life, there are "mental modifications—i. e. mental activities and passivities, of which we are unconscious, but which manifest their existence by effects of which we are conscious." Now Sir William Hamilton's answer is, "I am not only strongly inclined to the affirmative,—nay, I do not hesitate to maintain, that what we are conscious of is constructed out of what we are not conscious of,—that our whole knowledge, in fact, is made up of the unknown and incognisable."—Vol. I. p. 177.

* *Lectures on Metaphysics*, Vol. I, p. 339.

Our author cites other passages from Sir William Hamilton, and other authorities, bearing on this kind of latency of consciousness. He refers also to Leibnitz on this subject, and shows that he distinctly held the like views, and concludes in the following words :

“It is obvious, therefore that the doctrine of Leibnitz as to latent and unconscious mental states was really developed from a comprehensive view of the facts of natural history, including palæontology, and based upon biological principles, which were afterwards to have a fuller exposition and application by Wolff, Göthe, Oken, G. St. Hilaire, Lamarck, Cuvier, Blainville, Grant and Owen.”—Vol. I., p. 186.

Our author proceeds next, still under the head of Ontology to the subject of instinctive existence. He dwells on the recognised analogies between instructive and vital processes ; he remarks that the term “nature” is used synonymously with instinct ; he points out how universally the instinctive character of all mental operations has been acknowledged, and cites several authorities who have even regarded inductive reasoning itself as instinctive. We shall cite one or two passages from this part of the work.

“Thus, then, Thought and Instinct can be generalised under the same term, and what, when thus generalised, is common to both ? This, that each is the manifestation of a law of necessary adaptation to ends. The man ceases to be rational when he aims not at an adaptation to ends. Instinct, we have seen, is that adaptation itself. In trying to realise from the side of instinct a more general conception of *soul* or *mind*, we find that it contains three elements. 1. There is the *law* of necessary adaptation to ends. 2. There is the pure reason or thought, the “*quoddam divinum*” by which the ends are conceived, and the machinery and methods for attaining them designed. 3. There is the force or energy which is manifested in and by the law of necessary adaptation to ends, and which is active or operative in accordance with the conception of the pure Thought, so that the machinery necessary to attain the end is constructed out of matter, and worked appropriately when so constructed. Now, these three elements enter into the intellectual as well as the instinctive nature of man. A fourth needs to be added, *i.e.* consciousness as the common characteristic of all. Consciousness of the adaptation to ends, or Thought ; consciousness of the successive events necessary to secure adaptation, or Knowledge ; consciousness of the exercise of the power or energy used in the actual adaptation, or Will ; and finally the *feeling* associated with the processes the Desire to attain an end, and to adapt to the attainment ; the Desire to attain the knowledge necessary to secure the adaptation ; the Desire to

exercise the power necessary; and finally, the Pleasure or Pain consequent upon the attempt at adaptation with the success or failure."—Vol. I., p.p. 195, 196.

Our author next remarks on the differences in point of instinct between man and other animals. Human nature is constituted for higher ends than mere animal nature. Between the highest and lowest capacity for acquirement, both in man and animals, there is a long series of degrees; but there is a continuity throughout, so that nowhere in the series can it be said "there ends instinct, here begins reason." He concludes from such considerations that the general phenomena of the human mind are instinctive in their character, or in other words "are due to the same cause or causes, and occur according to the same laws as the mental phenomena of lower animals." "Now these phenomena," he continues, "are vital, consequently the mental phenomena are vital."

By generalisations of this kind, he believes that he arrives legitimately at the conclusion "that the soul, considered as an energy, acts equally in nutrition, development, and instinct, in all states of consciousness, and in all intellectual operations." "Finally," he continues, "this generalisation is exhausted, being co-extensive with all the phenomena of creation, and is the only generalisation which can comprehend both the phenomena of life and mind."

These quotations and statements must by this time have made our readers aware, that Dr. Laycock's aim is to refer all the activities of organic nature to an ordering force in creation. It is not to be assumed, however, that he enters upon any discussion as to the nature of soul, mind, or spirit. He considers mind simply as a force to be examined according to the usual rule of scientific research. Moreover, he regards mind as a teleological force. The phenomena of life and organisation are drawn within the scope of philosophy, while the phenomena of thought are brought within the range of physiology. This principle of unity is, that mind is dominant over matter and its forces, and that this principle is a teleological force.

Dr. Laycock has at some length illustrated the evidence, that this mental force is a teleological principle. On this important point we quote the following passage from his concluding observations:—

"It may be advanced, that this so-called design is only the mode in which the phenomena of creation are presented to our consciousness, and that there may be, in fact, no designer. It is the universal element worked out to its final development in the most compre-

hensive generalisation. I am not prepared to affirm the proposition that the human mind should be accepted as the measure and criterion of all things; on the contrary, it is finite in its powers and can only conceive—not comprehend—the infinite. Nevertheless, it must be conceded that, according to the fundamental laws of human nature, a fixed order cannot do otherwise than indicate to man a designer, that is, one that conceives the order and fixes it; and, inasmuch as the succession of events which manifest design necessarily imply the exercise of a correlative force, it necessarily follows, also, that the designer originates and exercises the force. In other words, it is an inevitable conclusion from the premises, as well as from the common sense and experience of mankind, that in creation there is a Supreme Mind which is the first cause of order and motion. Motion and order, therefore, are Thought in act.”

“Thus from every point of view, a law of design includes in a higher generalisation all the great laws of creation. It is proved by the experience and general belief of mankind; by the mathematical demonstrations of a Laplace; by the conclusions of the naturalist; by the fundamental principles of metaphysics; and by the most rigorous logic. And when we come to apply the generalisation deductively, as a fundamental principle of philosophy, we shall find that it will stand the test of all truth, viz., of being practically applicable to the wants of mankind.”—Vol. I., p.p. 265, 266

Thus we find that Dr. Laycock's doctrine lies in a series of generalisations. The motive force which man's intellect may be most truly considered to be—that force which, through volition acting on his bodily organs, covers the earth with his works, is regarded as falling under the same generic head with that force which builds up, develops, and maintains the individuals of the vegetable and of the animal kingdom; and that comprehensive principle is next regarded as including instinctive force, or that force to which all the wonderful effects of a mechanical character produced at the earth's surface by the multiform organisms of plants and animals owe their origin. This great force is that by which all the operations severally ascribed to intellect, to vitality, and to instinct, are effected. And this great force is a teleological principle, or a principle properly termed mind, because its operations imply forethought; for do not these consist in the production of premeditated forms of a more or less exactly defined character, out of the inert materials at the earth's surface, by innumerable acts of combining, counteracting, and variously modifying the physical forces connected with such inorganic matter?

Dr. Laycock takes care to guard his doctrine from the charge of falling under Pantheism. He insists that the conception of the Deity as a regulative principle and not merely

as a constitutive principle, is what saves his views from this charge. If the laws of nature cease to be regarded as casual ideas, and come to be held as having a direct participation in the nature of God, there is already a step made towards Pantheism. But this result is avoided, if mind be held to be "a constitutive and ordering force, derived from God, and as that by which *He* manifests *His will*." The force of gravity is such another ordering force. It is a regulative and constitutive principle. It pervades all matter; it is participated in by all matter. The idea of gravitation is of easy apprehension by the human mind, which readily follows the results of its operations both cosmic and organic, namely, "solar systems, or many organised individuals constituting *the one* in regulated relation." "So it is with mental force. Everywhere present as a constitutive and a regulative principle, it is participated in by all things, and yet the result is individual self-conscious organisms. Such we can affirm to be the ultimate law; and it is, in fact, no more difficult of apprehension than was the Newtonian theory of gravity when first propounded."

We have now nearly completed the view which we designed at the outset to give of what we regard as the leading doctrine of Dr. Laycock's book, the doctrine which constitutes the key to the many speculations to be found spread throughout its two volumes. We have already afforded sufficient evidence of the orthodoxy of Dr. Laycock's sentiments. We are aware, however, that a book may be wholly orthodox and even pious in its sentiments, while its doctrines are altogether heterodox, that is, an author may have the most pious sentiments continually on his lips, while his arguments are directed to the subversion of all that is deemed most sacred. If Dr. Laycock be heterodox, he is heterodox only against established views of metaphysics. We acquit him of all other charges; and as a further proof of the correctness of his sentiments we end this part of our task with the following quotation:—

"The object of this work being purely scientific, it hardly comes within its scope to discuss the nature of the Deity as the Creator and Governor of the world. This is the business of Theology, or of that speculative philosophy, which, abandoning induction, seeks to find in metaphysical or *a priori* deductions, a solution of that great problem. Besides, the moral relations of man to God are so solemn, that it seems hardly fitting to discuss them as scientific questions. And yet Science is eminently religious, as we have seen (p. 84); so that, if the question be approached in a suitable spirit, the speculations of the philosopher and the teachings of the theologian may

be compared with the conclusions of science, without incurring the charge of impiety or presumption.'

"Mind, we have seen, is the cause of all phenomena; it is therefore the cause of all vital action and of all thought. And it is not the cause as if it were remote and occasional; on the contrary, it is as ever present, ever operating, internal force or energy. Now, since Mind thus manifested is but another word for the Supreme Designer and the Source of all Power, it follows that God is in a relation with all the phenomena of creation, as their Cause."—Vol. I. p. 304.

We trust we have now been able in these quotations and observations to put our readers in possession of the fundamental doctrine taught in Dr. Laycock's book. Shall we admit, then, that our author has established his doctrine on a sound foundation? We are ready to acknowledge that he has enabled us to regard a vast field of human knowledge from a novel point of view. To have afforded the world such an advantage is, it must be confessed, a great merit in an author, even if some of the paths through which he has led us to such a prospect be found to be somewhat devious and unstable. It would be rash to pronounce at once that Dr. Laycock's method should supersede the older modes of conducting investigations into the philosophy of the human mind, the laws of vitality, the nature of instinct, and the whole subject of teleology. Nevertheless, we think he has done good service to all these most important branches of inquiry, by putting it in our power to examine their details in the new light in which his work has exhibited them.

While, however, we speak thus cautiously as to the ultimate place which Dr. Laycock's views may deserve to take in the province of philosophy, we do not feel warranted to impugn as erroneous any of the great grounds on which his generalisation, in so far as it has been exhibited above, has been made to rest. It must not be forgotten that his doctrine is not laid down as a substitute for purely speculative metaphysics, but that it is held forth as essentially a basis for a practical system. If psychology, for example, which rests exclusively on the evidence of consciousness, be made to apply to such a subject as education, it must at once, in dealing with the facts of education, abandon all further claim to the evidence of consciousness, and rest content with the kind of evidence supplied by the practical branch of study with which it has linked itself for the time. Such an application of psychology is a practical use of metaphysics. In like manner where psychology, in a practical point of view, is examined, together with the laws of vitality, the nature of instinct and the department of teleology,

it must be allowable to receive the facts belonging to these three last subjects on the evidence commonly allowed to be of adequate authority in each.

As regards Dr. Laycock's grand conclusion, namely, that the human [mind, the operations of vitality, the effects of instinct, and teleological nature at large, have a common generic character, it is not necessary to force psychology out of the place which it has so long held as a system of truths resting on the evidence of consciousness. It is sufficiently clear by evidence of consciousness, that the human mind possesses in a remarkable degree the power of adapting means to ends. It is not less clear that the vitality which builds up, develops and maintains, the individuals of the organised kingdoms of the earth's surface exercises a power of adapting means to ends. It is, in the same degree, manifest that the principle which directs acts of instinct in animals is a power of adapting means to ends. Nor is there any room for doubt that the energy, which raised up on earth these several active agencies, exercised in that act a power of adapting means to ends. Thus in the several forementioned activities, there is a common great property or endowment amply sufficient to constitute a generic resemblance, so that these several activities may be correctly placed under one generic head, and termed a principle—to be distinguished by one common name. In this mode of investigation, Dr. Laycock has violated no rule of scientific inquiry.

Our author in connexion with this generalisation, desires it to be understood that the principles of teleology or mental dynamics, are to be deduced from the law of design therein involved, and that ideas are to be regarded as causes not only of life and thought, but of all the phenomena of creation. He insists however, that it shall be remembered that the views which he attempts to exhibit are designed to be wholly scientific, "that mind is simply considered as an ordering force in creation, to be examined according to the usual method of scientific research; that is to say, as it is manifested in the sequences and co-existences of phenomena. "There is no discussion as to the nature of soul, mind, or spirit, such as is found in psychological works generally, and thus the phenomena are examined wholly apart from those philosophical and theological speculations which are altogether foreign to science."

We should now proceed to indicate to our readers how our author makes use of his system of general principles for the elucidation of the many topics which the remainder of his work embraces. But such a view we find to be altogether incom-

patible with our limits, nor do we imagine the patience of our readers would outlast a lucubration necessarily so tedious. In what remains of this article we must be somewhat desultory, taking up here and there a few subjects for notice out of the abundance which the work spreads before us. We shall first, however, state nearly in our author's own words, a summary of the topics on which the remaining part of his work is employed. The first proceeds to apply his system of general principles to the general laws of life and organisation, or biology; next to the development of a scientific cerebral psychology; and lastly to the first principles of a mental physiology and organology. In further illustration of the design of the work we shall quote the following passage:—

“The entire scope of the work is to carry up the doctrine of final causes, in a connected form, to its highest uses; and to show that Mind is the final cause, as an ordering force, of all the physical forces, and all their derivative manifestations in the phenomena of creation. Under the guidance of this principle, that union of the two great departments of human knowledge, hitherto so sedulously kept apart, is attained. Thus the work, it is hoped, may serve to advance both; for on the one hand, the phenomena of Life and Organisation are brought into the domain of Philosophy; on the other, the phenomena of Thought are brought into the domain of Physiology. The unifying principle, that mind is dominant over matter and its forces, enables us to compare and generalise phenomena hitherto considered wholly discordant, so as to harmonise them, and thereby to break through that eternal maze of contradictions, as to reason and instinct, consciousness and unconsciousness, life and intelligence, within which all philosophical inquiry has been so long involved. By adding physiology to philosophy, we place philosophy at the head of the inductive sciences, and at the same time bring all the sciences of life and organisation into philosophical relation and unity. The basis of this union is Teleology, applied deductively and inductively to all the phenomena which science investigates.”—Vol. I. *Preface*.

It must be confessed that, while Dr. Laycock's book is both readable and sufficiently intelligible on attentive perusal, it is very difficult to give a condensed abstract of it to any extent. Hence the necessity we feel ourselves under of having recourse to extracts from the work itself much oftener than we should have anticipated. It seems the more surprising that this should be the case, because some parts of the work appear as if diffusely written, while in many places not a few repetitions can be detected. We feel ourselves compelled however to make this acknowledgment, and we design it as a compliment to our author, that, on many occasions, in the course of this

article, where we have endeavoured to condense his periods into a breifer compass, we have felt ourselves compelled to desist, and to adopt his exact words as the readier mode of keeping within the limit prescribed to our notice of the work. Some part of this difficulty no doubt is due to the nature of the book, nevertheless it must be confessed that when the whole undertaking is looked to, and the great number of profound subjects touched on is considered, neither diffuse writing, nor repetition can be justly laid to its charge.

What we have now said must excuse a long quotation on a subject which in justice to the author's claim of originality we are most unwilling to suppress.

“We are now in a position to formularize the fundamental law of the relations of body and mind. As to the latter we have—
 1. The fundamental *intuition* that we are two things in relation to each other, viz., matter and mind. These we may designate the thing that is adapted and the power that adapts to ends. (137).
 2. We have established on *a priori* grounds, as a more definite conception of the fundamental intuition, that there can be no existence except in the synthesis of mind and body—the subject and the object, the thing adapting and the thing adapted. (87).
 3. That in attaining to a knowledge of the truth, that is, of the real relations of events or things to each other, we follow instinctively a fundamental method developed in the “doctrine of relation,” (88) which consists in placing two cognitions in relation to each other, termed therefore, the relative and the correlative.”

“That it is by the analysis and synthesis of cognitions in relation to each other a mutual mental process is completed, and a thought or idea rises in the consciousness.”

“As to body as matter—1. We have the fundamental law that motion and change constitute all phenomena. 2. That the fundamental law of motion and change is, that a portion of matter in motion, whether it be an atomic element or atom, or a mass of atomic elements, will communicate its own matter to another atomic element or a mass of them. 3. That the various phenomena of which we have knowledge are only known to us as due to definite motions amongst masses or atoms in relation to each other. 4. That the expression of these relations in words or signs is the law, conception, notion or idea of the relations. It follows, therefore, that the fundamental law of all phenomena, whether they be those of matter, life, or thought, is the same. This law may be termed the law of relativity.”

“The law of relativity has its derivative laws, or, in other words, laws of the relations of the motor forces to each other, or of the atoms moved. These relations, when stated definitely are, as to matter, simply the laws of matter. They differ according as the

motion is between masses and atoms. The laws of the former are those with which the mechanical sciences have to deal, those of the latter are the subject matter of the mechanico-medical sciences."

"The derivative laws of relation, as manifested in life and organisation are the subject matter of the natural history sciences, and vary according as they express the relations of masses or atomic elements. To the former class belong the natural history sciences proper, to the latter, physiology or biology. But in life and organisation the teleological relations have to be considered, or, in other words, the functions of organs, *i.e.* the ends attained by the vital forces."

"The laws of relation as manifested in thought, are termed ideas, or states of consciousness. When the phenomena are co-existences, they are active or volitional states; when successional, they are as to thought associations of ideas; as to actions are motives, habits and the like. In all cases the laws of relation of the vital forces correspond to intentions, conceptions, notions. Since the relations of all the phenomena of creation, whether they result from physical, vital, or mental forces, can be reduced to relations of force and motion, it follows that a complete knowledge of those relations is that which is expressed numerically. But, inasmuch as the law of design dominates over all the forces, TRUTH is only attained when not only the relations are duly expressed, but their ends or results known."

"The preceding views were substantially first publicly stated by me, in 1839, in a paper written in 1838, (*Edinburgh Medical and Surgical Journal*, January 1839), and again more explicitly in 1840, when I observed "if we would obtain a large and definite knowledge of the action of force upon matter and intelligence, in exciting the phenomena of life and thought as displayed in man, we must examine the laws of its actions, as exhibited in every living organism, and in the molecular changes of inorganic matter. A thousand circumstances assure us that, between these last and the highest efforts of human intellect, there is a continual chain of phenomena, although we are unable to follow it link by link," and after passing in review some of the series of this chain, I added, "These principles are of the highest importance. They form the connecting link between the phenomena of consciousness and the molecular changes in organic matter, upon which the phenomena of heat, electricity, galvanism, and magnetism depend. They point out a new path of experimental inquiry into the phenomena of life and thought, and if traced out in all their relations, cannot fail to change the whole aspect of mental philosophy."*—Vol. I., pp. 91 to 100.

The view here taken of the fundamental relations of mind and body is unquestionably clear and intelligible—nor as a

**A Treatise on the Nervous Diseases of Women*, by Thomas Laycock, M.D., 1840.

whole do we question its originality. Yet we are bound to consider more precisely what degree of merit it possesses. In the first place then though original as a whole, that is, as a methodical arrangement, we have to pronounce whether it contain any original idea. We fear it does not. Nevertheless, provided it render the kind of knowledge to which it refers more accessible to a larger number of readers, merely as a distinct method of arranging a perplexing order of relations, it may possess the highest merit. This admission will not, we fear, content our author. He looks doubtless for a higher commendation. We must therefore enter more narrowly into his pretensions. Let us take then the proposition in the last quotation, "that there can be no existence except in the synthesis of mind and body, the subject and object, the thing adapting, and the thing adapted." There are, indeed, a great many philosophers who are quite ready to admit this proposition as a truth. But are they induced to adopt this belief by the special mode in which our author brings out this statement?—or is it not because his views coincide with their preconceived opinions? We do indeed trust that some who previously hung in doubt in respect to such a conclusion, may be led to entertain the view by the particular mode in which it is arrived at by our author. But we are sure that this enunciation will not at once carry conviction to that increasing class of thinkers who can see nothing but law in the whole economy of nature. They will not deny his conclusions as to relativity. But he will find them, erroneously as we think, ready to resist the ground of the generalisation, namely, the teleological resemblance by which he brings the human mind, the effects of vitality, the operations of instinct, and the physical economy of the universe, under one common principle, and this denial vitiates to them the synthesis of mind and body and all that is thence made matter of inference. Or if they admit his generalisation to the extent of the three first particulars, they will regard the generic resemblance as an organic force, the result of structure in accordance with a law contingent on certain phases of inert matter, having in it nothing of a teleological character, and determining merely the necessary conditions of existence in the members of the vegetable and animal kingdoms. Such a generalisation must, it is obvious, be equally fatal to the reception of our author's conclusions. Dr. Laycock, not without reason, may reply, that it would be more than a quixotic idea to expect to carry with any system of truth however unexceptionable, the suffrages of all the philosophers and pseudo-philosophers of a speculative age like the

present. But doubtless the fault which he would represent as belonging to the systems of philosophy, which he wishes to displace by his new method, is that they do not so far command the assent of mankind in general to the truths acknowledged to be contained in them, as to prevent the public mind from being made the victims of errors of the most outrageous character. We think then on these terms we are at one with our author. We have acknowledged that his system will gain some converts from among those who have not become wedded to their errors—but, like the systems which he would displace, we are sure that against the great philosophical heresy of our age, namely the denial of a teleological character in the general economy of nature, his system, in its present state, will make but little impression. What then is the counsel which should be given to Dr. Laycock, some reader perchance may say? We think he must work out the proofs of the teleological character of the economy of nature with persevering industry. What he has said indeed of these proofs in the few pages devoted to the subject is excellent—but in the same section he allows his reader to see that Dr. Whewell, whom he describes as one of the ablest advocates of a teleological method, says, “the idea of a final cause is applicable, as a fundamental and regulative idea, to our speculations concerning organised creatures only,” and that Mr. Mill, who we think is lauded by our author quite as much as his views deserve, is of opinion that teleology has been improperly applied to that department of human knowledge which attempts to discover the ends aimed at in all the various successions of the phenomena of creation, and which therefore assumes that an end is aimed at in all phenomena. To say nothing of the famous anathema of Lord Bacon against final causes, our author must feel that he has to bear up against authority in the large extent, at least, to which he has pushed his generalisation.

We are convinced, however, that Dr. Laycock is right in this generalisation. All that we wish to remark is that his system will fail of its full effect, unless this part of it be made to rest on the most ample footing. We do not ask him to change his plan; we do not ask him to drop out the fourth particular in his generalisation (the teleological character of physical nature), but we feel that his plan would be much strengthened if he, or some Philo-Laycock, would take up this particular department in a truly scientific spirit, and show by multiplied authentic instances how completely organic force as exemplified in man’s intelligence, in the effects of vitality

throughout living nature, and in the operations of instinct in the vast range of plants and animals, coincides with the idea of the exercise of mind in its ordinary acceptation. This generalisation once rendered familiar to men's minds would pave the way for the final generalisation essential to Dr. Laycock's system. One indispensable element of the proof is that there was most manifestly a period when organic force did not exist at the surface of the earth, and therefore that that force must at some one moment have been sent down to our planet by a power adequate to so great an effect.*

There can be no doubt that the generalisation in question would long since have been generally adopted by sound-thinking philosophers, but for its presumed interference with the argument from the light of nature, in behalf of the immortality of the human soul. This is a difficulty which perhaps cannot be entirely got over, if the teleological principle of the rest of organic nature be regarded as identical with that in man. The only solution which the question admits is perhaps, that, while man's belief in a future state is rendered in the highest degree probable by the light of nature, it is a doctrine which requires for its full confirmation the sanction of a divine revelation.

We cannot conclude our review of Dr. Laycock's book without adverting to the controversy which has arisen between him and Dr. Carpenter as to the originality of the discovery of what the latter terms unconscious cerebration. There seems to be no doubt that Dr. Laycock has cause to complain. Without, however, attempting to settle the points in dispute between them, we shall make some extracts from the appendix to the work before us, in which each is made in part to tell his own tale. We are certainly of opinion that Dr. Carpenter owes Dr. Laycock some explanation and reparation without any further delay.

"In the fifth edition of his *Principles of Human Physiology*, (1855) Dr. Carpenter expounds the doctrine taught in this work of unconscious vital action of the brain, as the organ of thought. He shows that much of our highest mental activity is to be regarded as the expression of the *automatic* action of the cerebrum," and that it "may act upon impressions transmitted to it, and may elaborate results such as we might have attained by the purposive direction of our minds to the subject, without any consciousness on our parts. (p. 607)." "Looking," he adds "at all those automatic operations

* See Lecture on some of the Metaphysical Aspects of Physiology.—*Edin. Med. Journal*, July, 1859, p. 6,

by which results are evolved without any intentional direction of the mind to them in the light of 'reflex' actions of the cerebrum, there is no more difficulty in comprehending that such reflex actions may proceed without our knowledge so as to evolve *intellectual products*, when their results are transmitted to the sensorium and are thus impressed on our consciousness, than there is in understanding that impressions may excite muscular movements through the reflex power of the spinal cord without the necessary intervention of sensation." He (Dr. Carpenter) shows how his doctrine can be made to explain the etiology of the remarkable mental states, induced by mesmeric, electro-biological and similar processes, and how it elucidates the nature of delirium, somnambulism, insanity, and the like." He has designated this class of operations by the term "unconscious cerebration" (609); and for all these views he sets up a formal claim of priority in the preface to this fifth edition of his *Human Physiology*."

"The general law of cerebral action is, if true, of such fundamental importance to mental science, that, if the claim thus set up be at all credible, Dr. Laycock has done Dr. Carpenter great injustice in not giving it the fullest recognition in this work. Unfortunately the claim is wholly unfounded; for the law was discovered and applied by Dr. Laycock to mental physiology and pathology more than twenty years ago, under the term "reflex function of the brain," and twelve years before Dr. Carpenter knew anything of it whatever. "Unconscious cerebration" is, in fact, only another phrase to designate reflex cerebral function."—Vol. II., appendix, p.p. 465, 466.

Dr. Laycock proceeds to state that Dr. Carpenter, while he has elaborated physiological doctrines identical with his, has mingled them with theories of his own, for which Dr. Laycock is in no degree responsible. The difference between Dr. Laycock and Dr. Carpenter is fundamental. Dr. Carpenter believes in the distinctness of mind and vital principle, whence his doctrines, according to Dr. Laycock are mechanico-vital, whereas since Dr. Laycock reduces mind and vital principle to unity, his doctrines are teleological. Dr. Laycock enters into all the details of his controversy with Dr. Carpenter, during the last ten or twelve years, and affirms that five years ago Dr. Carpenter privately professed himself satisfied that Dr. Locock's claim to priority was well founded, with this reservation that he had arrived at his conclusions by a process of independent thinking, but that notwithstanding he has never yet publicly acknowledged Dr. Laycock's claim.

In conclusion, we cannot but congratulate Dr. Laycock on having produced a book which so unequivocally proves that his talents are of a high order. We should also congratulate

the medical profession on the signs which the appearance of Dr. Laycock's book, together with other recent indications, affords that the study of the human mind is making progress in concurrence with physiology. It is impossible that such a work as that we have been reviewing should not contain many faults—these we have not scrupled to point out in as far as they have fallen in our way, and we doubt not Dr. Laycock must expect to see others remarked in many quarters ; but if Dr. Laycock be wise he will take such animadversions in good part, and turn them to account—for without listening to rigorous criticism no one ever became a great metaphysician.

We cannot say we regret to take leave of Dr. Laycock ; nor do we suppose our readers will object to follow us, if not to fairer, still to lighter fields. And turning our critical kaleidoscope what have we here ? Dr. Forbes Winslow on "Obscure Diseases of the Brain." He cannot say

"Brevis esse laboro, *obscurus* fio,"

for the book is a big book, and a second volume is threatened. Our author has been compared to dear old Burton! (*London Medical Review*) and therefore what may we not hope for ? And hastily glancing through its pages we are at once forcibly struck with the "research" which it displays. What poring over old newspapers and medical journals does it not exhibit ? how carefully have "cases" been recorded, and how skilfully arranged. Ignorant men would think the doctor had seen them all ! And then what universal knowledge is displayed !—a good work on book-making is still to be written. And so "well" has it been reviewed—a good work on reviewing is still unpublished—that the doctor awoke one morning to find himself famous and regarded by the public as

"Grammaticus, Rhetor, Geometer, Pictor, Alyptes,
Augur, Schoenobates, Medicus, Magus."

To one who quotes so many languages as Dr. Winslow it would be presumption to offer a translation ; nevertheless for the benefit of such of our readers who may not be polyglotish—or possess a dictionary of quotations—we venture freely to translate :—

He's metaphysician, parson, and magician,
Reviewer, midwife, artist, electrician,
Apothecary, courtier, politician.

But to be serious.

Dr. Winslow's book is an ambitious book. It aims at a high professional standard, and affects great literary excellence. Nothing

can be more praiseworthy than either of these two objects. A high professional standard undoubtedly ranks foremost; yet without some amount of literary excellence, a work can hardly attain a distinguished professional place. When both qualities are combined, nothing can bid fairer for a permanent reputation. In a professional point of view, copiousness of matter, methodical arrangement, a large grasp and firm hold of the subject in hand, together with perspicuity and precision of language constitute the best title to praise. As respects literary merit, expressive diction, well chosen illustration, appropriate ornament—all under the direction of a pure taste—are the qualities to deserve the palm. With regard to the book before us, we have in vain sought throughout its pages for such tests, either of an eminent professional character, or of a high literary bearing. There are indeed unequivocal signs of the ambition pointed to above; but alas! the efforts to realize such a claim for the book are not merely abortive, but have resulted in rendering it a conspicuous example of nearly all the faults with which a medical work can become chargeable. But to the proof:

The work is entitled “On Obscure Diseases of the Brain, and Disorders of the Mind, their incipient symptoms, pathology, diagnosis, treatment, and prophylaxis.” This title implies a complete treatise on diseases of the brain and mind. But the work turns out to be a Symptomatology in reference to such diseases, illustrated no doubt by cases, and interlarded with snatches, in the form of digressions, on diagnosis, pathology, and treatment. Some of our readers may perhaps require to be informed what a Symptomatology is. Such exhibitions in general pathology, it is true, have never enjoyed very high favour in this country. Yet many such works have seen the light in France and Germany. These works are devoted to the enumeration of symptoms, according to some arrangement independent of the diseases which in particular groups they constitute. On a plan of this kind Gaubius, Double, Landrè-Beauvais, and others, have described the several symptoms of diseases, each as a separate piece of knowledge; while the several diseases in which such or such a symptom occurs are indicated. A less methodical Symptomatology is when the symptoms belonging to a particular group of diseases are catalogued without any attempt to estimate the value of each in diagnosis or prognosis. Such a catalogue Abercrombie has given of the symptoms, in the aggregate, observed as concomitant on organic diseases of the brain; and several authors have in like manner catalogued the

various symptoms attendant on diseases of the heart. Such Symptomatology, it should be remarked, at least those of the second description, have no precision of character : they constitute the first rude efforts to investigate the diseases belonging to the group in question, and have no sort of pretension to form a part of the exact history, the diagnosis or prognosis of any one particular disease. Nevertheless this book by Dr. Forbes Winslow, entitled "Obscure Diseases of the Brain and Mind," is confessedly but an undigested catalogue of the symptoms referable to diseases of the brain and mind, interspersed with observations of a very desultory cast on other parts of such diseases.

We say it is confessedly what we have just represented it to be, because after the flourish of trumpets contained in the title page, we find the following passage, and the annexed arrangement, near the end of the two or three and twenty pages which constitute the introduction :—

"When I address myself, in the succeeding volume to the consideration of *specific types* of brain disease, it will be my object to enter more elaborately into detail, and to point out as far as practicable, the diagnostic premonitory signs of the various organic affections of the encephalon. Many of the symptoms to which I shall refer as valid evidences of incipient brain disorder will be found common to several lesions of this organ, each presenting an essentially different aggregate group of symptoms, as well as distinctive anatomical and pathological phenomena.

Nevertheless I was of opinion, that a *general* description or *resumé* of the incipient signs of morbid conditions of the brain, before considering individual forms of cerebral disease, will not be without its practical value and importance. Agreeably to this arrangement, I propose to analyze the subject in the following order :

1. Morbid phenomena of intelligence.
2. Morbid phenomena of motion.
3. Morbid conditions of sensation.

This classification of the subject fully recognises the physiological functions of the cerebro—spinal system, viz., α *thought*, β *motion*, γ *sensation*.

4. Morbid phenomena of the special senses, viz., δ sight, ϵ hearing, ζ taste, η touch, θ smell.

5. Morbid phenomena of sleep and dreaming.

6. Morbid phenomena of organic or nutritive life, viz., α digestion and assimilation, β circulation, γ respiration, δ generation.

7. General principles of pathology, treatment and prophylaxis." [p. 22 and 23.]

It is manifest that the first six of these heads are nothing

but chapters of symptoms, altogether unconnected with the particular diseases of which they are severally characteristic—and as to the seventh head “General principles of Pathology, Diagnosis, Treatment, and Prophylaxis,” to which nearly a hundred pages are devoted, it would be difficult to point out a single sentence rising beyond the most common-place observations contained in the merest elementary treatises for the use of students. Under the head of pathology, what our author says differs in nothing but the amount of wordy declamation from the most hackneyed sentiments; some cases; some historical detail; some suspicion that the microscope may discover more: no method; no decision; no judgment. His diagnosis dwells largely on the points where there is the least difficulty, as on the distinctions between insanity and acute inflammatory affections, and between mania and delirium tremens; then touches on softening and general paralysis, on which last subject he borrows most largely from Dr. Skae’s recent paper. Under the head of treatment, after some more or less pertinent observations on the remedies commonly made use of, he wanders away to amusing anecdotes of memory, and stories illustrative of occasional vigour of mind in old age. No doubt our author has his reply that this book is merely introductory to a larger work. But what right has the author to publish a book extending to upwards of 700 pages, and bearing the title before quoted, “Obscure Diseases of the Brain and Mind,” which is no more at the best than an introductory chapter?

“He cries up his wine, then sells us vinegar.”

The thing is not what it pretends to be. Dr. Winslow sits down to write a book—he forms to himself no adequate design. He begins with an introduction. In this introduction he rambles on, pouring forth whatever comes into his thoughts. He never looks before him, or behind him, to the right, or to the left; he hurries on, mistaking garrulity for inspiration, and the result is the production of a chapter which, like the rest of the book, consists of wordy declamation and inflated insipidity; or at the best an inextricable compound of tares and wheat, chaff and grain. When, however, a momentary compunction seizes him in his process, and it crosses his mind that he is not doing what he sat down to do, he quiets his conscience by assuring his readers that he will make all right when he comes to the book itself, to which these 700 and odd pages are merely a few prefatory remarks. Then he sets out with renewed bustle, recounts case after case brought to mind by some slender tie, like the topics of Mrs. Quickly’s dis-

courses, empties his common-place book into his pages by wholesale, and recites the names of authors by the score, so as to remind us of the endings of the chapters in old Culpepper's midwifery, "To wise women I have spoken enough, which that ye may all be, read my Platerus, Sennertus, Riverius, Riolanus, Bartholinus, Johnston, Vestingius, Rulandus, Sancto, Cole."* But to come to particulars. What more absurd idea could possess a man's mind than to combine, confusedly, the subject of mental derangement—one surely in itself sufficiently large—with the extensive catalogue of diseases of the nervous system in general; that is mental diseases with diseases of the head other than mental diseases? What possible advantage can result from jumbling together the symptoms connected with apoplexy, palsy, softening of the brain, abscess of the nervous substance, with those of the various forms of mental derangement? Our author cannot suppose that those medical men who devote themselves to the care of the insane are unacquainted with the works in which such common diseases of the head are treated of, so as to require to be informed cursorily on such points, in the very imperfect manner in which alone he could hope with so large a subject as mental alienation on his hands to instruct them. What then is the use of all this but to swell his matter, and to make bookmaking more easy?

In the various desultory discussions indulged in on such diseases, there is the same rambling, immethodical, confused blatter of whatever comes uppermost, failing altogether to suggest any distinct conception of the bearing of what is said on any intelligible plan or purpose of practical medicine.

Let us deduct, however, the effect of this mere superfluity from the book, and perhaps what remains will bear advantageously on our knowledge of mental diseases. There is nothing in which our author takes greater delight than in laying down systems of exact methodical arrangement; while there is no feat in which he exhibits greater agility than in breaking through the meshes of such self-imposed trammels. We have seen what a nice arrangement he laid down in the passage already quoted from the introduction. That arrangement we had hoped to follow in carrying our readers through the contents of the book; but had we persevered in this intention we must have pursued a very zig-zag course, so signally does his *forte* lie in digressions and episodes. His primary heads of arrangement indeed remind us of so many

* Culpepper, *A Directory for Midwives*. London, 1655.

nests of boxes, in each of which there is found inscribed on several of the subordinate nests, some unexpected methodical series of subjects carrying us far, very far, from the subject whose title is emblazoned on the lid of the outer box. Because of this peculiarity in our author's method of making his book, we feel constrained to abandon the idea of following out his arrangement, and to content ourselves with consulting as we proceed the titles of the successive chapters.

Of one thing, however, we have to complain in a book devoted to symptomatology, and that is there is nowhere laid down a precise nomenclature of mental diseases, so as to admit of exactness in the reference of the several symptoms indicated to the particular form of mental alienation of which each is characteristic. In his passion for systematizing it is very surprising that our author should have made such an omission. One other defect we must point out in a work professing to bear the character of a treatise on symptomatology. In works on symptomatology what is called the value of a symptom is indicated. In short there are technically:—1st, the phenomena of diseases; 2ndly, the symptoms of diseases; 3rdly, the signs of diseases. The phenomena of diseases are the most general in their character, including every deviation present at any one period from the state of health. Such phenomena as are found by experience to be specially linked with the disease present, become symptoms. And symptoms become signs when discovered to possess what is called a value, that is to say an instructive effect as respects diagnosis or prognosis. It may be that unnecessary minuteness has sometimes crept into such technical distinctions; but to neglect such distinctions altogether, as our author does in a work of symptomatology, is to leave the labour one heap of confusion.

After so much censure in general terms it is high time that we should descend to the proofs, and at once afford our readers an opportunity of judging for themselves.

Let us revert then to the beginning of the book.

We characterise the introduction as an overdone rhapsody on the neglect of the premonitory symptoms of cerebral disease, and a too little qualified denial of the probability of any suddenly fatal attack occurring without premonitory symptoms. The cases cited, moreover, are of a kind to strike the ear of the general public, rather than appropriate in a medical point of view. Many passages in the introduction beget the disagreeable suspicion of the author having had it in his mind to practice on the fears of non-professional

readers, in order to make an impression and command their sympathy.

“Upon investigating the history of the diseases of the encephalon, how frequently does the medical man discover that positive and unequivocal symptoms of brain affection have existed, and perhaps, during the early stage, been observed for months, and in some cases for years, without exciting any apprehension on the part of the patient, his family or his friends !

In the majority of these instances, clearly manifested head symptoms were entirely overlooked, and if noticed, no right estimation was made of their value. My attention has been called to cases, in which serious mischief to the delicate structure of the brain and its investing membranes, has been thus allowed by the patient's friends to proceed uninterruptedly for years, no treatment being adopted to arrest the progress of the fatal disorganization !

The brain, the most important, and exquisitely organized of all the structures of the human body, “the dome of thought, the palace of the soul,” the material instrument of the intelligence, the centre of sensation, the source of volition, is permitted to be in a state of positive disorder, in fact disease, without exciting any attention, until some frightfully urgent, alarming and dangerous symptoms have been manifested, and then, and not till then, has the actual extent of the mischief been appreciated, the condition of the patient recognized, and advice obtained for relief !”

Take the following specimens of cases :—

“A man, apparently in vigorous health, mixing daily with his family, going to his counting-house, engaging in the active pursuits of commerce, or occupying his attention in professional or literary duties, whilst stepping into his carriage, or when entertaining his friends at the festive board, falls down, either at his door in a state of unconsciousness, or quietly bows his head on his plate at the dinner table and dies, surrounded by his family, in a fit of cerebral hemorrhage !

A midwife, whilst sitting by the bed of a patient whom she is attending, suddenly exclaims, ‘I am gone,’ and immediately falls down in a state of apoplectic coma !

A gentleman, during dinner, complains suddenly of giddiness and sickness. He retires to another room, where he is found a minute afterwards supporting himself by a bed-post, confused and pale. Being put to bed, he soon becomes comatose, and dies.

A person in good health, after using rather violent exercise in the forenoon, returns home to dinner, and whilst sitting near the fire, without any warning starts up, pushes his chair backward with violence, exclaiming, ‘Oh, my head !’ Immediately afterwards he falls on the floor in a state of apoplectic insensibility.

A literary man, whilst speaking at a public meeting, is suddenly seized with an uneasy sensation in his head. He says, ‘it feels as

if it would burst, as if the brain were too big for the skull.' He returns home, becomes apoplectic, and dies on the evening of that day.

A clergyman, whilst preaching, is observed to stop, and put his hand to his head. He then attempts to proceed with his sermon, but talks indistinctly, and has evidently lost his recollection. He keeps himself from falling, by grasping the sides of the pulpit. He is immediately removed from the Church, and is found cold, speechless, and paralytic. He dies in a few days from the attack." [pp. 5 and 6.]

We think we hear our readers cry "Ohe jam satis;" we assure them we have quoted but a third part of the string of cases of exactly the same calibre, at pages 5, 6, and 7. Such is a specimen of the new facts on which our author founds his reputation of being a "PROFOUND MEDICAL PHILOSOPHER!" We wonder what member of the medical profession could not have given us an impromptu of dozens of such cases. Our author surely forgot that he was addressing the medical profession, being for the moment under the hallucination that he was inditing a moral treatise on the uncertainty of human life.

We shall add the following sentence from this part of the work as a specimen of our author's good taste in literary composition.

"The fatal, obscure, and insidious disease has crept quietly and stealthily on its victim, giving no sign of its advent, no indication of its advance, no notice of its presence, until it has surprised the sentinels, boldly seized upon the outposts, effected a breach in, or scaled the ramparts, and by an act of pathological *coup de main* taken possession of the citadel." [p. 8.]

But to speak seriously on one of the principal topics of this introduction, there are in particular two grave objections on the part of sound-thinking physicians to giving way to the phrenzy of enthusiasm with which our author is possessed, of being always on the watch for the first onset of cerebral disease: the one that they know that hypochondriacal feelings, absolutely worse than death, might, in persons under no risk of fatal disease, be raised and perpetuated by the requisite inquiries, however cautiously conducted; the other, that in such cases as our author cites for the most part in his introduction, no treatment, as is most likely, would have had any effect in preventing the actual result, however long a suspicion of the approaching attack had been entertained.

The title of the second chapter is, "On the morbid phenomena of intelligence." In this chapter our author dwells

much, too much and too vaguely, as we think, on the connexion between organic change in the brain and insanity. This subject must be accounted one of our author's numerous digressions, since such an opinion has no immediate link with a treatise on the symptomatology of diseases of the brain and mind. Had our author on this, the most recondite and the most difficult question in the whole range of mental pathology, offered us anything better than the vague idea that in every case of disease of the encephalon, a disordered or abnormal state of cerebro-physical phenomena, may in the incipient stage on careful examination be detected, we could have well excused his digression. What is really logically true, is that it is impossible to conceive such a change on the mental phenomena as is involved in the idea of insanity, without a corresponding change on the material organism concerned in their production. But of the nature of that change nothing is yet known. Nay it is still doubtful whether in any case that change is of a kind to be appreciable by sense, even with the aid of the microscope. To be able to point out extensive alterations in the substance of the brain after death, in persons long affected with complete dementia, accompanied with a paralytic state of the voluntary muscles, throws little light on the pathology of insanity.

The utmost amount of fact on the subject is that in extreme cases of mental prostration the vesicular substance exhibits decided degeneration of structure, as the conducting substance is similarly disorganized as often as the power of motion is much impaired. But the great question in mental pathology still remains unanswered:—What is the change on the vesicular substance in such cases as temporary attacks of acute mania? It cannot be affirmed, with any show of reason, that in a person cut off by a different cause of death, soon after the accession of an attack of acute mania, a sensible change in any part of the vesicular substance of the encephalon would be discovered, even with the aid of the highest microscopic power.

The third chapter has for its title "Premonitory Symptoms of Insanity." The first page of this chapter illustrates what we said above of nests of boxes, for which reason we shall quote the entire page.

"This subject is too important and comprehensive to be analyzed at any length in a work which professes to embody only an *outline* of incipient morbid *cerebral* and *psychical* phenomena. This section will be considered in the following order:

1. Anomalous and masked affections of the mind.
2. Stage of consciousness.
3. Exaltation of mind.
4. Depression of mind.
5. Aberration of mind.
6. Impairment and loss of mind.

This classification of the phenomena of disordered thought will embrace the more prominent and salient points connected with the subject of incipient insanity.

Previously, however, to my considering any one of the preceding sections, I propose to discuss cursorily.

1. *The present limited knowledge of the physiology of the nervous system, and ignorance of the phenomena of mind and life.*

2. *Analogy between insanity and dreaming.*

3. *State of the mind, when passing into a state of alienation, as deduced from the written confessions of patients after recovery.*

4. *Morbid phenomena of thought as manifested during the states of transition and convalescence from attacks of insanity.*—[pp. 30 and 31.]

The next seven or eight pages of this chapter, such of our readers as choose to resort to them will find an excellent illustration of what is popularly termed "*rigmarole*." The main subject of the rest of the chapter is the analogy between dreaming and insanity. There is no clearer illustration of the phenomena of insanity than that furnished by the phenomena of dreaming. In both the control of reason is lost. In both the laws of suggestion operate without any constraint. Our author's account of dreaming is correct. He fails, however, to apply that view to the elucidation of the phenomena of insanity. Yet why was the subject of dreaming introduced but that it might throw light on the nature of insanity?

The fourth chapter—"Confessions of Patients after Recovery from Insanity; or the Condition of the Mind when in a State of Aberration"—contains a hundred weary pages of most insipid and uninteresting histories, leading, we are sure, to no better understanding of the nature of insanity. If our author feels himself benefited by the perusal of such histories he must be gifted with a rare talent for extracting pure metal from the merest dross.

The fifth chapter is on the "State of Mind when recovering from an attack of Insanity." In our notes made during the perusal of this chapter we are glad to find the words "more tolerable," accompanied however with this remark, "that there is no generalisation and still some indications of book-making." The chapter is very short, and made up chiefly of autobiographical histories.

The sixth chapter bears the title "Anomalous and masked affections of the mind." It is a long chapter. The first few pages are to the point ; yet the cases quoted are but confusedly brought out and fail to establish anything like general principles. Here, too, there are unequivocal marks of book-making. Finally, our author wanders away to the question of the responsibility of the insane, and to the difficulties under which experts labour in the evidence required of them by Courts of Law. The chapter at last degenerates into mere querulousness in regard to the state of human society. We do not think that any recent proceedings of our Courts of Justice give warrant for such a tirade as the following :—

"I would point out another anomaly in reference to the state of the law, as well as to the condition of public opinion in relation to this interesting subject. A man commits a murder. He is tried for the crime. The plea of insanity is raised in his defence, upon what is conceived to be *bonâ fide* evidence of the existence of mental derangement at the time of the murder. The attempt thus made to protect the criminal, immediately rouses the public indignation. Such an excuse is not, in many instances, listened to, and the unfortunate medical witnesses who have been called upon to exercise an important, and often thankless duty in support of the plea, are exposed for giving an honest expression of opinion to the most unmeasured ridicule, and vituperation. In defending the memory of the suicide, the disgrace that would accompany a verdict of *felo de se*, the evidence of the medical man *proving insanity*, is regarded with great respect, and treated with profound deference ; but in the effort to rescue a poor lunatic from the agonies of a painful death upon the scaffold, on evidence much stronger than was adduced before the previously mentioned court, the expert is exposed to unmitigated abuse. Instead of being considered as an angel of mercy, engaged in the exercise of a holy and righteous mission, he is viewed with suspicion, and often treated with contumely, as if he were attempting to *sacrifice* instead of to *save* human life. Again, the attempt to prove sanity of mind and mental capacity at a *Commission of Lunacy*, with the object of preserving intact the liberty of the subject, and establishing his right to an unfettered management of his own property, is applauded to the very echo ; but the endeavour to excuse, on the plea of insanity, an act of crime consigning the unhappy wretch, alleged to be an irresponsible lunatic, to penal servitude for life, or, alas ! to the hands of the public executioner, is denounced in unqualified language, as a most monstrous, unjustifiable, and iniquitous interference with the course of justice. The excuse of insanity will not, in many cases, under these circumstances, be tolerated by a portion of the press, in the slightest degree countenanced by the judge who tries the criminal, or deferred to by the jury, whose duty it is to

decide the fate of the prisoner. The public mind is violently shocked at the commission of a horrible and brutal murder. The act is viewed in the abstract as one of great and barbarous atrocity, apart altogether from all its concomitant extenuating medico-psychological considerations. The cry is raised for 'vengeance!' The shout is, 'an eye for an eye,' 'a tooth for a tooth!' 'blood for blood!' forgetting, in the paroxysm of indignant emotion, and phrensy of excited feelings, engendered by the contemplation of a dreadful violation of the majesty of the law, that JUSTICE must even be tempered with that DIVINE MERCY which sanctifies and enshrines

'The throned monarch better than his crown,
His sceptre shows the force of temporal power,
The attribute to awe and majesty,
Wherein doth sit the dread and fear of kings;
But mercy is above the sceptred sway:
It is enthroned in the hearts of kings:
And is the Attribute of God himself.' [pp. 222-224.]

This passage, as well as the contemplation of Dr. Forbes Winslow, in the character of "an angel of mercy" so wholly transcends our weak judgment that we leave it and him to the tender mercies of our readers.

In the seventh chapter—"The Stage of Consciousness"—our author does not keep to the point. He wanders about telling stories only a few of which illustrate his subject. We quote the following passage, which is a favourable specimen, for the sake of the critique we wish to make on the appended foot-note.

"For a considerable period before the mind has lost its equilibrium, or is appreciably disordered, the patient admits that he is under the influence of certain vague apprehensions, undefinable misgivings, and anxious suspicions, as to the *sane* character of his emotions, healthy condition of his ideas, and normal state of his instincts. He detects himself, when unobserved, occasionally asking, Can my impressions be healthy? Is there any good reason for my entertaining these strange and singular feelings? Why am I adverse to *this* person's presence, and why do I feel a repugnance to, and shun the society of *that* individual? Am I in a sound state of mind? Are unnatural ideas and strange impulses like those suggesting themselves to, and influencing my mind, consistent with a healthy condition of thought and a sane state of intellect? Am I in possession of my senses? Is this state of feeling, this condition of weakened volition, these strange inclinations that appear, blindly and irresistibly, to drive me to the commission of overt acts, so adverse to my natural character, so antagonistic to my sense and knowledge of what is right and wrong; are these flittings of sombre melancholy, these scintillations of perverted

thought, so contrary to my nature, and opposed to every principle of my being ; the dawnings—obscure, faint tints, shadowy outlines—of approaching insanity ? Am I mad, or becoming so ? emphatically and frantically interrogates the unhappy person subject to this incipient manifestation of disordered and disturbed thought.*

Such sad doubts, fearful apprehensions, mysterious, inexplicable forebodings and distressing misgivings as to the healthy condition of the mind, often induce the heart-broken sufferer, convulsed with pain, and choking with anguish, prayerfully, and in accents of wild and frenzied despair, to ejaculate with King Lear :

‘O let me not be mad, not mad, sweet Heaven !

Keep me in temper, I would not be mad !’ [pp. 227-228,

* In a conversation between the Stoic *Damasippus* and *Horace*, (Sat. III. Lib. 2,) the poet asks the former “ In what kind of folly do you think my madness consists ?”

“ Qua me stultitiâ (quoniam non est Genus unum), Insanire putas ?”

(And adds,)

“ — Ego nam videor mihi sanus.”

“ Quid ?” responds the Stoic.

“ Caput abscissum demens cum portat Agave

“ Gnati infelicis.”

(And then immediately asks)

“ Sibi tum furiosa videtur ?”

It would thus appear that this illustrious poet had a clear conception of the phase of conscious insanity of which I am now speaking.

We have heard that authors must not be judged by their books, and certainly the one does not tell, that is, truly tell, of the other. Dr. Forbes Winslow, as a classical linguist—ancient and modern—a pentaglot psychologist, was not known to us until his big book—*Μέγα βιβλίον, μέγα κακόν*—fell into our hands ; nevertheless, we must intreat him to reconsider this passage of Horace. He will find that it has not the slightest bearing on his purpose. There is plainly nothing in the words of the poet to indicate that he had any notion of the consciousness of insanity. The Stoic means that Agave did not feel herself to be mad any more than Horace did, mad as Horace was, in the Stoic’s opinion.

Dr. Winslow’s chapters, from the eighth to the seventeenth inclusive, have the following titles : “stage of exaltation,” “stage of mental depression,” “stage of aberration,” “improvement of mind,” “morbid phenomena of attention,” “morbid phenomena of memory,” “acute disorders of the memory,” “chronic modified affections of the memory,” “perversion and exaltation of the memory of the insane,” “psychology and pathology of memory.” These several chapters exhibit a striking improvement on those which precede them. Our author begins to keep in check

his passion for digression ; his observations lie more closely to the point, and his histories, numerous as these still are, become much more illustrative of the subjects under consideration.

The last chapter referred to, that on the psychology and pathology of the memory, is one of very considerable interest. Our author here recounts a number of those singular cases in which persons under delirium, or some allied morbid state of health, have uttered words or sentences in languages with which they had not previously shown any sign of being familiar. Among authors, especially of the scissors and paste school, we frequently find this state of disease. All such cases are not alike remarkable, yet some of them are of great psychological moment. The value to be attached to cases of this sort depends on their being perfectly authenticated, and on the evidence being complete that during the ordinary state of health the person concerned exhibited no trace of such words or sentences being retained latent in the memory. One of the best known of such cases is that of the Countess de Laval, as cited from Lord Monboddo. She is represented as having declared that when in perfect health she did not understand a word of the Breton idiom, which she spoke intelligibly under illness. We are not informed if when the Breton words were pronounced to her in her ordinary state of health she thought they were such as she had never heard before. For it is quite possible that she might recognize them as familiar sounds, though she had forgotten the sense attached to them. It appears that the Countess de Laval was nursed in a house in which nothing but the Breton idiom was spoken. It is not said at what age she was taken back to the house of her parents. This lady was in much the same circumstances as very many persons in this country ; for example, those who in infancy have been brought from India, under the care of a native nurse or ayah, where they spoke no other language but hers. This they soon forgot for any useful purpose, but they remember it in their dreams often long after, just as people in general find the scene of many of their dreams throughout life to be in the house and among the people familiar to them in their infancy. There is some reason to suspect that the Countess de Laval spoke the Breton idiom in her dreams ; for it is unlikely that she was actually delirious on so many occasions as she is represented to have spoken that language in the hearing of her servants. Nay more, it is probable that if she had attempted to learn the Breton idiom she would have found her infantine acquisitions to be of no little help to her. None of the cases of this kind recorded are more

remarkable than this of the Countess de Laval. It must be confessed, however, that highly interesting as it is, it loses some of its striking features when fairly examined.

In the other cases, for the most part, the persons who figure in the piece are represented as speaking in delirium, languages which they had learned in early life, but had ceased to use for a number of years.

The case quoted from Coleridge owes its high place in the list rather to the concomitants of the story than to any particularly direct inherent bearing on the point under consideration. A girl who could neither read nor write, lived from the age of nine for several years as a servant with an old pastor, whose habit was to walk up and down a part of his house, close to the kitchen, repeating aloud passages from Latin, Greek, and Hebrew authors. This girl when four or five and twenty, some time after the pastor's death, was seized with fever, and in her delirium recited passages in Latin, Greek, and Hebrew, which, when taken down, were found to consist of sentences coherent and intelligible each for itself, but with little or no connexion with each other. With respect to this case, no one can tell whether the girl had exercised herself in repeating these sentences at times during the several years between the death of her old master and the attack of fever; or whether the memory of them had lain dormant till called up during her delirium.

Such occurrences appear very singular when viewed by themselves; but when considered in connection with other psychological phenomena, they are found to have little of the anomalous in their character, and to fall very much under the common laws regulating man's psychological nature.

Nothing has been more insisted on in psychology than that the mind has no direct power of determining the succession of its thoughts, or of calling up at pleasure any particular object of memory. The succession of thought is undoubtedly determined by certain general laws, such as those that operate by contiguity in time and place, similarity, and the like; while in individuals these laws are infinitely modified by mental idiosyncrasies and temporary physiological conditions of the living system. Among the physiological conditions (in the largest sense of physiological), acknowledged to modify the more general laws of the succession of thought are intoxication, dreaming, and delirium. If, during a series of years, nothing has occurred to suggest the sounds of a language acquired in early life, it naturally appears to be forgotten; but when, by the inroads of disease, or by the disturbing

effect of some considerable physiological change, the ordinary habits of thought are broken in upon, then the lost links of suggestion take the place of those which had become habitual, and, as said above in respect to dreams and delirium, long interrupted remembrances are renewed. An explanation after this manner descends very little below the surface of things ; but it has at least the merit of placing such histories as those referred to above, under the same rule with occurrences which pass for the ordinary phenomena of man's nature.

Physiology is still far from being in a condition to enquire why it is that certain changes on the brain modify the laws regulating the succession of thought ; but of the fact itself there can be no doubt, and many other phenomena besides those above taken notice of, bear witness that such is the case. There is a very singular history published of an accomplished diplomatist, who for some years before his death, at an advanced age, went about transacting business in banks and warehouses, and while he believed all the while he was using his own language, speaking sometimes French, sometimes German, sometimes Italian, sometimes Turkish, to the astonishment of bank-tellers and shopmen, and to his own no small irritation when he found he could not make himself understood.

A medical friend lately mentioned to us that he had a patient, a native of this country, who after having passed some years in Italy had left that country, and lived at home for upwards of ten years, when, owing to a paralytic attack, his memory for words became so much impaired, that he often could not ask in English for what he wanted at the moment, but that nevertheless he could express himself intelligibly in Italian.

The following, of a somewhat different character, is from the same chapter. It is described as quoted by Sir William Hamilton from Abel.

“ A young man had a cataleptic attack, in consequence of which a singular change was effected in his mental constitution. Some six minutes after falling asleep, he began to speak distinctly, and almost always of the same objects and concatenated events, so that he carried on from night to night the same history, or rather continued to play the same part. On awakening, he had no reminiscence whatever of his dreaming thoughts, a circumstance by the way which distinguishes this as rather a case of somnambulism than of common dreaming.

Be this, however, as it may, he played a double part in his existence. By day he was the poor apprentice of a merchant ; by

night he was a married man, the father of a family, a senator, and in affluent circumstances. If, during his vision, anything were said in regard to his waking state, he declared it unreal and a dream."—p. 48.

Parallel to this case is one quoted by our author in a previous chapter, from Mr. George Combe, respecting an Irish porter.

"Mr. Combe records the case of an Irish porter, who forgot when sober what he had done when drunk, but being drunk again, distinctly recollected the transactions that had occurred during his former state of intoxication. On one occasion, he had mislaid a parcel of some value, and in his sober moments could give no account of its *locus in quo*. He again became intoxicated, and then clearly recollected that he had left the parcel at a certain house, and, having no address on it, it had remained there safely, and was immediately given to the party who claimed it."—p. 418.

Cases of this kind open a large field for investigation. Our author, following his propensity to methodize, has placed such cases as have just been detailed under the head of morbid mental phenomena occurring in reference :—

"1. To the state of the intellect as manifested in certain forms of asphyxia, caused by drowning and hanging.

2. To the condition of the mind as exhibited previously to death.

3. To the morbid mental phenomena observed to result from injuries inflicted upon the brain or to follow particular types of encephalic disease."—p. 439.

We find, however, that the cases we have cited fall entirely under the last head, and that we have not yet quoted any of our author's cases falling under the first and second.

We first quote one which is original :

"A gentleman during an attack of acute mental depression hung himself. A short period only elapsed before he was cut down. He was subsequently brought to me for advice, and placed for a time under my medical supervision. He ultimately recovered. He often related to me the strange mental visions that floated before his mind, during the few minutes or (in all probability) SECONDS he continued suspended, and temporarily deprived of consciousness. They were of the most pleasing character. The scenes of his early life were in their minutest particular revived. He was taken to the cottage in which he was born, interchanged tokens of affection with his beloved parents, gambolled once more with the companions of his childhood on the village green, and again

"Whispered the lover's tale

Beneath the milk-white thorn, that scents the evening gale."

Incidents connected with the school in which he received his early instruction were reproduced to his mind. He once again renewed acquaintance, and shook hands with the loved and dearly cherished companions of his boyhood! The remembrance of faces (*known when a child*) that had been (as he supposed) entirely obliterated from his memory, was restored to his recollection in a most remarkably truthful and vivid manner. During that critical second of time (when he might have been considered struggling with death,) every trifling and minute circumstance connected with his past life was presented to his mind like so many charming pictorial sketches and paintings.”—p. 440.

The following is our author's single example of similar effects just before death :

“A young man, (says Dr. Symonds) who had been but little conversant with any rural scenery, discoursed most eloquently a short time before his death, of sylvan glen, and bosky dell, purling streams, and happy valleys, ‘babbling of green fields,’ as if his spirit had been always luxuriating itself in the gardens of Elysium. Shakespeare alludes to this phenomenon in his account of the death of Falstaff in the play of Henry V.”—pp, 441-442.

All that can be said of the cases falling under these three several heads is merely what has been already said of one of them, namely, that a change on the physiological state of the brain subverts the habitual train of thought, and makes way for trains of thought determined by more slender ties of association, so as to bring back thoughts which had long lain dormant. Our author, however, employs these three heads of phenomena to support an assumption of what he calls the indestructibility of physical impressions. We fully admit our belief in the long periods during which psychical impressions may remain dormant and undiscovered; but we are not prepared, even by all the arguments used by our author, to regard them as absolutely indestructible.

The eighteenth chapter refers to “the morbid phenomena of motion.” In this chapter there is a great deal of good matter, stated however in that rambling confused manner, which is the great fault of our author. His devotion to method is but lip-service. He is continually tabulating, but is constantly turning the tables on his own arrangement. Method, with him, is an idol, to which he is unceasingly erecting altars, bowing the knee, and making special vows; but no sooner has he risen from his knees on one occasion, than with a total oblivion of what he had just undertaken to perform, he rushes away to the fulfilment of some prior vow, which he had neglected to carry out at the proper time.

Accordingly in this chapter he sets out with the arrangement of the morbid phenomena of motion under the heads : *a.* impaired motion ; *ε.* lost ; *γ.* exalted ; *δ.* perverted. But instead of giving examples of these several lesions of motion in the various diseases in which such occur, he immediately enters on an arrangement of paralytic states into, *a.* cerebral ; *b.* spinal ; *c.* peripheral ; giving us part of a treatise on paralysis, which subject is then postponed for an arrangement of epilepsy into *a, b, c, d, &c.*, and after a somewhat systematic treatise on this disease, he concludes the chapter with the remainder of what he has to say on paralysis.

In the nineteenth chapter, on "the morbid phenomena of speech," our author holds more faithfully than is usual with him to the arrangement laid down. The major part, however, of the numerous cases cited in this chapter are very well known to the profession at large.

The twentieth chapter on the "morbid phenomena of sensation," affords a place for an account of epileptic vertigo, or what the French call "petit mal" in reference to epilepsy. It contains also numerous cases illustrative of the occasional defect of sensibility in the insane.

We quote the following passage which well deserves attentive perusal.

"There has been much written on the subject of the insensibility of the insane, and an attempt made by several authorities to establish, that a state of anesthesia exists in the majority of cases of mental disease. Such an opinion could only have been expressed by writers practically unacquainted with the ordinary phenomena of insanity. Insane patients, as a general rule, are not reduced to a condition of anesthesia. In many cases the sensibility, *psychical* as well as *physical* is most acutely and painfully manifested. Impairment of sensibility is however, one of the characteristics of certain types and stages of insanity. This state of anesthesia admits of a *psychical* and a *physical* explanation. In many cases the disease of the brain causing the insanity induces a paralysis, throughout the whole of the body of the nerves of sensation, consequently their special function is weakened, benumbed, or entirely paralysed. This condition of anesthesia is observed in various degrees of manifestation, in proportion to the nature and degree of the mental alienation, or cerebral organic change."

"In the early stage of general paralysis, this impairment of sensibility is well marked. The phenomenon is observed in many cases of this disease long before it is suspected to have commenced. Deficient sensibility is occasionally manifested in many types of disease of the brain previously to any decided and perceptible loss of motor power. Such patients are not ordinarily susceptible to the

influence of marked alternations of temperature. They have been known to wander about in the most severely cold nights in a state of nudity, without exhibiting the slightest physical pain, discomfort, or uneasiness. They often resist, when in bed, the application of any extent of bed clothes. Occasionally it is necessary for their protection to mechanically fix the blankets to the bed posts, but this is often resisted even in very severely cold weather. This state of insensibility prevails throughout the whole of the body, internally as well as externally. The mucous membrane of the stomach and intestinal canal participate in the anesthesia. The peristaltic action of the intestines either ceases, or is considerably impaired. All the organic functions of animal life are altered in tone and vigour. Hence large and active doses of cathartic medicine produce no salutary stimulating effect upon the living membrane of the bowels, and opium, in heroic proportions, is administered without in the slightest degree influencing the brain or nervous system. In these cases there appears to be a general sluggish state of mind and body, mental and physical stimuli making no impression upon the one or the other."

"This condition of insensibility may arise from the pre-occupation of the mind in an intensely morbid contemplation of fixed, engrossing insane delusions or hallucinations." [p.p. 550 to 552.]

The twenty-first chapter on the "Morbid phenomena of the special senses," includes the recital of some cases of nictalopia, and some of colour-blindness; but our author makes no reference to Dr. George Wilson's recent elaborate investigations of colour-blindness.

The twenty-second chapter is entitled "Morbid phenomena of vision, &c." It contains a great deal of highly interesting matter, and numerous cases derived from more or less accessible sources; but the whole is jumbled together in a manner forcibly to remind us of Mrs. Quickly's dissertations.

The twenty-third chapter is on the "Morbid phenomena of sleep and dreaming." Here are numerous cases—many of them bordering on the marvellous. Indeed it should be remarked that throughout his work our author seems more solicitous to produce numerous striking cases than to afford to the reader satisfactory evidence of their authenticity.

The twenty-fourth chapter is entitled "Morbid phenomena of organic and nutritive life," and affords little scope for censure. We fear, however, the information conveyed in it is very far from being commensurate with the great importance of what is implied in the title.

We have at last arrived at the concluding chapter on which, as bearing the title "On the general principles of

pathology, &c.," we made some remarks near the outset of this article. We shall not therefore criticise it further, though our notes show that our author has been true to the end of his book, to the confused, rambling, digressive manner which he has adopted.

The Government of the Irish District Asylums. The Maryborough Investigation.

The absurd and vicious system which prevails in the Irish Asylums of entrusting the treatment of the patients to a Visiting Physician, and the management of the patients to a Resident Physician, has been forcibly illustrated in an enquiry which took place at the Maryborough District Lunatic Asylum, in October last. This enquiry, which occupied five days, was held before two Commissioners appointed for the purpose by the Lord Lieutenant; the Commissioners being Dr. Hatchell, one of the Inspectors of Irish Asylums, and Col. M'Kerlie, one of the Commissioners of Control; a large number also attending of P. P's, J. P's, and M. P's, who, as Governors of the Asylum had been unable to appease the quarrels of the doctors.

The statements made by Dr. Jacob, the visiting physician, to the prejudice of Dr. Burton, the resident physician, will have little interest to our readers, except as an indication of the state of feeling which may exist in the medical staff of an Irish asylum, not for a brief period only, but as we learn incidentally, from as far back as 1852, when Dr. Jacob laid his first formal complaint against his colleague. Although the true ground of the recent investigations was undoubtedly the personal conduct towards each other of two gentlemen, who were bound not less by their professional character than by their official position, to mutual courtesy and forbearance; the ostensible grounds of the inquiry turned upon such questions as the following:—Did the patient, Margaret Kelly, obtain the stone with which she made the attack upon Dr. Jacob, through any negligence of the nurses who are under the control of Dr. Burton? Was Dr. Burton justified in allowing a convalescent patient named Coulton to discharge a gun in his

presence for the purpose of frightening certain birds? Did Dr. Burton on the requisition of Dr. Jacob, provide wine for a patient named Fox without unnecessary delay? One would say at the first blush that such questions were very puerile for the laborious investigation of a Government Commission, but small as the chinks may appear, they let in light upon the extraordinary system of government which prevails in the Irish asylums.

If Dr. Jacob had in any case cause for complaint it was in that of Margaret Kelly with whom he came to personal grief. This young person is described as possessing a decidedly warm temper, quick intelligence, and great physical strength, and Dr. Jacob states that she never showed any unequivocal signs of insanity; yet she was subjected to the treatment of a refractory patient. "Here is a young woman," says Dr. Burton, "confessedly not insane, subjected to all the treatment usually adopted towards the most refractory lunatic, goaded on I may say to desperation." She gets possession of a stone, with which she attacks the visiting physician to whom she attributes this treatment, and towards whom she not unnaturally entertains a violent animosity; a feeling which Dr. Burton states to be by no means rare among the patients in the asylum. He says

"The hatred evinced by this girl towards the physician seems to be participated in by many patients in the house, and may be tested by examining them. It extends so far that *in some cases the physician is obliged to be accompanied by a guard of attendants when visiting the day rooms* in the divisions, and this, in my opinion, is utterly inconsistent with the proper feeling that should exist. Dr. Jacob continues—he had reason to believe that conspiracies of a heinous character had been formed against him to annoy and thwart him in the discharge of his duties. Such unsubstantiated assertions prove nothing but the condition and frame of mind, which, failing to refer dislike of patients towards him to its right cause, has substituted such an one as the nature of his feelings rendered most congenial."

Dr. Burton proceeds to illustrate the manner in which, as he thinks, this hatred to the visiting physician has been generated.

"Dr. Jacob states that offensive, indecent, and obscene rhymes were put into his hands by patients. In reply to this statement, I think to the best of my belief I never heard of any patient who wrote poetry but one, named Miles Tierney. This man who, by education and position, was removed from the common run of patients, has been twice admitted to the asylum. He has never, to the best of my belief, since his admission been guilty of any offensive, violent, or indecent act. He was in the convalescent division for a considerable time, but was removed down to the lowest class to associate with drivelling madmen and dangerous lunatics, in consequence of repeating a copy of his verses to the Valuation Commissioners on their visit to the asylum, as he stated to me. I cannot too strongly advert to the treatment practised towards this man, than

whom no more quiet patient exists, and would entreat from the Commissioners to hear from his own lips a statement of the manner in which he has been treated. Orders were given to deprive him of paper, pens, ink, newspapers, in fine everything that could relieve the monotony and tedium of a life, such as is led by the patients of that division. His son was forbidden to speak to him but in the presence of a keeper, and this for having written some verses which he handed to Dr. Jacob, as he informed me."

It must be admitted that in such a state of affairs the position of the visiting physician was not likely to be found by him either quite safe or agreeable. Passionate young women of great personal strength, and sarcastic old men who can write poetry, require to be treated with caution, even in a lunatic asylum. Doubtless, if the state of feeling of patients towards Dr. Jacob is correctly described, he was perfectly justified in viewing with alarm what must have appeared to him the rash permission given by Dr. Burton to a patient named Coulton to let off a gun in his, Dr. Burton's presence, to frighten some birds. Of course Dr. Jacob would never have done such a thing, and although Dr. Burton testifies that when he entrusted the gun to Coulton, the latter "was perfectly convalescent, perfectly trustworthy, and very skilful in the use of firearms, having been accustomed to them all his life;" still the conduct of Margaret Kelly, who "never showed any unequivocal signs of insanity," may be taken as evidence that the inmates of asylums, whether insane or not, are not to be trusted when they have formed strong antipathies. What a dreadful act of rashness, therefore, to allow an inmate of an asylum to stand by your side and let off a gun to frighten the little birds! Why he might have put the ramrod in it and shot you through the heart, Dr. Burton, if you have one, which seems probable. But if this be rash, what would Dr. Jacob think of English superintendents who, not to frighten little birds, but bent upon sanguinary work, take parties of patients with them to beat coverts for hares, and pheasants, and rabbits, and in wicked confidence in the good will of those whom they make very happy by these excursions, give the loaded gun to be held or carried by one madman after another, to ease their own indolent shoulders! What would Dr. Jacob think of one of the patients in a private lunatic asylum being permitted to practice rifle shooting all day long, he being a quondam captain, and "very skilful in the use of firearms!" Yet with such rashness we have been acquainted, and have not heard it reprobated, as the wise Governors of Maryborough thought fit to do when Coulton burnt powder

to frighten the little birds. The Governors should issue an order that the only powder with which any inmate of the Maryborough asylum be entrusted shall be the *Pulvis Jacobi veri*.

The next charge, or "statement," as Dr. Jacob more euphonestly puts it, is in the face of it more important. The visiting physician to whom the medical treatment of the patients is solely entrusted, sends to the resident physician, acting as steward, for four ounces of wine for a patient dangerously ill, and receives something like a refusal. Dr. Burton, however, succeeded in satisfactorily explaining away this charge. He had just before dispensed the last wine in store, and said so to Dr. Jacob's messenger, whom he requested to go into the town for more. The messenger thinking some one else had been sent, did not go, and Dr. Jacob procured the wine within five or six minutes afterwards from the matron.

It would appear that this difficulty was, with others, the subject matter of a report which called forth the following letter from the superior board.

" Office of Lunatic Asylums, Dublin Castle,
9th July, 1860.

SIR,—I am directed by the Inspectors to acknowledge the receipt of a copy of a report read by the Visiting Physician of the Asylum to the Governors, at their meeting, held on the 13th June, and which, if not transmitted by order of the Board, the Inspectors would, for the present, pass unnoticed, its whole tenor manifesting discontent on the part of that gentleman towards all who happen to differ in opinion with him.

The Inspectors deem it unnecessary to make any observation in regard to that report, further than to express regret at the spirit in which it was conceived towards his colleague and professional brother, against whom they fear, from the unremitting hostility exhibited by the Visiting Physician, that the charges brought from time to time, if not unfounded, have certainly been greatly exaggerated; and I am to add that the existence of the feelings of enmity displayed in that, as well as in many former reports, has been long a cause of anxiety to the Inspectors, the Maryborough Asylum being the only asylum in Ireland in which such feelings are found to exist.

The Inspectors do not feel that the observations which Dr. Jacob appears not to have considered it unbecoming to make regarding the heads of a department to whose authority he is subject, both in his public capacity as Visiting Physician to a public institution, and his private capacity as proprietor of a private Lunatic Asylum, call for any remark on their part beyond requesting the Board to re-peruse their letter of the 2nd May last; for thus the Board can best form an opinion as to whether it affords any justification for the imputations contained in Dr. Jacob's report, a repetition of which, it is with great reluctance the Inspectors desire me to say, will force on them the necessity of bringing the whole subject under the consideration of the Lord Lieutenant, with a view to such steps being taken as will effectually prevent a recurrence of such improper observations and restore peace and quiet within the asylum.

I have the honour to be, Sir,

Your obedient Servant,

The Chairman of the Board of Governors,
Maryboro' District Lunatic Asylum.

W. CORBET, Chief Clerk."

Dr. Jacob indignantly disclaims the justice of this letter and we are much inclined to go with him so far as to express our conviction that he proved legal right for the authority which he assumed. It is always most unjust to lay on an individual the blame of faults which are mainly, due to a vicious system. The Inspectors tax Dr. Jacob with being more quarrelsome than other visiting physicians. It may be that he is but more logical; that he has insisted upon the letter of the law, the only existing law for the government of the Irish asylums, the spirit of which has indeed become obsolete, and obedience to which has in other places been tacitly discontinued. Still the law is the law, and Dr. Jacob, may say in the words of Shylock,—

“If you deny me, fie upon your law!

There is no force in the decrees of Venice.”

That Dr. Jacob acted within the letter of the law, he succeeded we think in proving in the cross-examination to which he subjected Dr. Nugent, one of the Government Inspectors of Asylums, who had been called as a witness by Dr. Burton. We reprint this part of the lengthy evidence, since it appears to lay bare the very ground and front of all this difficulty.

“Dr. Jacob—Be so [good as to obtain from Dr. Nugent an answer to this question. As regards rule 16 of the Privy Council’s rules, whether that rule should be considered a rule for the guidance of the Institution or not? This rule is as to the duty of the Manager, and says—“He shall, under the directions of the Board, and *subject to the direction of the Visiting Physician*, see to the treatment of the patients, and superintend and regulate the whole establishment.” Ask him if that should be the rule for governing the house?

Dr. Nugent—No; the answer I give is that this rule is to be taken in connection with the rule for the Visiting Physician. The Privy Council rules distinctly state that the Visiting Physician is to confine himself to the duties of Visiting Physician.

Dr. Jacob—Mr. Inspector, you will recollect that he has not answered that question, whether it is to be considered one of the rules for the government of the house. I think you should require him to answer whether that is to be observed or not.

Dr. Nugent—Under the enactment that binds the Visiting Physician it is. The Managing Physician is to be pre-eminant over the ministerial part of the establishment, and is not to be interfered with.

Dr. Jacob—I trust you will not permit Dr. Nugent to refer to any rule until he points out what rule it is. I have read one rule and I have others to refer to.

Dr. Nugent—I have answered your question.

Dr. Jacob—I only asked him to point out the rule. I now ask with respect to the 25th rule for the Manager’s guidance, whether this shows that the Manager should take the instructions of the Physician, and prepare himself for acting on these instructions. This is one more rule I wish to read—“He shall make himself acquainted with every case, and maintain such an intercourse with the inmates as may enable him at all times to give full and perfect information on all heads to the Board and to the Physician.” Will you ask Dr. Nugent should the Manager perform that duty?

Dr. Nugent—Certainly.

“Dr. Jacob—In connection with the Manager’s duty I would ask Dr. Nugent whether the Manager should observe rule 29—“He is to report to the Physician

such cases as appear to require particular attention or treatment, and to cause to be carefully observed such directions as may be given by the Physician and shall, whenever (I shall call particular attention to this afterwards) requested by the Physician, accompany him in his visits around the house." Is that rule to be observed ?

Dr. Nugent—It is a rule of the Privy Council, and should be observed.

Dr. Jacob—Ask Dr. Nugent whether that rule specifies that the Manager shall, when requested by the Physician, accompany him in his visits.

Dr. Nugent—Yes it does.

Dr. Jacob—Ask is the 45th rule to regulate the duties of the Physician to be observed. It says—"The Physician is to direct either orally or in writing, as he shall think proper, the course of moral and medical treatment of the patients, and consistent regard is to be had to the means of amusement and employment afforded them." Should that be observed ?

Dr. Nugent—Certainly. Every one of the rules should be observed, but there is this difference, where you have an intelligent medical gentleman, it is the spirit of the thing and not the letter that will be found to work well. Suppose Dr. Burton takes up the rules, there is a clause for the regulation of the Physician which tells him he must be here before 2 o'clock every day.

Dr. Jacob—Which I am Sir. If I did not it was your duty to see whether I was or not.

Dr. Nugent—Oh ! well now, I was merely going to put a case.

Dr. Jacob—Will you be so good as to ascertain whether this rule should be observed—the 90th rule to regulate the conduct of the keepers and nurses—"They are, in their communications with the Physician, to state to him all the circumstances relating to each patient within their knowledge: they are strictly to obey his orders relative to the patient, and conduct themselves towards him with the utmost respect"

Dr. Nugent—Certainly they are bound to treat you with every respect, and they are culpable if they do not. Allow me to read the 5th regulation. "He is to attend on Board days, and to direct the attention of the Board to anything particular in his own department." That means that the duty of the Physician is to be restricted to his own department. What I think was the fault here was the interference with the Manager if you do not recognise him as a Physician. Where there is kindness and good feeling, meeting each other's views, and working in harmony, men do not stand on these things, and the more you endeavour to make rules stringent, the more difficult will it be to keep them. It is the spirit is wanted to be carried out, and not the letter, for *these rules are quite as well in some respects avoided, and the consequence is this, which I wish to impress upon the Board, that the Inspectors and the Government are far from thinking that the rules and regulations laid down by the Privy Council are proper*, and the changing of them has been deferred from day to day in order that legislation of a more general character may take them in also. I wish it to be understood that the prime cause of these disputes are these rules. They were passed at a time when there was no resident Physician, and then there existed a cordiality between the Visiting Physician and the Manager. The Government appointed Resident Physicians with a two-fold object: To give to the patients in this Asylum the double benefit of a double advice; it was done in order that in the absence of the Visiting Physician there should always be a Physician on the spot. They thought, and I am sure the public will agree with them, that the great object in a lunatic asylum is the good of the patients, and it is not by standing on nice points of rules and regulations that this can be effected. I grant you with regard to those rules and regulations that Dr. Burton has not carried them out to the letter; but the thing is to carry them out in spirit, to work for the good of the community, and to make our managers and governors work in harmony. That is our object. It is by kindness of feeling and not by standing on rules and regulations that the character of this institution will be upheld.

Dr. Jacob—Will you ask Dr. Nugent whether we are to be governed by the Privy Council rules or not ?

Dr. Nugent—No. I would not go in opposition to the rules, but there is a way of working on the spirit of the rules, and in the way of carrying out the suggestions of the Lord Lieutenant. If you refer to correspondence which came from our office, I must say your colleague is recognised as the Resident Physician, and it is intimated that the *Consulting* Physician should work in harmony with him for the good of the institution.

Dr. Jacob—I must request an answer whether am I to be bound by the Privy Council rules ?

Dr. Nugent—What I say is, you must be governed by the spirit of them.

Dr. Jacob—I say you must give me an answer “Yes” or “No,”

Dr. Hatchell—Do you think these are the laws of this establishment ?

Dr. Nugent—I think the rules of the Privy Council are carried out with peculiar emphasis in some respects and overlooked in others.

Dr. Hatchell—Suppose they had most rigidly adhered in every respect to these rules ?

Dr. Nugent—They could not be wrong.

Dr. Jacob—Get an answer whether they are or are not to be my guide ?

Dr. Nugent—They are the recognised rules.

Dr. Jacob—“Yes” or “No,” Sir, in candour.

Dr. Nugent—You must both act under the Privy Council’s rules.

Dr. Jacob—Ask him to lay on this table any other rules for my guidance in the discharge of my duty.

Dr. Nugent—I think when first Dr. Burton was appointed we spoke to you that you would work in harmony. Though these were not the Privy Council rules, they were in spirit recognised by the Council, so much so that the Lord Lieutenant and the Executive placed these things under the control of the Inspectors, and they recommended such and such things to be done. I am clear that the rules of the Privy Council should be carried out as much as possible in every respect, and it is my duty to see that you do not swerve from them.

Dr. Jacob—You will please get me an answer to a respectful question—Has Dr. Nugent any other rules ?

Dr. Nugent—No printed rules.

Dr. Jacob—Mr. Inspector, allow me to impress on you that he says these are the rules for my government, and that he states there are no other rules for my government. Now get me an answer to this question—Which should I be governed by the Privy Council rules, or by any case that he may or may not have put to me in the Board-room or elsewhere ?

Dr. Nugent—I think there is a discretionary power placed in the head of the department which works for the well-being of the institution ; that the government would not think the Inspectors were acting illegally, though the government had not altered the Privy Council rules. They would not find fault with the Inspectors if they directed a certain line of conduct to be carried out which they considered would be for the benefit of the Institution.

Dr. Jacob—Ask Dr. Nugent whether he is in a position to shew he has any authority whatsoever to give me orders for the discharge of my duty here, more especially if those orders are at variance with the orders of the Privy Council ?

Dr. Nugent—I never gave you any directions at variance with the orders of the Privy Council.

Dr. Jacob—Be so good as to get me an answer to the question ?

Dr. Nugent—Certainly, I could not.

Dr. Jacob—I have in my hand a letter where your colleague assumed the authority of directing my movements. The Privy council rules say that the Physician is to be at liberty to visit when he thinks proper, and must I obey that ?

Dr. Nugent—Certainly ; it is all left to your discretion.”

Whatever may be thought of the manner in which this examination was conducted, there can be no question that

Dr. Jacob succeeded in establishing the proof of his authority. He has done his work according to the letter of the Rules of Privy Council, which constitute the only existing law for his guidance in his official relations to Dr. Burton, who is the Manager of the Maryborough District Asylum. It would appear then that the accomplished and experienced medical gentlemen who are called the Resident Physicians of the District Lunatic Asylums in Ireland, and who ought to discharge all the duties which fall to the lot of the Medical Superintendents of English asylums, are, in the eyes of the only existing law, the Managers of the asylums, occupying in relation to the real physicians of the asylums who are called the Visiting Physicians, the legal position which was formerly held by the lay Managers and which is strictly defined by the Privy Council Rules. The monstrous absurdity of this law is abundantly proved by its all but abandonment in all asylums where good sense and good feeling animate the officers. How it must of necessity act when the men are not superior to the law is evinced in this Maryborough enquiry. How it is that such a system could under such circumstances work at all for eight or ten years, it is difficult to imagine; a system which, as Dr. Burton said, "commits all the power to one officer, while the whole responsibility is supposed to attach itself to another." This account of the system however is not correct, since Dr. Burton, as Manager, does undoubtedly possess and exercise the most important power which any officer can hold, namely, that of the appointment of attendants and servants. He says on this point,

"As to the appointment or dismissal of servants, I do not recognize the slightest right which Dr. Jacob has to interfere about the servants, and I do not say that of late I have consulted him upon the subject, as I attribute the greater part of the trouble and annoyance which has arisen in the Asylum to interference with the attendants."

But then, if Dr. Burton makes the appointments, he asserts that Dr. Jacob has ample opportunity of making the vacancies, and if the character of the institution given is correct, the manager's choice in the selection of good servants must be rather limited. The view taken of Dr. Jacob's influence by his colleague, will be seen from the following extract from the evidence.

"Dr. Burton—Are the servants not obliged to leave their posts unless they pursue the same line of practice as the Physician?"

Dr Hatchell thought there was no need to go into that.

Dr. Burton—I think it is the most important point of the whole Commission just the point on which the whole thing turns. I think I can show that Dr.

Jacob has so threatened and annoyed the servants that it was impossible to get them to stop in the institution.

Dr. Hatchell (to witness)—Has Dr. Jacob ever threatened yourself ?

Witness—He told me to be very cautious about my tobacco-smoking, and when he went out to the yard he made a very severe note on me.

Dr. Hatchell could not see the importance of this.

Dr. Burton contended it was most material for him. He could show that Dr. Jacob's interference with the servants was most detrimental to the interests of the institution.

Dr. Hatchell—I don't see it in that light.

Dr. Burton—They have been treated in such a way as to make them afraid of their lives to tell a word of truth. This man, Fitzhenry, has been so treated as to make him the worst man in the house.

Dr. Hatchell—But that turns upon medical opinion. You could'n't get that from the witness.

Dr. Burton—Will you not listen to the evidence I have to adduce to show that this very treatment has been the cause of these bruised heads, broken limbs, and the other accidents on which so much stress is laid ?

Dr. Hatchell—That is entirely a medical opinion, because in some cases mild treatment must be given ; in others harsher treatment."

The Commissioners called before them the attendants in charge of the different wards, apparently to satisfy their own minds as to which officer really was the head of the asylum. This evidence would be rich fun if it did not display a state of affairs fraught with such sad results. Here is a sample from the evidence of Timothy Clare, the keeper of No. 2 division.

"Colonel M'Kerlie—Which of them (Dr. Jacob or Dr. Burton) gives more of their time to the management and treatment of the patients under your charge ?

Witness—I think Dr. Jacob takes more pains.

Colonel M'Kerlie—In fact, which of the two gentlemen do you suppose takes the lead in instructing you ?

Witness—I think Dr. Jacob.

Colonel M'Kerlie—And who would you consider the superior officer of the two ?

Witness—Well I consider Dr. Burton to be the Manager of the institution.

Colonel M'Kerlie—That is not an answer. I know you consider him the Manager.

Witness—The impression on my mind is that Dr. Jacob has more control over the patients."

Here is a still richer bit from the evidence of William Laine, keeper of No. 4 division.

"Colonel M'Kerlie—Does Dr. Jacob or Dr. Burton obstruct you in the discharge of your duty ?

Witness—Why I can't answer that till I explain. Dr. Jacob tells me to do one thing and Dr. Burton tells me to do another. If you call that obstruction, that is all I meet with.

Colonel M'Kerlie—Whose instructions, then, do you obey ?

Witness—Both, (laughter). I obey one at one time—at the time he tells me—and the other at another time."

Surely to set up in a hospital for the treatment of diseases of the mind two rival and conflicting authorities, to depute to one officer the appointment of all servants, and to another all power to reward or discourage them after their appointment, to give to one officer the management

of the institution and control over the patients in all things except what is called their treatment, and to another officer the treatment of the disease which we suppose must necessarily involve full control both of attendants and patients, surely such a practical bull as this could not exist any where out of the Green Isle. And are not the Inspectors to some extent responsible for this state of affairs, by the support they have given to this pernicious system of frittering away by division the power and responsibility of asylum physicians, trying all the time to make things smooth and pleasant by telling the rivals that they are gentlemen, even more than officers, and should behave as such ?

We cannot believe that in any Asylum such a system can work for the good of the patients, which, as Dr. Nugent justly observes, is the great object of these Institutions. Where the Visiting and Resident Physicians are on terms of personal friendship, no doubt they make private arrangements of their own, independent of the Privy Council Rules, whereby they may succeed in governing the Asylum with some comfort. No doubt also where personal friendship does not exist the control of temper and rule of conduct which gentlemen impose upon themselves may override the feelings of official rivalry : but these influences cannot be depended upon as the rule of public service, and therefore we should be disposed to reverse Dr. Nugent's proposition, and state it as our own view that "It is *not* by kindness of feeling, but by standing on just rules and regulations that the character of these institutions will be upheld." Moreover kindness of feeling is not encouraged by unjust and inconsistent rules, so that where the latter exist the former can by no means be depended upon as a counterpoise, and therefore we think that those who are responsible for the continuance of "the improper rules of the Privy Council, which are quite as well avoided" (as Dr. Nugent says) are responsible for a great part of the mismanagement of the Maryborough District Asylum.

Recent attempts to improve the government of the Irish asylums have been of the most patchy kind ; attempts to mend the old coat with new cloth which, on the highest authority, we know can result in nothing but bigger rents. The old system which left the power, and responsibility with it, in the hands of the Visiting Physician, has been innovated upon to the extent of introducing a rival to the Visiting Physician in the person of the Resident Physician, who has supplanted the old lay Manager. And now the Commissioners themselves don't appear to know who is the chief

man, so, in their helplessness, they ask the attendants who, in their opinion, has the honour of standing out of the dust of the saw-pit. The only remedy which we see is to have a new suit of system altogether, after the English fashion; to make the Resident Physician of the Irish Asylums the counterpart of the English Medical Superintendent, and to allow Dr. Jacob and his colleagues to march out of an untenable position with all the honours of war. It must come to this at last, for common sense, like the wise men, ever marches westward. In the meanwhile we shall venture to ask the Government Inspectors of Irish Asylums one question, namely, *Whether they think it right that these institutions should be left day by day without the presence of any medical man?* In England and Scotland the charge of these institutions is confided to two or more resident medical men, one or more of whom is never absent from the place; but in Ireland whenever the Resident Physician leaves the Asylum at any other time than during the brief visit of his colleague, the institution is bereft of medical aid, and the constant emergencies which arise in the treatment of the insane are left unprovided for.

One of the worst consequences of the tenacity with which the old-world services of the Visiting Physicians are retained in Ireland is, that these encumbrances on the Asylum staff prevent the appointment of second resident medical officers, such as the invaluable Assistant Medical Officers of English asylums and assistant physicians of the Scotch asylums.

We cannot close this notice without mentioning the great ability and excellent temper displayed under very trying circumstances by Dr. Hatchell, by whom the enquiry was conducted, nor without referring to the gentlemanly feeling displayed by Dr. Nugent, with whose opinions, with regard to the rules applicable to asylums we should not have been compelled to differ, if we could believe that all men were like him, capable of being a rule unto themselves in all that is kind and courteous.

Since the above was in type we have received a copy of the Lord Lieutenant's decision, conveyed in the following letter to the Board of Governors.

Dublin Castle, 4th December, 1860.

GENTLEMEN,—Referring to the correspondence which has taken place relative to the state of the Lunatic Asylum at Maryborough, I am directed by the Lord Lieutenant to state that His Excellency has had under his consideration

the report of the investigation lately held at that place, and I am desired to express the deep regret which His Excellency feels at the proof thus afforded of the total want of that harmony among the principal officers of that institution, by which alone the duties of the Asylum can be efficiently carried on.

I am further to state that His Excellency will take an early opportunity of removing Dr. Burton, whose duties are confined to the Asylum, to another institution of the same nature.

His Excellency, at the same time, feels it no less necessary to impress on Dr. Jacob that, while sensible of the zeal he has displayed in the discharge of his duty, His Excellency is of opinion that by forbearance and consideration for the feelings of those associated with him, much of the inconvenience and discord which have prevailed in the Asylum at Maryborough, might have been avoided.

I am also desired to state that, in order that no steps on His Excellency's part may be wanting as far as is possible by regulations to provide against misunderstanding and collision of authority in future, His Excellency will cause certain alterations in the rules to be laid before the Privy Council for consideration.

I am, Gentlemen, your obedient servant,
(Signed), EDWARD CARDWELL.

The Governors of the District Lunatic Asylum, Maryborough."

[NOTE. All the quotations in the above article have been made from the *Leinster Express* which gave a full report of the inquiry.]

Class of Medical Psychology and Mental Diseases in the University of Edinburgh.

The award of Dr. Browne's prize, and of certificates of honour in this class took place at the close of the last summer session. In announcing the holders of certificates of honour, Professor Laycock observed that the establishment of numerous institutions in every part of the United Kingdom for the reception and treatment of the insane, had created a demand for medical practitioners specially instructed in the nature and treatment of mental disorders. His own class had supplied within the last two or three years two superintendents of Scottish asylums, besides others who filled the office of assistant resident physicians. With a view to stimulate the industry of the student, and the more effectually to meet this demand for qualified men, Professor Laycock had instituted examinations this year, in which the students would compete for certificates of honour. The knowledge of the student was tested by requiring him—First, to give written answers to questions in the ordinary way; and, second, by taking him to an asylum, and placing before him a case of mental disorder for his examination and com-

ment practically. He stated that Dr. Browne and Dr. Coxe, the Commissioners in Lunacy, had very kindly taken the trouble to examine the essays and commentaries on cases sent in, and had expressed their great and sincere satisfaction with the general proficiency and practical knowledge of the candidates for the certificates of honour. The merits of the latter were so nearly equal that considerable difficulty had been experienced in classing them. However, they had finally arrived at the conclusion that Mr. James C. Browne was the first, Messrs. M'Intosh and Steele equal, and Mr. James Middleton fourth. Mr. M'Intosh was also awarded Dr. Browne's prize for his essay on impulsive insanity. Dr. Balfour, Dean of the Medical Faculty, in awarding the certificates of honour, said that, in common with his colleagues, he took a warm interest in the success of the psychological class. It was a most necessary and most useful step in advance. The numerous asylums for the insane offer remunerative and advantageous appointments to those qualified to fill them, and it was of vital importance that they should have a psychological school in Edinburgh, so that their graduates might have the best chance of success in the new department of practice opening out; and he must say that Dr. Laycock had conferred a real benefit on the University and the students by not only conducting the class so successfully, but by making it a thoroughly practical class. He then presented the certificates of honour to the gentlemen named. Professor Laycock then announced that Dr. Browne offered a prize for competition next year on the Psychology of Diseases generally, and Dr. Gilchrist another to the holder of the first certificate of honour. He then remarked on the importance of the subject of his course to the teacher, minister, and lawyer, and could state confidently that his friend and colleague, Dr. Crawford, the Professor of Theology, who had honoured them with his presence that day, was there to affirm how important the study of medical Psychology and Mental diseases was to these classes of professional men. In conclusion, Professor Laycock remarked:—"I must thank you, gentlemen, for the zeal and diligence with which you have followed me through a difficult and almost uncultivated branch of the medical art; and although students from the kindred professions of theology, law, and teaching have not joined, yet it is a gratification to find that the first and only licentiate of Theology who has attended the class, Wuzir Beg, is likely to carry with him to the far East some of that secular knowledge of human nature which is so available to the successful fulfilment of ministerial

duties. Two candidates for the Indian medical service—one having obtained a certificate of honour—will, I also hope, carry useful knowledge acquired here to the same vast and interesting field of labour, while other members of the class from England and the Cape will, I trust, on their return home, find their attendance on the psychological course amongst their pleasantest and most valuable reminiscences.”

Retiring Pensions to County Officers.

A remarkable illustration is at the present time afforded of the justice of the proposal which we have frequently urged, namely, that the retiring pensions of Medical Superintendents and other County Officers should be a fixed and definite payment proportioned to the length and nature of service rendered, and that its amount should not in any degree be left dependent upon the prejudice or partizanship, good or ill feeling, the courage or the fears of a shifting and uncertain body of men, either as the Visitors of Asylums, or as Magistrates acting in Quarter Sessions.

The County of Cornwall is at the present time agitated from Launceston to the Land's End, by the momentous question whether the Magistrates of the County did, or did not, perpetrate an act of reckless and extravagant expenditure in adding £66 a-year to the retiring pension of Mr. Everest, the late Governor of the County Gaol; and whether the Visitors of the County Asylum have not in like manner been guilty of a high crime and misdemeanour against public economy, by voting to Mr. Hicks, the late Superintendent of the County Asylum, the pension which, after 20 years service, is indicated by Act of Parliament as the due reward of good and faithful service. The columns of every Cornish newspaper have for weeks past been crowded with indignant discussions held at Boards of Guardians, and at public meetings on this subject. It will hardly be believed in the more staid and sober parts of our island, what an intense amount of public agitation and personal feeling this paltry sum of £66, added to the pension of a faithful servant, has occasioned. But Cornwall is a peculiar county and its Celtic inhabitants, like all of that stock, are apt to be led away by their feelings, and it is the

accident of the hour whether these happen to be noble or mean, excited by great or paltry considerations. The half-insulated position of the county, moreover, renders it intensely provincial, and an explosion of feeling, however unreasonable, has no opportunity of losing its force by expansion, as in the more civilized and centralized portions of our island. Cornwall, however, is not so different from other English counties that this iniquitous agitation against the just payment of a public servant should not be commented upon as an example and a caution. So much has been said and written on the subject that it will be difficult to condense the leading and essential facts of the case within our limits. The true issue has been so overloaded with personal and political vituperation, that it requires an effort of analysis to get at the simple facts. The following brief history, however, may be depended upon :—

Thirty-two years ago the County Gaol of Cornwall was in a deplorable condition, and it became needful to appoint a man of high qualities as the Governor. Mr. Everest who, as a naval officer, had served his country at the Mutiny at the Nore, and elsewhere, was solicited to accept the appointment. He came to Cornwall to see the gaol, and determined not to accept the appointment; but in consequence of the inducements held out to him by Mr. Pendarvis, Mr. Tremayne, and others, he was at length induced to take it; giving up, in order to do so, an appointment in a Royal dockyard, which would now have provided him, had he continued in that service, (as it has done his brother,) a pension of £500 a-year. It is universally, and without question, admitted that since his appointment he has been an officer of rare excellence; not only a careful economist, and a strict disciplinarian, he has been found equal to emergencies in which other men might well have failed. Mr. Kendal, the Member for the County, said at the discussion on the subject which occupied all the speeches at the Callington Agricultural Meeting, "I can tell the meeting that, although the present Governor is an excellent officer, yet that he is not fitted for such an office as Mr. Everest at first undertook. I have known that man rush into danger, and carrying a pistol in each hand, to quell a riot; and I have known a time in which five hundred miners surrounded the gaol, but Mr. Everest was prepared to meet them, and defeated their object." From all quarters, even from men who are most afraid of having to pay a few

farthings more a year towards Mr. Everest's retiring pension, there has arisen a chorus of praise on his past invaluable services; and not one word has been said to the contrary.

And now, after having been Governor of the County Gaol for thirty-two years, and being eighty years of age, under the advice of the leading magistrates, he has sent in his resignation. This advice, it appears, was given in consequence of his ill health, which led his medical man to go to Mr. Kendal and say, "If you do not take Everest away he will die in the gaol." Mr. Everest, therefore, resigned, taking no care and using no influence about the pension which for the short remnant of his years he is to enjoy, but in confident reliance upon the justice of the county, leaving the magistrates to award to him that remuneration which the laws of the country gave him a right to expect.

The Act of Parliament permits the Magistrates of the County to grant a retiring pension to the governor of a gaol after thirty years service, of two thirds of his salary and emoluments. The salary of Mr. Everest had been £400 a year, and his emoluments £200 a year, so that he had a right to expect a retiring pension of £400 a year. The Magistrates of the County however, at the last Midsummer Sessions, with the fear of the ratepayers before their eyes, only awarded him £200 a year. They did this by a vote of 13 to 12, so that the injustice was perpetrated by the vote of one man. When this decision was made known to Mr. Everest he was naturally indignant; indeed, considering the length and character of his services, he felt the vote a personal censure, and that instead of retiring with honour, it seemed to stigmatize him with disgrace; and he presented a memorial to the magistrates expressing these feelings. At the following sessions at Michaelmas last, the attendance of the magistrates was larger and more influential, and the Lord Lieutenant of the County having proposed that the standing order of the Court, that no money be voted without a notice, be suspended for the occasion, the addition of £66 to the pension already voted to Mr. Everest was carried by a majority of 28 to 9. This addition made the pension two-thirds of the salary without the emoluments. The amount of this vote, he it remarked, was £66; and, since 1-8th of a farthing in the pound on the rated value of the county gives £118 12s. 8d. it follows that 25 472nds, or about 1-19th of a farthing would give £50, and 1-14th of a farthing would give £60 13s. 5d; so that the momentous financial question in debate is on 1-14th of a farthing in the pound on the rated annual income of the county.

To supplement the financial question, however, a political element crops out which threatens to make this paltry 1-14th of a farthing added to Mr. Everest's pension the turning point of the next county election. The main supporter of this tardy act of justice to Mr. Everest, was Mr. Kendal, the Conservative member for East Cornwall, and the active opponent to it was Mr. Poole Carew, who was turned out of Parliament under circumstances which have left a deep impression, at the time when Mr. Kendal was elected. Mr. Poole Carew not only voted in the minority, but entered a protest against the legality of the vote. The next movement in the agitation we find proceeding from the Board of Guardians whose Union House is situated in Mr. Poole Carew's parish of Anthony, although it does not appear that that gentleman took any part in the deliberations. The Clerk of this St. German's Board of Guardians, stated at a meeting of the guardians, that the Poor Law Board had given their consent to the guardians considering the propriety of the vote which had been made at the last Quarter Sessions. It is difficult, however, to discover from whom the Clerk to the St. German's Union procured this information, since the earliest correspondence on the subject which is on record took place subsequently between the Poor Law Board and the St. Austell Board, in consequence of a resolution which had been adopted by the St. German's Board, and of a circular letter addressed by that Board to the other Unions. The discussion at the St. Austell's Board on the 23rd of November last, was introduced by the announcement of the formal permission of the Poor Law Board to discuss any subjects connected with the County Rate, communicated, it must be acknowledged, in a very costly manner, but still given, as the following will show:—

“The Clerk (R. G. Lakes, Esq.), then read the following letter which had been received from the Poor Law Board, in reply to a communication from the Guardians, requesting to be informed whether the resolution of the St. Germans Board of Guardians could be properly discussed.

Poor Law Board, Whitehall, S.W.,
16 Nov., 1860.

SIR—I am directed by the Poor Law Board to acknowledge the receipt of your letter of the 9th inst. As the Guardians may be called upon to pay the County Rate on behalf of the parishes of the Union, the Board are not prepared to say that the subject of the resolution of the Guardians of the St. Germans Union referred to by you is so far alien from the duties of a Board of Guardians as to prevent the Guardians of the St. Austell Union from entertaining it.

I am, Sir, your obedient Servant,

G. GILPIN, Secretary.

To R. G. Lakes, Esq., Clerk to the Guardians of the
St. Austell Union, Trevarrick, St. Austell.”

This, of course, opened the flood-gates of discussion all over the County, and there has been little talked of since at boards of guardians, and farmer's clubs, and parish meetings, but the wicked and wilful extravagance of the Lord Lieutenant, and Mr. Kendal and other magistrates of the county adding £60 to the retiring pension of Mr. Everest. Mr. Kendal's place in Parliament especially is loudly threatened; letters are addressed to him "M.P. *pro tem.*," and if he were not one of the staunchest and most independent men in the world, he would perhaps be compelled to attach some weight to these spiteful manifestations of popular fickleness and injustice.

One thing is clear, that if all this acrimonious discussion comes to the ears of Mr. Everest, 80 years old, and in very bad health, it will very probably have the effect of shortening the brief space of tranquil life to which he might otherwise look forward; and so these passionate Cornishmen will have talked to some purpose, if, in discussing the amount of the poor old gentleman's pension, they abbreviate the term during which it can be enjoyed.

Much less has been said about Mr. Hicks's pension of £200, apparently because it will partly be paid by the subscribers to the charity which is a constituent part of the Cornwall Asylum. This pension has been mainly objected to, because after 20 years of service, Mr. Hicks is still only 52 years of age and in good health, and these liberal west country gentlemen argue that, so long as a public officer's health and strength enable him to discharge his duties at all, he ought to be kept to the collar; and since they grudge a maintenance to the poor old servant who has almost died in harness, it can scarcely be a matter of surprise that they should deprecate the extravagance of giving a permanent run to grass, to one who has any work left in him. These gentlemen would use up their officers like the old racer, who

"Drew sand, 'till the sand in his hour-glass stood still."

The remarks on Mr. Hicks's pension, though not so acrimonious, have been even more offensive than those on Mr. Everest's. Mr. Hicks' personal appearance and manners have been referred to again and again in these public discussions, in the most insulting manner; and if it is to become the rule that the Superintendents of County Asylums are only to receive retiring pensions on the condition of their personal peculiarities being rendered the subject of discussion all over the County by illiberal and ill-bred men, there can be few gentlemen holding the position

of Medical Superintendent who would not rather decline than accept the alternative.

But what must be said of the Poor Law Board who in one sense appear to have been the authors of this mischief, by giving their sanction to the new function which has been recently assumed by boards of guardians, namely, that of sitting in judgment upon the acts of the county Magistracy in Quarter Sessions assembled? What is to become of us all if we are to have a little Parliament in every Board of Guardians discussing county questions with an eye to the repudiation of obligations in the first instance, and to electioneering tactics in the second? Is not this radicalism broke loose, and of the worst kind? the radicalism of "we do not like to pay our just debts, and we will not if we can help it, and we will revenge ourselves if you saddle us with them." What will be the next subject that the Poor Law Board will not think "alien from the duties of a Board of Guardians?" Will it possibly be the repudiation of the income tax or merely a discussion on the budget? In the name of all decent order and honesty, let us have County financial boards, and without delay, rather than these little local parliaments everywhere discussing the acts of their superiors on the fascinating principle of—We won't pay!

But whether for the future the County finances are to be managed by the county Magistrates acting under the intimidation of boards of guardians, or we are to have financial boards in which the same class will be represented in a legal and orderly manner, it is clear that the claims for pensions by such officers as the Superintendents of Asylums, and the Governors of Gaols, ought to be so determined by the law of the land, that such an unseemly storm of selfish anger against an act of the merest justice, as that which now agitates the Cornishmen, would be impossible. A fixed and unquestioned claim for pension, be the amount ever so moderate, will be infinitely preferable to the expectation of a higher rate, accompanied by the possibility of discussions which a gentleman must inevitably shrink from with sensitive horror. Even the magistrates must find the discretionary powers which they at present possess a most disagreeable responsibility, and one which, if they are wise, they would desire to be well rid of.

Letter from Dr Conolly, to Dr. Browne, Commissioner in Lunacy in Scotland, on Idiot Schools.

Hanwell, London, W., October 17, 1860.

My dear Dr. Browne,—Among the many important subjects which occupied the attention of the distinguished persons collected at the late Meeting of the Association of Social Science at Glasgow, I was glad to find that the care and education of Idiots were not thought unworthy of consideration. To you, who have paid so much regard to the actual position of this unfortunate class of human beings, I need not describe their miserable condition in all parts of the country, in which it has failed to attract the notice of the thoughtful and the benevolent.

What it may be made, to what extent it may be ameliorated, your own active observation in this and other countries has, I know, thoroughly informed you. From what you have seen on the Continent, and at our large Institution of Earlswood, near London, you have been able to decide how possible it is to raise apparently hopeless Idiots from a degradation, and a state of helplessness, which reduces them below the level of the lower animals, to a state of comparative intelligence, usefulness, and happiness.

The patient and well-directed efforts made in Asylums already existing for the Imbecile and Idiotic children, have proved that the senses may be educated, the muscular movements and power improved, and the mental faculties in every case more or less cultivated. The faculty of speech may, we find, be, we may almost say, *bestowed* on many who appear at first sight unable to employ articulate language; all their habits may be amended; industrial power may be imparted to them; all their moral feelings awakened, and even devotional aspirations given to those in whom the attributes of soul were so obscured as to seem to be wanting. You have, as I well know, rejoiced to witness the change thus effected, from wretchedness, and dirt, and a mere moping existence, to all the decencies, and comfort, and activity of rational life.

Scotland is seldom behind-hand in any great and good undertakings, and I know the subject of the care and training of the Imbecile and Idiotic has already interested several persons of talent and philanthropy in Edinburgh, so that I trust you will soon see the commencement of a noble Insti-

tution for the reception, and shelter, and education of these poor outcasts of society.

As my own share in the great work already effected at Earlswood has been very small, I need not hesitate to say to you, with whom I so lately visited it, the gratification, not unmixed with wonder, with which I contemplate that model Asylum. The spectacle of 300 children there assembled; each child rescued from solitude and neglect, from misery, from semi-starvation, from mockery and persecution, is one that does honour to humanity. The cleanliness, the order, the comfort of all the apartments; the extensive grounds and pleasant gardens in which so many groups of children are generally seen, some at play, some at work, and all pleased to see the visitors, whom they approach with confidence and trust, and even with affection;—the schools in which they are variously educated, and with never-ceasing patience and kindness;—the lively workshops in which they are taught many useful occupations; the abundant and good food provided for them; the various amusements and recreations; the large hall in which they meet on different occasions, and in which their voices are so often to be heard united in simple prayers, or thanks and devotional song;—all these things combine to give a distinct character to the Establishment, as one where goodness and mercy prevail, and to form a scene most impressive upon all who take an interest in the poor creatures, who are the least finished among the works of the Great Creator of all things.

When I remember from what small beginnings all this has arisen, and in how small a number of years, I feel that the practicability of all this good being effected by the appeal of a few earnest and benevolent men to wealthy communities, is so undeniably proved, as to give the fullest encouragement to attempts of a like kind elsewhere.

I most fervently hope that such an attempt will be strenuously made in Scotland, where of its complete success there cannot be a shadow of a doubt.

Cordially wishing that you may be able to give your valuable aid to such a work, and live to witness its happiest operation,

I remain, my dear Dr. Browne,

With much regard, and very faithfully yours,
J. CONOLLY.

MEDICO-PSYCHOLOGICAL SOCIETY OF PARIS.

At the meeting of this Society held in Paris, on the 24th day of November last, DR. CONOLLY, DR. BUCKNILL, DR. WINSLOW were elected Foreign Associates of the Society.

APPOINTMENTS.

Mr. WILLIAM P. KIRKMAN, M.R.C.S., &c., has been appointed the Medical Superintendent of the Cumberland County Asylum.

Dr. LAWRENCE has been appointed Medical Superintendent of the Cambridge County Asylum

Mr. FRANCIS J. HAMMOND, M.R.C.S., &c., has been appointed Assistant Medical Officer to the Hants County Asylum.

Erratum.—At page 125 of this vol., in the Table of Mortality, the following Printer's error has been made—"Dr. Forbes Winslow's Asylums, 7 in 54, or 11 per cent." It should have stood thus—"Dr. Forbes Winslow's Asylums, 6 in 54, or 11 per cent."

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VOL. VII.

Croonian Lectures. On the Pathology, Morbid Anatomy, and Treatment of Insanity, delivered at the Royal College of Physicians, London, 1858. By ALEX. JOHN SUTHERLAND, M.D., F.R.S.

(Continued from Page 179.)

IN my last lecture I endeavoured to explain the reasons why no one of the present theories of insanity was able to account for all the varieties of the disease. I founded this opinion partly upon the nature of the disorder itself, and partly upon our ignorance of the manner in which the minute internal structure of the brain and cord is altered by the symptoms, and partly upon the uncertain light which the present state of science throws upon the subject, and I pointed out the manner in which I hoped that future investigations might aid us in solving this difficult problem. In my present lecture I propose to speak of the morbid anatomy.

But before I do so I wish to draw your attention to the size and shape of the cranium, in cases of insanity and of idiocy. The casts of the heads of idiots which are on the table are taken from patients in the Idiot Asylum, and from Esquirol's collection. By examining these heads we see that some idiots have small, some full-sized heads; others, again, have heads above the average size, as in those cases which have been accompanied with hydrocephalus. In the small-sized heads we can sometimes tell by measurement when the disease commenced; for we know that any arrest in the development of the brain, any disproportion between the growth of the brain and the bone which encloses it, has a tendency to produce imbecility and idiocy. There are exceptions to every rule; in this specimen of the skull of a French female, who died *æt.* 16, and which is remarkably small, it is stated that there was no imbecility of mind. This, at any rate, will warn us of the necessity of taking into account all the symptoms of a case, and not of trusting to the size of the

cranium alone, which some consider to be the only test of capacity and incapacity. As a general rule, we may say, that when the circumference of the head is less than fourteen inches in an adult idiot, he is sunk in the lowest depths of the disease, and that he is either a congenital idiot, or that the growth of the brain has been arrested almost immediately after birth. When the circumference is under eighteen inches, that the intellectual capacity is equal to that of a child under five years of age; and that we must look with suspicion upon cases where the circumference is under twenty-one inches, as it is not uncommon to meet with imbecile patients, the horizontal circumference of whose heads measures from twenty to twenty-one inches.

With regard to the shape of the skull, there are greater irregularities among idiots, and imbecile patients, than among the insane. The head is occasionally abnormally flattened in idiocy, sometimes at the sides, sometimes at the crown of the head; sometimes there is an inequality in the size and height of each side of the cranium; at other times there is an undue prominence of the frontal bone, as in the *macrocephali* of Herodotus.

I found a remarkable deficiency in the development of the occipital bone in an idiot, *æt.* 7, who staggered, and put out his hands when he was walking in order to balance himself, and who was only able to articulate one or two words. I found a similar deficiency in the occipital bone in a young lady whose articulation was remarkably defective, but who did not exhibit any weakness of intellect or want of power over her limbs.

It has been assumed by some, that there is a peculiarity in the shape of the cranium in insane patients, and it has been asserted that the general character of the disease may be recognised by diversities of formation, *e. g.* it has been asserted that cases of dementia are marked by a receding forehead.

Both these statements are unsupported by fact. There are on the table a variety of casts taken from the heads of insane patients suffering under every form of the disease; and if the shape of the heads in these cases be compared with these diagrams taken from the heads of the sane, the advantage will be found to be in favour of the former casts. (Casts 1, 2, 3, shown.)

1. This is the cast of a patient suffering under paralysis of the insane; the expression of countenance manifests the exhibition of the character with which the disease is sometimes accompanied.

2. This cast was taken from Titus Matthews, who wore an iron collar, attached to an iron staple fixed into the wall at Bethlehem Hospital, round his neck, as represented in one of the plates of Esquirol's work on mental diseases.

3. This is the cast of Theorine de Mericour, the mistress of Robespierre, who played such an important part in the French

Revolution, and who died deserted by her friends, in a state of abject misery, unconscious of all the decencies of life.

We have here a diagram of the head of George the Third, said to have been taken before and after the mental disease with which he was afflicted. You will observe that, in the second diagram, the frontal bone is made to recede. I have no power of testing its accuracy, but I believe it to be purely imaginary.

I have here several casts of the heads of patients in St. Luke's Hospital. The new casts were taken after an interval of upwards of seven years, during the whole of which time chronic mania and dementia had existed without intermission. In comparing the new casts with the old, which were made upwards of seven years ago, it will be seen that there is no difference whatever either in size or shape.

Many generations must have passed away, and the character of a nation must have altered, before marked changes are observed in the configuration of the skull. It is stated that "the Turks of Europe and Western Asia, who are doubtless of the same stem as the Turks of Central Asia, have gained within a few centuries the cranial form and facial features of the Caucasian races; while those retaining their original seat and manners of life retain also the pyramidal skull and Mongolian character of the race. Again, we have various testimony that the negro head, so strongly marked in its character, is generally approximating to the European form, when successive generations of negroes, without actual intermixture, have been in constant communication with European people and habits." ('Quarterly Review.')

In our post-mortem examinations of the insane, the bones of the cranium differ much in appearance in different cases. Sometimes they are so thin as to be translucent, at other times they are preternaturally thickened. In one of my patients the *os frontis* was nearly three eighths of an inch in thickness, and the occipital protuberance was three fourths of an inch thick; this occurred in a female, who was much deformed; at other times I found that the *diploë* had entirely disappeared. In some cases the bone was hard and brittle, resembling ivory, whilst in others there was hypertrophy of the *diploë*, the external table being comparatively soft and yielding.

As in this specimen (No. 34), taken from a maniacal patient, the internal and external tables of portions of the occipital, parietal, and right temporal and frontal bones are separated by the *diploë*. The tumour is most prominent in the situation of the lambdoidal suture, where the external table is raised more than an inch and a half, and is extremely thin.

No. 58. A good specimen of what is termed the spongy bone. All the bones are remarkably thickened, varying in thickness from three quarters of an inch to an inch and a quarter.

Crania from the Museum of the College of Surgeons :

In this skull (specimen shown) the bones are remarkably thin, the forehead is much flattened, and the left side presents the appearance of having been forced outwards in early life by the presence of fluid. The patient died of epilepsy, after an attack of melancholy of four years' duration.

In this case (specimen shown—part of the cranium) there was no diploë between the tables. The cranium was thick. Ossific deposits were found in the glandulæ Pacchioni, and the pineal gland contained numerous granules. The patient died of paralysis of the insane ; and what is interesting, considering the prominent symptom in this disease, the ninth pair of nerves was much altered in appearance, resembling the olfactory.

This is a portion of the frontal bone of a patient also suffering from paralysis of the insane ; there was œdema and atrophy of the brain, and the bones were thickened and eburnated. It is remarkable that the inner table, which appears so hard, is so frequently found to have been altered by disease ; sometimes deep indentations are made by the blood-vessels, and sometimes the glandulæ Pacchioni have imbedded themselves deeply in its surface ; upon one occasion it seemed to have been moulded upon the convolutions, so accurately was their form impressed upon it.

In his 'Lectures on Surgical Pathology,' pp. 80, 81, Mr. Paget says—"The hypertrophy of the skull which may be called concentric is that which attends atrophy with shrinking of the brain, or, perhaps, any disease of the brain in which there is diminution of its bulk. The thickening of the skull is effected by the gradual remodeling of the inner table and diploë of the bones of the vault ; so that, although the exterior of the skull may retain its natural form and size, the inner table grows more and more inwards, as if sinking towards the retiring and shrinking brain, not thickening, but simply removing from the outer table, and leaving a wider space, filled with healthy diploë." This shrinking of the brain, and increase in the size of the bone, has its analogue in the oyster, which, when half starved, increases the size of its shell, as in this preparation from the Museum of the College of Surgeons.

I did not wish to trust to my own experience alone, relative to the question of the alteration of the external table which some have asserted to take place in dementia and wasting of the brain. I therefore applied to Mr. Paget for information upon this subject. He very kindly stated that he had seen several other cases of the above-mentioned manner of adaptation of the inner table to the shrinking brain since his lectures were published, but that he had never seen a change in the external shape or size of the skull, consequent on atrophy or other loss of substance of the

brain, after childhood. I have here specimens of crania from the Museum of the College of Surgeons, which illustrate this.

No. 38 shows the section of a skull of unusually small capacity; there is an increase of the diploë of the frontal bone, and sinking of the inner table.

No. 40. Thickening of the skull from augmentation of the diploë, accompanied by a decrease in the capacity of the skull.

No. 41. Hypertrophy of diploë; internal table of the skull pushed inwards, so that the anterior region of the cranial cavity is diminished to an extent which is not indicated by the form of the unaltered external table.

No. 42. Nearly the whole of the increase of thickness in this skull is in the situation of the original centres of ossification of the frontal and parietal bones.

I have here a specimen of general hypertrophy of the bones of the cranium of a builder, who fell forty feet from a scaffold, and had concussion of the brain; he survived the accident twenty years, and suffered no further inconvenience from it than the necessity of wearing an extra-sized hat.

In this specimen, which was taken from a patient under the care of Sir A. Morrison, in the Surrey Asylum, there is an exostosis on the inner table. The man was subject to attacks of congestion of the brain, which frequently occurred after lying in the sun; upon one occasion he was seized with an attack, and died of apoplexy.

In the following cases, in which the appearance of the cranium was specially observed at St. Luke's Hospital, it was found to be symmetrical in 15; asymmetrical in 6; of normal thickness in 9; thicker than natural in 28; thinner in 19; of increased density in 15; without diploë in 13; with hypertrophy of the diploë in 5; diaphonous in 8; the occipital ridges and protuberance were preternaturally thickened in 2; there were exostoses of the inner table in 2. We often meet with inequality in the thickness of the bone. In reference to a case of inflammation of the brain, mentioned by Dr. Abercrombie, Dr. Watson remarks, "that one very curious circumstance (affording, perhaps, some explanation of the readiness with which the inflammation was produced) was, that the cranium was of unequal thickness at its upper part; one spot, as big as a sixpence, was as thin as writing-paper, and transparent."

So the inequality in the thickness of the cranium of insane patients, the roughened surface of the inner table, and the spiculæ and exostoses of the bone, are probably often the cause of the chronic inflammatory action and firm adhesions of the dura mater to the inner table. In two hundred cases of insanity examined at St. Luke's Hospital, or in my private practice, during the last twenty years, the dura mater was found preternaturally adhering to the inner table of the skull in seventy-two, but this of course is not met with

only in cases of insanity, for preternatural adhesions of the dura mater to the bone occur also in bedridden subjects, in those who have died by slow degrees of phthisis, in persons of advanced age, and in some cases of delirium tremens. It will be in the recollection of many of my audience that, at the post-mortem examination of two eminent statesmen who committed suicide in the early part of the present century, ossific deposits on the dura mater were found in both.

No. 7. This is a specimen from the College of Surgeons, of the falx cerebri, on each side of which, at its anterior part, there is a large, flat, limpet-shaped deposit. It was taken from the brain of an eminent surgeon, who died of apoplexy, and who predicted the event from the circumstance that, whenever he stooped forward, or, in short, when from any cause the free return of the blood from the head was interrupted, he was conscious of a peculiar thrilling sensation in the superior surface of the left hemisphere of the brain, and at this point it was found, upon examination after death, the mischief had actually taken place. He was subject to an entire loss of memory, which occasionally occurred in the midst of the most animated conversation, as well as when the mind was at rest. This suspension of intellect was merely transient, and its restoration was equally sudden.

In a female patient who died under my care at St. Luke's Hospital, in 1849, from fifteen to twenty bony points, some the size of a pea, were found on the inner table of the frontal bone; they had grown through the membranes, and had pierced the convolutions of the brain, the result of which was that depositions of layers of lymph were found extending from the frontal eminence to the occipital protuberance on the right side of the longitudinal sinus. The most frequent morbid appearance found in the dura mater is congestion of the blood-vessels and sinuses. We also occasionally find this membrane thickened, and sometimes with ossific deposits: in one case it was studded with sharp spiculæ of bone, which must have kept up constant irritation in the cortical structure. The patient during his lifetime could not bear the smallest contradiction, as it always threw him into a paroxysm of rage.

From the Museum of the College of Surgeons:

No. 6, B 8. Specimen showing a portion of ossified dura mater.

No. 9. Portion of dura mater, from the anterior part of the right cerebral hemisphere, on the inner surface of which there is a mass of firm, nodulated substance, two inches and a half in diameter, and in parts half an inch in depth, from a middle-aged man, whose intellect was deranged for a long time before his death.

In this preparation, which is taken from a male patient who died at St. Luke's Hospital, January 27th, 1856, there are deposits of bone in different parts of the dura mater; one cluster of bony spiculæ was found over the centre of the right cerebral hemisphere;

the arachnoid was healthy; on the right side it was distended with a large, recent clot, three quarters of an inch in depth, which covered the whole of the right hemisphere, and extended under the falx cerebri, and, to a slight extent, covered the left. The vessels of the pia mater were very much injected, and one of the large superficial veins was found punctured in a position corresponding to the bony spiculæ. The glandulæ Pacchioni are sometimes very numerous and enlarged. Most pathologists of the present day agree with M. Andral in considering them as being always the result of disease. Dr. Todd thinks that the primary deposit of granular lymph takes place among the vessels of the pia mater, and that the small bodies thus formed push the arachnoid membrane before them as a sac or covering. ('Anatomy of Brain,' p. 57.)

Thickening and opacity of the arachnoid membrane are often met with in insanity. The milky appearance is not due to the serum in its cellular texture, for the opacity remains after the serum has drained away. I have here specimens of the thickened membrane taken from insane patients. The opacity is more frequent, and more extensive in old than in recent cases. In twenty-eight patients, whose disease had existed under eighteen months, the arachnoid was opaque in twelve; and in twenty-seven patients, whose disease had existed upwards of two years, the arachnoid was opaque in twenty-two. In a lady who died under my care after acute mania of five days' duration, although I found the dura mater firmly adhering to the inner table, the arachnoid was quite transparent; it was also healthy in a case of nine days' duration, in one of thirteen days' duration, and in a patient who committed suicide after melancholia of fourteen days' duration. The opacity appears to commence sometimes in patches, sometimes along the sides of the great longitudinal fissure; it is most frequent at the upper surface, and this corresponds with the lesions found in acute inflammation of the meninges. The only case of paralysis of the insane, in which I have not found the arachnoid membrane opaque and thickened, was in a patient who died under my care in the summer of 1856. In these cases the membrane is tough, opaque, and thickened from deposits of albumen; the same appearance is sometimes found when spiculæ of bone and of the dura mater have irritated its surface.

I said in my last lecture that some cases of insanity were analogous to delirium tremens, and that others, again, owed their origin to a state of congestion bordering upon apoplexy; and I bring forward these preparations, selected from the Museum of the College of Physicians, to show that there is nothing characteristic of insanity found in the brains of our patients after death. I do not think it would be possible to distinguish these specimens from the thickened arachnoid membranes of some of our patients.

No. 46 is a portion of thickened arachnoid membrane, with the

pia mater highly vascular, and firmly adhering to it, taken from a patient of Dr. Macmichael, who died at the Middlesex Hospital, of delirium tremens.

No. 47 is a portion of the arachnoid, much thickened, with the vessels of the pia mater highly injected, from a patient who died of apoplexy, in the Middlesex Hospital, under Dr. F. Hawkins.

No. 48 is also a portion of the arachnoid, with the vessels of the pia mater much injected, from a patient who died with the symptoms of delirium tremens. A very large quantity of fluid was effused underneath the arachnoid. Effusion of serum into the sub-arachnoid cellular tissue is very generally met with. In the fifty-five cases above referred to, it was found in forty-seven. This effusion of serum corresponds with the statements of Dr. Webster in the valuable papers on the "Pathology of Insanity," published in the 'Transactions' of the Medical and Chirurgical Society.

Dr. Handfield Jones doubts the correctness of Dr. Williams's fundamental assumption, that the encephalic blood-vessels in the anæmic condition contain more than their due share of blood. "We have seen," he says, "so often in autopsies the most marked pallor of the membranes and emptiness of the blood-vessels, except the large venous trunks, that we cannot think the peculiar position of the vessels exempts them at all from being in a like condition, as to fulness or emptiness, with those of other parts of the body. In fact, the subarachnoid fluid is to them what the atmospheric pressure is to others; and hence an anæmic brain is commonly a wet one, *i. e.* the subarachnoid fluid is increased." ('Pathological Anatomy,' p. 62.)

I have met with only two cases where the arachnoid membrane was dry and brittle, in short, not lubricated. In both cases the lateral hemispheres of the brain were glued together by adhesions of the arachnoid.

False membranes are sometimes found in the cavity of the arachnoid; they are by no means commonly, nor are they exclusively, met with in insane patients, as some have supposed. Mr. Prescott Hewett has met with these pseudo-membranes in cases where there has been great anxiety of mind, in poisoning by opium, in drunkards, in delirium accompanying phthisis, in maniacal patients, and in aged people, in short, in cases where there has been a decided determination of blood to the head, by whatever cause produced. Time does not permit me to speak of the manner in which these effusions take place, whether by exhalation or by rupture of minute vessels through the membrane; but as the subject has been ably investigated by M. Baillayer, M. Boudet, Dr. Burrows, Mr. Hewett, and others, it is not necessary that I should dwell longer upon it.

These are specimens of false membranes in the arachnoid sac, from the College of Surgeons' Museum:

Prep. 4. The upper part of the cerebral hemisphere, with its membranes. A considerable quantity of blood has been effused in the arachnoid sac. From a drunkard, æt. 30, who had delirium tremens.

Prep. 5. False membrane, after injury to head.

Prep. 6. Portions of the upper part of the hemispheres of a cerebrum, with their investing membranes. Pia mater thickened, indurated, and opaque. False membrane. From a man, æt. 70, who had been subject to severe attacks of gout. (Mr. Langstaff's preparation.)

The cellulose and starch-globules described by Virchow and Mr. Busk are found chiefly in the situation of the fornix, septum lucidum, and corpora striata.

The pia mater, in acute cases of insanity, is much injected; and in paralysis of the insane, the vessels, under the microscope, are seen gorged with blood to their minutest ramifications. The pia mater sometimes adheres to the arachnoid, and is occasionally thickened and tough; it also adheres to the cortical structure in cases of softening of this part of the brain.

We find great variations in the colour of the choroid plexus, according as a state of active congestion, of venous congestion, or of anæmia, has existed. Sometimes it is of a bright red; sometimes large varicose veins are seen; at other times the plexus is quite blanched. Small vesicles and cysts, of various sizes, are found attached to the choroid plexus; they are very common in cases of insanity, but certainly are not pathognomonic. In a patient at St. Luke's Hospital, Dr. Arlidge found some of these cysts filled with a yellowish-white, semifluid substance, which, under the microscope, was seen to be made up of small, round, nucleated, formative cells and fat; similar cysts were also found in the lateral ventricles. At the base of the brain, lying over the origin of the seventh and partly the eighth nerves, on each side, was a collection of round vesicles or cells, of small size and opaque, situated in the pia mater, of which they were vesicular processes. Under the microscope, these vesicles were found to be made up of clear, large, round, nucleated cells, with some vascular loops.

In another case a small, flat, and apparently cartilaginous, plate, two lines in diameter, was found on one of these cysts, which, under the microscope, was proved to be simply of a fibrous character.

It is the opinion of Rokitansky that "these so-called hydatids are a disorder of the gland-like acini and villous appendages of the choroid plexuses, and, therefore, bear a close analogy to the cysts which are so often developed from the Malpighian bodies of the kidneys, especially in consequence of inflammation and Bright's disease." ('Syd. Soc. Trans.,' vol. iii, p. 348.)

When the brain is removed from the cranium, it presents much variation in different cases of insanity. In acute cases it retains its

shape, and the convolutions are well developed. In many chronic cases its substance is inelastic and pale, and the effused serum makes it feel, when taken in the hand, like a wet sponge; this is particularly marked in certain forms of paralysis of the insane. The convolutions, in dementia, are sometimes softened; they are frequently wasted, and wide sulci are left between their folds. No fact has been better established in pathological anatomy than the atrophy of the brain in dementia. Foville states that the hemispheres of the cerebrum are reduced to one third, sometimes to one fourth, of their normal size. Dr. Bucknill's elaborate tables, and those of Dr. Arlidge and Dr. Stevens, of the weight of the brain, which are published in the 'Annual Reports of St. Luke's Hospital,' prove the same thing.

In estimating the increase or decrease of the weight of the brain, it is necessary to particularise the age and sex of the patient, the species and duration of the disease; for if the average weight of all cases be taken, we cannot arrive at a satisfactory conclusion. It is owing, probably, to this circumstance, that practical writers have arrived at opposite conclusions upon this subject. Dr. Boyd, who has published most valuable information relative to the pathology of insanity, states that the average weight of the brain in male and female lunatics is heavier than in health. Dr. Boyd makes the average to be 47·7 in males, 45·7 in females. I find this to correspond pretty nearly with the average weight of the brain in cases of mania and melancholia, but not with cases of dementia and paralysis of the insane, where the average was below, and in cases of epilepsy, where it was above, that mentioned in Dr. Boyd's tables.

In cases of monomania the brain is less altered in every respect than in other cases of insanity, and its weight is nearly the same as in health. In cases of epilepsy we cannot be surprised that the brain should be heavier than in its normal state, considering its hyperæmic condition.

Dr. Bucknill has endeavoured to establish a distinction between the general shrinking of the brain-mass and the interstitial change, wherein the active cerebral molecules suffer diminution, and inert materials are deposited. The one he calls positive, the other relative, atrophy. It is comparatively easy to establish the fact of positive atrophy, but it requires a great deal of care, and much more extensive means of investigation than we have at present in order to establish relative atrophy. It is not easy to examine the specific gravity of different parts of the brain; it requires delicate manipulation to separate the cortical from the fibrous structure in order exactly to estimate its relative specific gravity; besides which, the imbibition of water is so rapid, that if great care be not taken the results are valueless. The difficulties which I have referred to may,

in some measure, account for the great differences of opinion which exist upon this subject.

Hypertrophy of the brain, combined with mania, is a very rare disease. M. Andral mentions one case only where he observed signs of mania associated with it. The only affection likely to be mistaken for it is hyperæmia, but the hypertrophied brain may readily be distinguished from the hyperæmic brain by its general paleness. Rokitansky considers that the disease does not depend upon 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; but that it is an excessive accumulation of the intervening and connecting nucleated substance. (Rokitansky, 'Syd. Soc. Trans.,' iii, 376.)

I attended a gentleman, æt. 29, some years ago, who was subject to attacks of maniacal paroxysms, the result of epilepsy, under which he laboured for upwards of thirteen years prior to his death. I am indebted to Mr. D'Obre for a very careful post-mortem examination of the case. The calvarium was very thin, in many parts only a line in thickness; it appeared to have become so to make room for the brain, which closely pressed upon its inner surface. The dura mater was thin and transparent, having almost lost its fibrous appearance. The cerebral convolutions were in some parts absent; scarcely a trace of the sulci could be found. The hemispheres, down to the corpus callosum, were firm; the septum lucidum was softened; the commissura mollis was absent. Various parts of the brain in the region of the lateral ventricles and formix, were soft. There were two ounces of fluid in the ventricles. The posterior clinoid processes were elongated, the right one being at least half an inch in length, and its point uncovered by dura mater. The other organs of the body were healthy.

The brain weighed	58½ ounces.
—	
The left hemisphere of cerebrum	26
right ditto	26
left hemisphere of cerebellum	3½
right ditto	3
—	
	58½

The right hemisphere of the cerebellum was visibly smaller than the left.

In a patient who died of epilepsy, accompanied by mania, I found hypertrophy of the anterior lobes of the cerebrum.

Through your kindness, Mr. President, I am enabled to show this very interesting specimen of atrophy of the right hemisphere of the

cerebrum, where there was corresponding hypertrophy of the bone on the right side in a patient under the care of Dr. Boyd.

The patient had been subject from infancy to epileptic fits; his mental state approached that of idiocy, and he suffered under hemiplegia of the left side.

The cortical structure in cases of insanity presents the greatest variation from healthy structure, and the pathologist examines this with most interest. There are great variations in its colour; it is frequently of a deep, reddish-brown colour, but even in acute cases it may be pale, or the external surface may be so, and the cut surface may appear intensely red. Sometimes the external layer of the structure differs in colour from the internal one. I have never found the external layer in a recent case so softened as to peel off with the pia mater in patches, although it sometimes adheres pretty firmly to it. When the membrane is removed, it appears dotted over with numerous bleeding points, or marbled with injected vessels where its surface is cut.

It is not always possible to distinguish acute from chronic cases by the appearance of the cortical structure, for even in acute cases we find sometimes the appearance of commencing softening and of atrophy, and occasionally the cut surface may be as pale as in a chronic case. But certainly, in the majority of recent cases, the cortical structure is of greater depth, of a deeper colour, and presents a more defined margin than in a chronic case; and in recent cases we can generally trace the white bands separating the vesicular structure, sometimes into three, sometimes into six, layers. In a well-marked chronic case we find the anfractuositities wide, the external layer of cortical structure, soft, and separating in patches with the detached pia mater; or it may be firm, when the internal layer is softer than in health. The softening is either partial or general; when partial, the softened gray matter may easily be detached by a small stream of water or a wet sponge. The depth of the cortical structure is shallow, and its colour so pale that it sometimes is difficult to distinguish it from the fibrous structure. The white bands have disappeared, and the cut surface presents a uniform, dirty white appearance.

Upon slicing the substance of the brain, either in a recent or chronic case, numerous bleeding points are observed, as in all other cases where there has been congestion and atony of the vessels. This appearance varies from the few specks seen in healthy brains, to patches of extravasated blood and a deep blush or marbling and mottling over the whole surface. In cases where the respiration has been much interfered with from disease of the lungs, these points are of a dark, purplish hue, as well as when there has been much venous congestion in the brain itself.

In some cases of insanity the fibrous structure is well marked

and elastic, and the tubules under the microscope do not readily take on the varicose appearance.

The hardening and softening of the brain, in cases of insanity, is subject to much variation. It requires some caution before we pronounce an opinion upon this subject, as much depends upon the time that has elapsed between the death of the patient and the post-mortem examination, and upon the temperature of the atmosphere. There can, however, be no question that some brains of the insane are preternaturally hardened and elastic; others softer than in health. It is not common in insanity to meet with either red or white softening. I will therefore quote the following cases:

In 1851, Dr. Arlidge found red softening of the corpus striatum, and of the surface of the left hemisphere, in a female patient who had been under my care in St. Luke's Hospital, and who had refused food for four days prior to her admission, and who died three days after in a comatose state, after having had a convulsion. In a male patient, who obstinately refused his food, and who died after convulsions, preceded by general tremor and spasmodic twitchings of the muscles, especially of the right side, the cerebral substance was very soft and easily broken up. In a female patient under my care, who also refused her food, and who died of phthisis, the cortical substance was everywhere of a deep-red colour, and the cerebellum was in a state of red softening. The minute arteries, under the microscope, were found to be plugged up, looking like an artery round which ligatures had been applied; their coats presented a varicose appearance, sometimes on one side only, sometimes on both, with extravasation of blood from the ruptured vessels.

In another case, where there was white softening of the left cerebral hemisphere, with softening of the thalamus and corpus striatum on the same side, I found the left internal carotid artery plugged up with a firm coagulum. The patient died of epilepsy.

In a case of dementia, with epilepsy, I found the upper surface of the arachnoid membrane thickened and opaque, and of a dirty yellow colour; it was studded over with white spots, the size of a millet-seed, and with deposits of bone with sharp points measuring half an inch on the left, an inch on the right side, in the centre of each anterior lobe of the cerebrum. The pia mater in this situation adhered firmly to the arachnoid. The whole of the anterior lobe of the cerebrum on the right side was converted into a pulpy mass of white softening. The basilar and internal carotid arteries were studded with atheromatous deposits. Under the microscope, the smaller tubes were completely blocked up, and the softened substance of the brain was mixed with small, round, pellucid tubercles, and the débris of arteries.

I also met with white softening of the brain in a patient who was

the only one of ten children who had not died of phthisis. In examining the brains of the insane, it is not only necessary to compare them with healthy brains, but also with the diseased brains of those who have not died of insanity; and it struck me that softening of the brain might occasionally be found in patients who had died of phthisis with head symptoms. I therefore applied to Dr. Roe, and he very kindly forwarded me the three following cases of patients who died of phthisis, in the Hospital for Consumption, in the year 1851. I will give a short abstract of these cases.

In one, the brain was soft generally; the corpus callosum, the great commissure, and the substance surrounding the ventricles, were quite in a creamy condition. In the second case, there was a small tubercle of caseous matter in the substance of the right anterior lobe of the cerebrum, and the middle surface of the corpus callosum was slightly softened. In the third case, the corpus callosum and substance surrounding the lateral ventricles were softened.

It is not uncommon to meet with tuberculous matter in the brains of children, when the same deposit is found in other organs of the body.

M. Frémy states that the oleophosphoric acid which exists in fresh brains soon becomes decomposed, and in a brain which has not been examined for some days you find phosphoric acid in a free state and oleine. M. Vauquelein found the same alteration in softening of the brain, which he considers to be exactly analogous to what takes place in putrefaction. Rokitansky says, that while softening has no connection whatever with putrefaction, and that although yellow softening does not exhibit the remotest similarity to it, much use may be made of Frémy's views, and that they have given a direction to future investigation, which is full of promise. ('Syd. Soc. Trans.,' iii, p. 423.)

These subjects require further investigation; it is necessary that we should know whether the cerebrie and oleophosphoric acids exist in a pure and unmixed form; whether phosphoric fat really forms part of the composition of the brain; and whether phosphorus exists partly in the form of phosphates, partly in some other form in which the phosphorus is not oxidized; and, in connection with this subject, whether the unoxidized phosphorus be a matter of frequent occurrence in the urine.

Professor Hoffmann has proved that phosphorous compounds hold a position between the nitrogen compounds on the one hand, and the arsenic and antimony series on the other; and it is to be hoped that his investigations upon these difficult points of analysis may be continued, as, owing to the great intricacy of estimating the manner in which phosphorus exists in nervous matter, the subject is surrounded with much uncertainty.

To return to our post-mortem examinations. Serum is effused not only into the subarachnoid cellular tissue, but also into the substance of the brain. We find this effusion chiefly in the brains of patients who have died from paralysis of the insane, and from mania produced by intemperance, also in atrophied and anæmic brains. It is a well-known fact, that Dr. Kellie, of Leith, in his experiments upon animals bled to death, found effusion of serum in the brains of all.

In cases of paralysis of the insane we find the membranes and structure of the brain more generally disorganized than in other cases, with the exception of those I have mentioned of softening. The arachnoid is thickened to a greater extent. The pia mater is also thickened, and much congested in many cases. The cortical structure is frequently softened. The fibrous structure is generally atrophied; it is at times softened, at times indurated, and there is a greater amount of serous effusion into the substance, the ventricles of the brain, and beneath the arachnoid. If this be so, we should have expected that little diversity of opinion would have existed upon the nature of the disease; but this is far from being the case. It is the opinion of M. Esquirol, M. Calmeil, and M. Georget, that all cases of insanity may terminate in general paralysis. We have, on the other hand, the more correct opinion that it is a distinct species of insanity. We have also the opinion that there are two species of the disease, the one complicated, the other uncomplicated with unsoundness of mind.

We owe the results of these investigations chiefly to the French pathologists, more especially to M. Calmeil, M. Bayle, M. Parchappe, M. Baillayer, M. Foville, and M. Brierre de Boismont.

Although we have arrived at the conclusion that paralysis of the insane is a distinct species of insanity, pathologists differ much as to the precise seat of the disease. M. Parchappe considers that it consists in a softening of the cortical structure. M. Calmeil thinks that it is a diffuse chronic inflammation of the cortical structure. M. Bayle that it consists chiefly in inflammation of the membranes. M. Foville, although agreeing in the main with M. Calmeil, lays particular stress upon, what he terms, adhesion of the planes of the fibrous structure. There is another theory, which confuses the œdema of paralysis of the insane with white softening of the brain. It is very instructive to study these different theories, because, if the pathology of insanity is to be learned from post-mortem examinations, we have here abundant opportunity for investigating the subject; but if, as I have always thought, it be necessary to study the whole symptoms during life, and to compare them with the appearances after death, we shall at least avoid the error of localizing the disease in one particular part of the brain or of the spinal marrow.

In paralysis of the insane, intellect, affection, instinct, are in-

volved in the disease, and the nerves of sensation and motion are impaired, but not wholly destroyed. The paralysis is universal, and incomplete; there is atrophy, but not disintegration of the minute fibres of the brain and nerves. The brain has not entirely lost its controlling power over the spinal marrow, and thus we do not get reflex action, as in paraplegia. Dr. Boyd is right in saying that the disease is not confined to the brain; but he seems to lay too much stress upon the morbid appearances of the spinal marrow. I have found great enlargement of the veins of the cord, and much effusion of serum. I have also found the membranes of the spinal marrow injected, and the minute vessels of a deep-red colour in the cervical region. The cut surface of the cord in one case presented a deep blush of red from the first to the seventh cervical vertebra. In another case, when the paralysis was the result of a blow on the nape of the neck, the transverse ligament of the atlas was so loose as to allow the processus dentatus to encroach upon the vertebral canal.

The hesitation and thickness of speech, which is one of the first symptoms which characterise paralysis of the insane, is no proof that the disease commences in the medulla oblongata, or, as M. Scipio Pinel would say, in the olivary bodies; for there is loss of speech, not only as Dr. Bouillaud states, when the anterior lobes of the cerebrum are affected, but also when hæmorrhage occurs in the middle and posterior lobes. The satyriasis which so often occurs at the first outbreak of the disease certainly affords proof that the irritation is conveyed to the medulla oblongata, from whatever part of the encephalon the disease may have commenced; for it is well known that if the top of the spinal cord be irritated in a dog, erection is produced, and the joyous state of the mind in cases of fracture of the cervical vertebræ appears to give some colour to the theory that the disease radiates from the spinal cord. I have had two cases of paralysis of the insane, which followed tabes dorsalis, and I have not any doubt that the disease may, in some instances, commence in the spinal cord and spread to the brain, and thus we may have all the physical symptoms of general paralysis preceding the mental symptoms; but the disease cannot be termed paralysis of the insane till the hemispheric ganglia become involved, and we observe delusion, or weakening of the intellect, accompanying the trembling, the want of precision, and the incomplete paralysis of the movements of the patient.

While the physiologist is so likely to attach importance to this or that particular part of the nervous centres which he may consider to be the seat of the disease, the pathologist must not forget that paralysis of the insane is a constitutional disease, dependent upon various states of the blood and nervous system. On the one hand, we have excess of blood-corpuses, or the blood in such a state as not to be able to supply the requisite amount of albumen; on the

other hand, the atrophy and œdema of the brain must prevent the cell-nuclei from being formed in sufficient quantity to produce the requisite amount of nervous force to carry on the operations of the intellect. We have, sometimes, the supply of nutrition cut off by the atheromatous deposits on the arteries, or by anything which will prevent the proper amount of blood circulating in the brain, as when a large goitre presses upon the carotids, and the chief supply is carried on by the vertebral arteries. At other times we have impoverished blood, connected with a scrofulous habit, or the result of over-exertion of intellect. Or, again, both poisoned and impoverished blood, when the disease is the result of delirium tremens, or of secondary syphilis.

Although we must consider that the atrophy of the nervous fibre produced by this state of the blood and of the blood-vessels, to be the chief cause of the paralysis, we must not omit to consider the effect of the effusion of fluid. Paralysis is the result of pressure, as well as of disintegration of the nerve-substance. The effusion of fluid which we meet with in the brain and spinal marrow is not only the result of atrophy, but also of the composition of the blood which I have referred to above, and this effusion must embarrass, and at times paralyse, the action of the nerve-fibres. In a case of paralysis of the insane, which I attended some years ago with Dr. Watson, and which terminated fatally, at the post-mortem examination Dr. Watson found that the paraplegia under which the patient had laboured was owing to a large quantity of fluid which had gravitated to the lower part of the spinal marrow, there being no softening whatever of the cord itself. As the action of the motor and sensitive nerves is interfered with by effusion of fluid into the cord, so is the action of the intellectual faculties interfered with by serous infiltration into the brain, which of course also produces the disturbance of affection, instinct, sensation, and motion, irrespective of the disorder of the spinal marrow.

The effusion of serum is sometimes augmented just before death, the imperfect gives way to complete paralysis of the arms and legs, and the patient frequently dies of serous apoplexy. When a patient is seized with one of those epileptiform attacks, which so often prove fatal to the paralytic insane, he should never be allowed to lie with his head low.

A patient of mine was suddenly seized with one of these fits when the pillow was removed from his head, and immediately the muscles became as rigid as in tetanus; this rigidity gradually disappeared when the head was raised.

We meet with softening of the thalami, corpora striata, and pons varolii; but certainly in the majority of cases of insanity which I have inspected this has been connected with disease of the arteries of the brain, or has been accompanied by incomplete or complete

paralysis. In a case of paralysis of the insane, where I found the basilar internal carotid and meningeal media arteries studded with the so-called atheromatous and bony deposits to their remotest ramifications, the pons varolii was reduced to a pulpy mass; the softening extended from this point upwards on both sides through the crura cerebri, the base of the middle lobes of the brain, and the thalami optici.

I have only known one case where the appearance described as resembling Gruyere cheese was met with in the substance of the brain; this was in a patient who had suffered under a series of apopleciform attacks, and who laboured under symptoms of intermitting dementia, with great thickness of speech.

The ventricles of the brain are found larger than natural more frequently in chronic than in recent cases; thus, in fifty-five patients there was more fluid than natural in ten out of twenty-eight recent cases, and in eighteen out of twenty-seven chronic ones.

It is rare to find tumours in the substance of the brain in cases of insanity. In the 200 cases I have referred to, tumours were found in four. In a female patient, who died three days after her admission into St. Luke's Hospital, and who had ptosis of the eyelid, loss of memory, and difficulty of articulation, there was a tumour the size of a small pullet's-egg in the right cerebrum.

In a patient who had been sixteen years insane, and thirteen years in St. Luke's Hospital, Dr. Arlidge discovered a large tumour lying upon the right hemisphere of the brain, eight inches long by two and a half wide, constituting a fibrous sac, adhering slightly by a delicate band to the dura mater.

In a patient whose insanity came on almost immediately after the discharge of pus from the mouth and nose, who had ptosis of the eyelid and paralysis of the nerves of deglutition, I found the dura mater opposite the squamous portion of the temporal bone on the right side, adhering to the arachnoid, pia mater, and surface of the brain; and at this point there was a tubercular mass, about the size of a hen's-egg, of hard consistence and brownish aspect, mixed with flakes of a soft, yellow substance; the portion of brain immediately surrounding this was reduced to the consistence of cream; this softening occupied half the right hemisphere.

In a female patient labouring under mania, with impaired memory and paralysis of the left side, I found a tumour in the right side of the cerebrum, two inches long by one and a half wide, composed of pellucid granules of tubercular matter; there was also a tumour of the same character in the left lobe of the cerebellum. It was interesting in this case to find that the paralysis occurred on the opposite side to that of the tumour in the cerebrum, and on the same side as that of the cerebellum. M. Andral mentions a case of double

hæmorrhage, viz., in the right hemisphere of the cerebellum, and in the left hemisphere of the cerebrum, where the hemiplegia existed on the right side.

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The History and Progress of Psychological Medicine. An Inaugural Address. By J. CRICHTON BROWNE, Senior President, Royal Medical Society, Edinburgh.

“C'est donc un crime d'être fou puisque nous le punissons!”

GENTLEMEN,—My first and most agreeable duty, on taking possession of this chair, to which you have called me, is to express to you the gratitude which I feel for the distinguished honour with which you have invested me. I cannot hope to enable you to estimate the sincerity of the feeling by the force of its expression, for I can only, in very simple terms, assure you that I heartily appreciate your great kindness; and I can only very briefly acknowledge the eminent favour which I have received at your hands.

When I glance at the names of my predecessors in this office, and recognise the fact that I succeed such men as Duncan, Cullen, Black, Marshall Hall, Holland, Conolly, Shutleworth, Simpson, Goodsir; when I recollect who were my predecessors of last year, and when I remember that I have been placed here by your suffrages, I confess I feel some degree of trepidation. For I should be strangely constituted were I to be indifferent in succeeding such illustrious men; I would not be blameless were I to be insensible to the approbation of my equals, and I should not be deserving were I to occupy my present position without feeling deeply gratified and highly flattered. Your honest commendation, gentlemen, has been my most eager and most constant aim, and that fair fame which you have bestowed upon me I do now most humbly and most thankfully accept.

I trust, however, that the very sweetness of your praise may not have the effect of lulling me to slumber, but may rather speed me on my course, by assuring me of your sympathy, and thereby stimulating me to further effort and renewed exertion in everything that may concern the welfare of this Society, and of its individual members. Believe me, gentlemen, the welfare of this Society ever will be my most earnest care, and all the ardour and power which I can command will always be exerted in promoting its interests.

You must here permit me to congratulate you, gentlemen, on the present highly satisfactory condition of the Society. In the large number of new members who have already joined us, in the character

of the papers which have been already read, in the continuance amongst us of our respected Treasurer, in the very names of my colleagues, whose varied and powerful abilities are known to all of you, and in the zeal and other qualifications of the other office-bearers, I perceive the indications of a most successful session. But whilst I can certainly foretell that the session upon which we have just entered will be eminently prosperous, I must beg of all of you to aid in the fulfilment of the prophecy by placing before your friends a statement of the advantages to be obtained in the Society, by urging them to join us, by taking part yourselves in the discussions, and by taking an interest in our affairs. The inducements to join this Society are very numerous, and the benefits which it confers upon its members very many. Among its other advantages, I may mention that it is a gymnasium in which you may exercise your mental powers, in which, by exercise, you may develop, and developing, train.

This Society now stands by our University, assisting her in preparing medical men for the active duties of life, in sending forth well-armed soldiers to war with human suffering, and sturdy labourers who shall strive to stem the tide of human woe. I need not implore you, gentlemen, to avail yourselves of the advantages which this Society offers, for I feel sure that you are conscious of their importance, and will employ them to the utmost. I feel sure that you appreciate the truth—that it is at the period of the development of a faculty—that it is most susceptible of encouragement and guidance—that morning is the time for work. I feel sure that you are all actuated by a genuine and practical philanthropy, and that you realise how foolish a thing it is merely to follow out your early life, in so far as it shall enable you to obtain distinction, forgetting that hereafter the lives of your fellow-men will be intrusted to your care. When years hence you stand in the sick-room (it may be by the straw-bed of the poor, or by the downy, panoplied couch of the rich) when your hand rests upon the fevered pulse, and your eye upon the prostrate form—when the issues of life and death tremble in the balance—when the fate of the sufferer seems, humanly speaking, to depend upon the exercise of your skill—when those near and dear to the sufferer stand round, with all their love and their hope and their fear—surely great will be your anguish, and bitter your remorse, if you have dared to enter upon the practice of medicine without fitting yourself for its responsibilities. But if, on the other hand, you can stand in the sick-room, and by the sick-bed, conscious of time and talent improved, conscious of an earnest and honest discharge of your full professional duty; painfully anxious although you may feel, great will be your satisfaction and mighty your reward.

If there be any one amongst us whose main object is speedily to

attain a lofty elevation or worldly wealth, let him be warned in time, and abandon a profession in which self-seeking ought to be unknown, in which a competency is almost the highest pecuniary reward that can be hoped for, and in which our never-failing source of happiness ought to be our power of alleviating pain, of solacing sorrow, and of advancing science.

Were these views more generally the principles of action, we should hear less of those petty jealousies and disputes that too frequently disturb our ranks, and our professional dignity would be weightily increased in the eyes of the public. We may hope that such principles will become more prevalent ere long; we may use our endeavours to disseminate them, to raise our art from the opprobrium under which it lies, and to give it a more comprehensive and a more certain character.

We must rejoice to think, that this year we have to deplore the loss of but few of the heads of our profession. But amidst the crowd of the disciples of medicine who have passed away, and whose names are already forgotten, save by their own companions, there is one whose works live after him, and who will be long remembered. I allude to Robert Bentley Todd, an honorary member of this Society, a physician of European fame, an enlightened practitioner, who keenly scrutinised the opinions of others by the aid of his own lengthened acquaintance with disease, and who boldly gave to the world his own original views. He will be long remembered by that profession which he adorned, and by those wayfarers whose burdens he lightened, and whose drooping hope he cheered.

Your presidents, gentlemen, in addressing you, have generally some ulterior purpose in view besides merely returning you their acknowledgments, and I therefore propose to offer a few observations on the History and Progress of Psychological Medicine. I scarcely require to apologise for having selected this subject, for the acknowledged importance of psychology is now such, and such is its ever-growing importance, particularly to medical inquirers, that it appears to possess very special claims upon our attention. In the fulfilment of my purpose, I shall not require to lead you back to the pre-historic era, before the first budding of civilisation and the development of the arts and sciences in Greece, for in that rude age a state of perfect health seems to have been general, and insanity to have been of the very rarest occurrence. I shall not require to lead you back to the golden age in the history of Greece, to that one moment in the existence of the world when a race was refined without being luxurious, manly without being coarse, when men combined primitive simplicity and noble physical frames with high mental culture and much mental strength. Interesting although this period is, as being the fountain of all philosophy, in which the systems of Plato,

of Aristotle, of the Stoics and Epicureans, originated, we shall not dwell upon it, but shall pass on, merely mentioning that, judging from the writings of medical and of general authors, insanity must have been either very uncommon or very little understood by the mass of the medical authorities of the day. Nor shall we dwell longer on the mediæval epoch, when darkness spread over the known world, and the arts and sciences of Greece and Rome vanished in the blackness of the night of ignorance. Mental disorders were then more prevalent, and mental epidemics swept over Europe, but the theory and practice of psychological medicine were still alike unknown. We shall not even pause at that epoch when darkness began to flee before the light of knowledge, when the Reformation had taken place, printing and the new world been discovered, and gunpowder invented, but we shall come at once to the middle of the eighteenth century, and consider the condition of the insane at that time. Then, indeed, the insane were a numerous class over Europe; but though numerous, still uncared for. Looked upon as possessed by the devil, and hence objects of peculiar detestation, or as sorcerers whom it was doing God service to sweep from the face of the earth; or as criminals, who should be subjected to punishment and torture; they were allowed to wander about without home or shelter, or they were brought to the stake to end their lives of sorrow there, or they were thrown into noisome dungeons and committed to a more frightful and painful fate.

Those who roamed at large protracted existence by means of beggary and theft; they wandered from village to village, from town to town, the jest, the butt, and the slave of the unfeeling populace. Those who were intrusted to the care of religious fraternities were generally confined in solitary cells, fed on the most scanty food, and treated with the lash; for we find that in one monastic establishment in the south of France it was the practice to administer to each lunatic ten stripes per diem. Those who had committed some criminal act, and were cast into prison, were, if quiet and inoffensive, allowed to mingle with the degraded and guilty inmates; if noisy and maniacal, they were pushed into dark and filthy dungeons, and were intimidated into silence. Those placed in the existing institutions, mockingly called asylums, fared not better than the rest. Placed in dark little rooms, or in damp cellars, or in underground holes, or in iron cages, in which they could not stand erect or lie at length, without clothing, supplied with oak bark or straw for bedding, and with the cheapest and coarsest food cast into them, chained and manacled, mocked and beaten and bruised by their brutal attendants, they lived without hope in the world; they lived sometimes for thirty and forty years without once beholding the blessed sunlight, or hearing one word of compassion or consolation.

I have neither time nor inclination to enter into the revolting details of all the atrocities practised upon these most afflicted of our race, but any one who investigates the subject must come to this inevitable conclusion, that the treatment of the insane, during the eighteenth century, was a disgrace and a scandal to the civilisation and Christianity of Europe. Nor must it be supposed that these atrocities were the result of an erroneous theory, that lashes and iron, and dirt, and darkness, were merely parts of a rather heroic treatment. They were the dictation of cruelty, or, at least, of ignorance, indifference, and fear. Men conceived that they were fighting with the spirits of evil, and chose their weapons accordingly.

But a brighter day was about to dawn upon the unhappy lunatics; for, towards the close of the century, St. Vincent de Paul preached another grand crusade—a crusade against cruelty, barbarity, and injustice, and in 1792 Pinel was appointed physician to the Bicêtre.

Pinel it was—eternal honour to him—who, with wisdom, and courage, and humanity, first struck from the limbs of the insane the heavy chains that galled them, destroyed the scourges that tortured them, led them forth into the light of day, and gave them an opportunity of regaining their right minds.

But long after that, in consequence of the efforts of Pinel, an amelioration had taken place in the condition of French lunatics, all the former abuses continued in full force in this country. Scarcely any provision for the maintenance, safe custody, or cure of the insane existed, and that which did exist was disgraceful in the highest degree. In the few asylums which had been erected, where the victims of mental disease were hidden and concealed, the most calm and deliberate cruelty was practised. If a patient was noisy, he was bled to debility or drugged with opium; if he was furious, he was placed in a strait-waistcoat and chained by his ankles; if he was violent, he was nearly drowned in a douche; if he refused food, he had his front teeth broken out or extracted, and nourishment forced down his throat; if he was sick, he was left to recover or to perish, without medical aid. In these establishments, generally mere private speculations, were confined many victims, not of mental alienation, but of avarice, hate, and ambition, who, in violation of every law of justice and charity, were left to languish in living graves. It is undoubtedly true that cold-blooded murders were perpetrated in these houses; and it is not wonderful that in those days the word madhouse was synonymous with horror. It is scarcely possible to imagine such a state of matters existing in civilised England in the beginning of the present—the nineteenth—century, but, nevertheless, such is, I assure you, by no means an exaggerated statement of the case. But this reign of terror in England was nearly over; and it is here curious to observe that, in

every country in Europe, the reformation in the treatment of the insane, and their emancipation from thralldom, has been originated and promoted by some one individual of humane energy and benevolent vigour. What had been accomplished by Pinel in France, in England chiefly fell to the lot of John Conolly, who is a member of this Society, and, I am proud to think, was once an occupant of this chair. Animated by the purest and loftiest Christian philanthropy, possessed of the most powerful intellect and varied accomplishments, he devoted himself, heart and soul, to a difficult and a dangerous duty, which he nobly fulfilled. Undaunted by opposition, unchecked by obstacles, this generous and this gifted man walked on, unanswering amid calumnies, uprooting prejudice, overturning error, and finding his only reward in the good he did. Abrogating restraint and cruelty, and substituting, in their stead, freedom and gentleness, he succeeded in spreading peace and calmness and comparative happiness where, formerly, all was agony and disorder and despair. If those who fight their country's battles are entitled to their country's thanks, surely to John Conolly is due some public expression of gratitude by the people of England. His hands are not red with blood, but he has conquered in a hard-fought field, and we may believe that he possesses the blessings of those who, but for him, would have been given over to a dark and dismal doom, and that he possesses the blessings of Him who is the plenitude of goodness and mercy and power.

As Conolly thus inaugurated the new system in England, in this our northern land another labourer in the cause of humanity, of whom it becomes not me to speak, devoted his life and his strength to the service of the sorrow-laden sufferers from mental disease, and succeeded in directing public attention to the abuses practised throughout the country, and in effecting a salutary revolution.

And whilst enumerating some of those who have headed the march of humane progress, I must not omit to point to the exertions of Dr. Duncan, whose portrait hangs upon our walls, who was the founder of Morningside, and who anticipated what is still a desideratum in England, a public institution for the reception of the insane of the middle classes.

In virtue of the efforts of these physicians, aided by others, a mighty change has been wrought in the condition of those suffering from the most lamentable malady of insanity. Humanity now steps in; and, in providing for lunatics, goes beyond the consideration of mere cheap security, and adds all that is necessary for comfort, for enjoyment, and for restoration to health. In well-conducted establishments for the insane, we now find careful medical supervision, ample attendance, practical humanity, and watchful care. The inmates are well fed and well housed. They breathe pure air, are

kept clean in person, and have comfortable sleeping accommodation. They have every means of amusement offered them; they are under medical treatment; they are screened from everything that can excite them or give them pain. These remarks, of course, refer solely to well-conducted asylums, for we have reason to believe that a shadow of former evils still hangs over the land. We have been taught to distrust the fairest exteriors by the annual reports of the Commissioners in Lunacy, and by investigations which have taken place in recent years into the state of some of the British asylums. High reputation, a large number of cures, and sincere kindness on the part of the physician, may coexist in an asylum with great neglect as regards diet, exercise, employment, and amusement, with a deficient staff of underpaid attendants, and with positive cruelty on their part towards their charges. In so far as regards attendants, we can scarcely hope for much improvement until we have a properly organized corps of Protestant Sisters of Charity—women who, bound by no vow or obligation, shall voluntarily devote themselves to works of mercy, to ministering to the sick and the afflicted, to going about doing good. In that soothing tenderness and gentle firmness which constitute the strength of the weaker sex when performing a labour of love, we may expect to find an important moral influence; and when we have secured the services of such sisters, we may rest assured that medical orders will be rigidly adhered to, and that surpassing kindness will prevail in every ward. We must remember that Sarah Gamp and Betsy Prigg are not imaginary characters; and we must further remember that we can never expect from a hireling that solicitude, that interest, that unwearied attention, which we might abundantly obtain in another quarter. That the institution of such a sisterhood is incompatible with Protestantism has been already disproved in the case of Florence Nightingale and her noble and disinterested band; and it has been lately well remarked that the Romanising tendency of such an institution need scarcely be dreaded in an age when Christianity is threatened by errors more dangerous and insidious than the grossest superstition that ever prevailed.

At the time when the insane were believed to be possessed by demons, it was wisely thought unnecessary to afford them medical advice, as the members of our profession were not understood to command special exorcising powers; and even after the insane were regarded as diseased, and as demanding an application of the healing art for their relief, indifference and expense came in the way, and prevented the appointment of medical superintendents. There was, besides, a disinclination on the part of medical men to assume such offices, as those holding them lost all professional caste, and held a lower social position than the shaveling apothecaries. But a great advance was made in medical psychology, and in the grade of those having the

care of the insane, when there was a recognition of the consideration of the human mind as an element in the management of the insane ; and a still greater advance was made when physiology and phrenology came to be applied to the elucidation of mental disease. To the illustrious founders of phrenological science, to Gall and Spurzheim, psychology owes much ; for those who have had the greatest opportunities of observation have almost invariably come to the conclusion that, without an acceptance of the *general principles* of phrenology, mental disease can neither be understood, nor described, nor treated. Phrenology has been ridiculed and laughed at ; it has been degraded into a pastime by the ignorant and idle ; elevated into a religious creed by the sceptical and enthusiastic ; converted into a means of livelihood by the roguish and designing, and into a target by the brilliant and witty, at which they might shoot their darts, ever sure of gaining applause, no matter how unsteady or false their aim. It has been despised by the many and opposed by the learned in the most illogical and dishonest manner, and yet it still exists, and now begins to take up its proper position among the sciences. Its grand doctrines are now openly or tacitly acknowledged by the great majority of medical and by several metaphysical writers, and many have earned fame by giving them to the world, without confessing their derivation.

Mesmerism, and the science of physiognomy, and even table-turning, should be mentioned as having given indirectly, and without any design on the part of the promoters, an impetus to the study of psychology, by inducing many to think of the subject, and by impelling research into its extremest obscurities.

All those circumstances which we have enumerated combined to bring psychology under discussion, and thus indirectly to improve the condition of the insane and of their medical attendants. The latter, however, in this country were suddenly raised to the highest rank in the profession by a state incident, namely, by the unfortunate insanity of that good old monarch, George III. The summoning of Dr. Willis, essentially a specialist, the superintendent of an asylum, to attend upon the royal person, was the occasion of this sudden change, as it was a recognition in the highest quarters of the fact that special qualifications are required in those who would "minister to a mind diseased ;" and of the converse, that ordinary practitioners, however accomplished in their own department, are not the best persons to "pluck rooted sorrows"—It is now established beyond doubt that George III was treated with extreme brutality until he fortunately fell into the hands of Dr. Willis, a humane physician, accustomed to deal with such cases. Since that time psychology and psychologists have continued to advance, and are still continuing to do so. They are now under the protection of the state, and I cannot but believe that the formation of a Board of

Lunacy and the visits of commissioners have been found most beneficial to superintendents, as well as to their charges. The existence of a proper system of surveillance gives confidence to the public and to the public servant. The visit of a properly qualified medical commissioner, chosen because of his qualifications, possessed of manly energy, humane disposition, and conciliating manners, one who understands the organization of an asylum, the nature of mental disease, and the difficulties which arise in the governance of the insane, will always be hailed by a resident medical man as an opportunity of gaining much valuable advice, to aid him in the discharge of his trust, and as removing from his shoulders a weight of responsibility.

Some of the most eminent physicians of the present day are practical psychologists, and I may mention as examples Bucknill, Tuke, Sutherland, Falret, Morel, and Van der Kolk, who is a psychologist as well as a physiologist, and whose strength may perhaps be due to this combination. The labours of such men are daily extending in influence, and are undoubtedly tincturing modern metaphysics, in illustration of which I have merely to point to the works of Alexander Bain, of Spencer, of Laycock, of McCosh. And it is well that it should be so, for I may unhesitatingly advance the proposition that, unless physiologically and psychologically considered, mind and its laws can never be understood. Indeed, metaphysics have long derived important benefits from the studies of physicians such as Sir Thomas Browne, Burton, Locke, Warburton, and Dr. Thomas Brown, of Edinburgh. But psychology itself is breaking through its boundaries, and becoming more generally diffused. The public mind is occupied with the subject, and popular periodicals are publishing articles upon "Brain Difficulties," "Criminal Lunatics," &c., &c. It has become generally known that insanity is rapidly upon the increase, and few will now be found ready to dispute this statement. The supposition which existed in some minds has now been put beyond doubt by the accurate statistics of the Lunacy Commissioners, and even without these reliable tables we might still have pronounced insanity upon the increase from its constantly increasing causes.

We live in an age of electricity, of railways, of gas, and of velocity in thought and action. In the course of one brief month more impressions are conveyed to our brains than reached those of our ancestors in the course of years, and our mentalising machines are called upon for a greater amount of fabric than was required of our grandfathers in the course of a lifetime. Every man in the present day lays claim to membership of the mental aristocracy; he is either a logician, an orator, a politician, a saint, or a philosopher; whilst of yore one such per cent. of the population was considered amply sufficient. Everybody now-a-days is a thinking and reflective.

being, and nobody "whistles for lack of thought." The very thoughts of the present day are different in kind from those of past generations. We live in a vortex of excitement; every impression is intoxicating, every idea stirring. Whilst of old they tended their herds and tilled the land, and lived a life of placid monotony in a limited sphere, we now run round the world, and experience every vicissitude of life, before we think of settling. Every one sighs for reputation, for fame; sighs to be known and remembered by his fellow-men. The same feeling that prompted Empedocles to dive into the fiery whirlpool of *Ætna*, and Pythagoras to seek out an earthly Hades, now occupies every breast, and prompts to every peculiarity and eccentricity of thought and action. How finely strung, too, is the emotive nature of each of us! how tense is the affective cord! how sensitive are we! and how does our condition in this respect contrast with that of barbarous tribes, who are said never to weep, never to laugh, rarely to exhibit regret for the death of their relatives, and never to become mad.

Intense mentalisation is indeed imperative on every one at the present day, as it is required in every struggle for position and existence, and in such a struggle physical can no longer cope with mental force. The doubtful system of competition which now prevails in all professions and employments, which meets us on all hands, is the great cause of this; and as a consequence of all this, I have no doubt that a natural selection of large and powerful brains is at present in progress. If the Darwinian theory be correct, natural selection must undoubtedly be at work now as ever; and if so, this must surely be its mode of action in the human race. In the grand battle for existence, which is even now being waged, those with small brains, of inferior quality, weak vessels for the immaterial entity, will perish and pass away; and those with large brains and powerful intellects will be selected and perpetuated upon the earth. This is no mere theory; it rests upon facts. We know how rapid an increase takes place in the size of the heads of any tribe of men after its passage out of barbarism into civilisation, and in this do we find an explanation of the circumstance that, while parturition is performed with very little inconvenience among savage women, it is a painful and a dangerous process amongst the civilised. I think I have heard our illustrious Professor of Midwifery state that the number of premature or induced labours is annually augmenting, and attribute this to the increasing size of foetal heads; and I think I have heard him express a suspicion that, in a century or centuries, premature labour will be the rule, and not the exception.

But as certainly as the powerful mind will rise and conquer in this struggle of which we have spoken, will the weak or less powerful mind be disordered or overcome. Nor can we expect that it should be otherwise, for when we thus roughly and constantly use the

material instrument, the working machine, we must not be surprised should the tools sometimes become blunted or the engine run away with us.

Reparative influences, however, which have been lately developed, must also be recognised. Life insurance, Saturday half-holidays, summer vacations, and rifle volunteerism—which I believe owes its origin in this country to Dr. Bucknill—have all a tendency to counterbalance the evils which we have indicated.

But other causes of increasing insanity are also active. Improper marriages, excessive exertion of body, impure air, badly ventilated houses; adulterated, scanty, and innutritious food; sedentary habits, unhealthy occupations, intemperance, and immorality, are all busy in deteriorating our race and in rendering individuals more liable to psychical disorders. These causes operate more especially upon the poorer classes gathered together in our large cities. Such congregations deserve particular attention; they contain the dangerous classes, consisting of men with dwarfed intellects, low morals, violent passions, and degrading vices.

The first grand advance in psychological medicine was made when all morbid manifestations and all morbid conditions of mind were recognised as depending on disease of the body, and were hence handed over to the medical profession, as requiring an application of the medical art for their cure. Previous to this recognition of actual bodily disease as the cause of insanity, the insane were committed to the care of non-professional persons, as these were thought perfectly capable of conducting treatment, as then understood. The second grand advance in psychological medicine was made when, in consequence of the discoveries of Gall, Charles Bell, Flourens, Marshall Hall, and others, the individualisation of organs and faculties or psychical actions was established, for then it was that the rational system of psychological treatment commenced. And the third and last grand advance in psychological medicine was made when there was a recognition of the psychical nature of insanity, and of the necessity of its psychical treatment in accordance with the ordinary laws of healthy mind. In consequence of this recognition, the insane were intrusted to psychologists, physicians having a knowledge of mind in its sound condition, an acquaintance with its laws of action, with the correlation of its faculties, and with its morbid phenomena. In consequence of this recognition, psychical treatment has been adopted, by which we seek to act upon mind, by external impressions, and *through* mind. It is thus that melancholia is treated by pleasing and cheerful impressions, and by hopeful suggestions. It is thus that mania is treated by the removal of all sources of irritation, and by calm and composing thoughts, and it is thus that the thousand forms of psychical and moral treatment are adopted. It is thus that the modern edu-

cation of the weak-minded is conducted, in which it is sought to stimulate and exercise each faculty in the order of its natural development. To this mode of treatment is to be attributed much of the success which is said to have attended the efforts of Seguin and Guggenbuhl in the education of idiots and cretins, and to the necessity for this mode of treatment is due the separation of psychological medicine into a great and distinct department of the science of medicine, requiring in those who would pursue it special tastes and special studies. That it is an attractive department I need scarcely state, and we cannot doubt that it is so when we find one of the greatest surgeons of this country, Sir Benjamin Brodie, directing his private studies to psychological medicine; and one of its most enlightened physicians, Sir Henry Holland, leaving his chapters on mental physiology as his chief and most valuable legacy to the profession.

A slight acquaintance with psychology is of great importance even to the ordinary practitioner, for all medical men are liable to be called upon to certify insanity; and in every ordinary disease I am convinced that psychical treatment will be found useful, as morbid psychical phenomena are present in all. The importance of psychology is becoming daily more widely acknowledged. A short study of the subject is required by the India Board in its medical officers, and we have in our own medical school two distinguished lecturers upon the subject. I earnestly hope that ere long it will become an established branch of medical education, and that a chair of psychology will be founded in our university.

Resting upon the physico-psychical basis which we have described, psychology cannot fail to advance. Sincerely do we hope that it may progress day by day, and that hour by hour there may be granted to its disciples, by the source of light and reason, greater capacity for ameliorating the condition of those who "sit in darkness and in the shadow of death," and an enlarged acquaintance with all the obscurities and mysteries and wonders of the mind of man.

"Lulled in the countless chambers of the brain,
Our thoughts are linked, by many a hidden chain.
Awake but one, and lo! what myriads rise;
Each stamps its image as the other flies."

And now, gentlemen, I feel that I have detained you too long; but, in tendering you my apologies, I must explain that so vast is the subject which I have chosen, that I have scarcely begun when I must leave off. Before resuming my seat, however, gentlemen, permit me again to thank you for your unmerited kindness, again to assure you that I will with all possible zeal discharge the duties of my office; and allow me further to assure you that in after years

the pleasantest and brightest reminiscences of my life will be in connection with this Society, and the friendships which it has enabled me to form. The misanthrope may sneer at mankind and the cynic deride human sincerity, but I would rather feel inclined to exclaim, in the words of Dr. Johnson, used on another occasion, "far from me and my friends be such frigid philosophy." He who looks upon the fair side of human nature, and who sows life thick with friendships, is sure in the end to find that all is not false and hollow, but that many of the seeds which he has planted rise and bear fruit a hundred-fold.

The Cottage System and Gheel. By JOHN SIBBALD, M.D., Assistant-Physician to the Royal Edinburgh Asylum for the Insane.

"Fidelius rident turgia."—*Proverb.*

A SYSTEM, called the cottage system, has of late years been attracting the attention of many of those interested in the construction of our lunatic asylums. The careful study of the requirements of the insane, which distinguishes many of the beautiful structures recently erected by the English counties has succeeded in producing what may be regarded as nearly the perfection of our present system; and unless it can be shown that an arrangement based on entirely new principles ought to be adopted, there remains little to be done in the way of improvement. Every proposal, therefore, which suggests a new principle of construction deserves the serious consideration of our profession; and the cottage system has been so highly commended by many respectable authorities that an examination of its merits will not be unacceptable to the readers of the Journal. The following pages are intended to be devoted to this object, as well as to the consideration of how much, if any, of the peculiarities of the system should be adopted in future arrangements for the accommodation of the insane; whether it should be adopted in place of our present system, engrafted upon it, or rejected altogether as unsuitable or impracticable.

The cottage system is to be seen in its highest development in the Belgian town of Gheel, which place I had an opportunity of visiting last summer; and I took advantage of the occasion to observe the working of the system. A consideration of the degree

of success which has attended the experiment there must greatly influence our opinion of its suitability for adoption elsewhere, so that a short space devoted to this inquiry will lay the best foundation for a discussion of the general question.

Many notices of Gheel are to be found in recent medical literature, but the attention of the scientific world was first directed to it by Esquirol, who, in his *Maladies Mentales*, records a visit made by him in 1821. It was not, however, until the publication of the observations of MM. Guislain and Moreau (de Tours), and the reports of M. Ducpétiaux, that its peculiarities received anything like general attention. The writings of these gentlemen, and the more recent labours of MM. Parigot, Bulckens, and De Mundy, have brought the subject fully before the Belgian government and people; and Drs. Roller and Droste have addressed themselves to the German public. The interest of the French public has also been powerfully excited by the writings of M. Jules Duval, whose recently published work contains a most interesting account of the town and its inhabitants.* Dr. Galt has written frequently and well for the purpose of laying the subject before the American people. In this country, Sir Andrew Halliday, Drs. Cumming, Webster, Browne, and Coxe have published notices of the system; and in the number of this Journal for April, 1858, Dr. Henry Stevens records his observations made during a visit to the locality.

The allusions to Gheel occurring in many recent writings make it appear that its history is sufficiently familiar to all. But I believe that English writers have not given the details in such a manner as to make a complete appreciation of the present state of things easily attainable. The social economics of the place are so peculiar, indeed altogether *sui generis*, that a knowledge of the train of circumstances which developed them is essential to this end.

The early history of every locality is mixed up with much that has no more solid foundation than the imaginations of the monkish chroniclers; and Gheelese annals form no exception to the rule. Yet it is probable that there is good ground for believing in the more important incidents preserved in its legendary lore. In the seventh century, when Christianity first penetrated into that portion of ancient Gaul which now forms the kingdom of Belgium, a church was erected in the desert region lying to the north of the modern Brussels, and now known as the Campine or Kempen Land. This church was dedicated to St. Martin, the apostle to the Gauls; and a few huts, erected by the Christians who gathered round it, formed the nucleus of the present town of Gheel. Among those who settled in this little colony were the daughter of an Irish prince and a missionary named Gerrebert who had converted her to Chris-

* 'Gheel, ou une Colonie d'Aliénés, vivant en famille et en liberté,' par Jules Duval. Paris, Guillaumin et Cie.

tianity. The cause of their flight from her father's house appears to have been his anger at the virtuous and Christian conduct of the Princess Dymphna. Their behaviour while at Gheel secured for them the affection and respect of the other residents. This happiness did not last long, for the irritated father pursued them to their retreat, and ordered the death of his daughter and the priest. The latter was immediately slain, but none being found among his retinue who would execute his unnatural vengeance on the youthful Dymphna, he slew her with his own hand. Among the spectators of this cruel martyrdom were some persons labouring under insanity, and such is said to have been the effect of the scene that their deranged faculties were roused into healthy action, and the former lunatics became sane in mind. In a barbarous and superstitious age, it was natural that an occurrence like this should be associated with a belief in its miraculous character, and, accordingly, to the virtues of the pious girl were imputed the remedial power. Henceforth Saint Dymphna was looked upon as the patron saint of the insane, and numbers of those mentally afflicted were brought to her tomb in hopes of some miraculous cure. The experience of the present generation, with its legion of medical systems, shows how any absurdity may easily gain credit for peculiar remedial efficacy among a large number of mankind, for arguments of the *post hoc ergo propter hoc* character are eagerly received in evidence. We all know how frequently removal from home causes an immediate improvement in the condition of the diseased mind, and no doubt a pilgrimage to the shrine of Saint Dymphna was really beneficial in many cases, and productive of cure in some. As a natural consequence of this state of things, arose the practice of bringing the patients to the sacred place, and leaving them under the care of a resident friend, or one who would, as means of gaining money, take charge of those for whom the intercession of the saint was desired.

In consequence of the barren soil which distinguishes the greater part of the Campine, the population of Gheel have from the first been of necessity both industrious and poor. These two circumstances peculiarly fitted them for the duty of taking care of lunatics, their industry and frugality tending to produce a character distinguished by patience and the other virtues, and their poverty making it a matter of importance that they should embrace such an opportunity of increasing their means of livelihood. As the fame of Saint Dymphna extended, the influx of patients increased, keeping pace with natural increase of the same population. At this stage of the history it is well that we should pause and consider the important result which followed from this train of circumstances.

Before the inhabitants amounted to more than a few families, they became habituated to the residence of lunatics among them, and the task of taking care of them soon followed, enforced by the

dictates of Christian charity as well as worldly interest. The insane person was regarded as one for whose cure every effort should be made, and not merely, as in other places, an outcast from society, on whom God had placed his seal of wrath. These habits and these feelings descended from one generation to another, until we find a numerous community, who not only tolerated, but accepted as natural, a state of things which no other would have endured with patience for a single hour. This peculiar manner of viewing the insane having become part of the public feeling of the place, constituted the distinctive feature which made Gheel more suitable than any other place for the family treatment of the insane. Another element in this public feeling exercised an important influence on the Gheelese customs and their relation to the insane residents. Medicine was, during the middle ages, encompassed with a web of superstition, and mental alienation was almost invariably regarded as due to supernatural causes. This was rather encouraged than counteracted by the form of Christianity prevalent at that time; consequently spiritual aid was regarded as the most efficient means of cure, or, as it was then termed, exorcism of the evil one. The effect of even a groundless faith is often beneficial, and might be so in some cases then; but, unfortunately, the proceeding which was inculcated by the Bishop of Bois le Duc, and superintended by the Chapter of St. Dymphna, was likely to prove detrimental in the great majority of cases. The house in which the ceremony was performed is still in existence, and was open and empty when I visited it. The following is the description of the exorcism given by M. Moreau (de Tours) in his "Lettres Médicales," published in the 'Annales Médico-Psychologiques.'

"The patient for whom it was wished that the assistance of the saint should be implored was placed in a kind of infirmary, attached to the church of St. Amans.* This infirmary is composed of two large compartments, which serve as a dwelling for the family intended to take charge of the patient. Close by each of these is a little chamber with a grated window, which may be from three yards to three yards and a half in length by two and a half in breadth. A couch of very solid oak, to which are fixed on each side iron rings and straps to restrain the lunatic in case of furious mania, constitutes all the furniture. A neuvaine is performed, and every day the patient, preceded by the ecclesiastics and surrounded by a crowd of assistants, who chant the praises of St. Dymphna, march three times round the church. Each time a halt is made at the tomb of the saint, situated at the head of the church under a kind of portico of gothic form. It is elevated by means of four pillars about four feet from the ground. The lunatic, on his knees, dragged himself

* M. Moreau has evidently mistaken the church of St. Dymphna for St. Amand, which is in the centre of the town, while St. Dymphna is near one extremity.

through below ; they then exorcised him, and afterwards conducted him back to the infirmary." The nine days being over, he was freed from the chains, and given back to his family. "It is certain," says M. Bulckens, in his report to the Belgian Lunacy Commission, "that cures were obtained under this influence." Fortunately, few are found now who are sufficiently fanatical to submit their friends to such an ordeal. Such, however, was the superstitious custom authorised by the Church of the middle ages.

Doubtless this mixture of heroic religion with therapeutics produced bad results besides the special cruelties of the exorcism ; but this was no peculiarity in the customs of Gheel, the same feeling, perhaps in a stronger degree, prevailed over the rest of Europe. Indeed, one of the oldest authentic documents preserved in the archives of Gheel seems to show that the Gheese system tended to loosen the chains with which general public opinion at that time bound the lunatic. In 1676, a municipal order was promulgated to counteract the inclination of the keepers of lunatics to give them liberty to go about unrestrained. "Le bailli et les échevins ordonnent que tous ceux qui hébergent des fous ou des sots, lieront ceux-ci des pieds et des mains de telle sorte qu'ils ne puissent nuire à personne, sous peine de responsabilité des méfaits et nuisances ; et qu'ils les empêcheront d'entrer dans l'Eglise paroissiale de Saint Amand sous peine d'une amende de six florins." By this it appears that the tendency of those who lodged lunatics was to give them more freedom than was thought proper by the magistrates of those days. In spite of this severe law, the custom of allowing liberty to the insane gradually crept in again, and about a century after that just quoted we find another interference was considered necessary to check the tendency. This time, however, the *bailli* and the *échevins* seem to recognise the superiority of careful superintendence to the promiscuous employment of chains and fetters. In 1747 it was thus enacted :—"Le bailli et les échevins, ayant reconnu que les fous causent différents désordres, qu'ils se noient et causent des accidents, etc. . . ordonnent que tout fou ou sot retenu par des entraves n'entre plus dans l'église de Saint Amand ou Sainte Dymphne, sans être accompagné de son nourricier ; qu'aucun aliéné ne sera plus entravé et lié sans connaissance préalable et permission du révérend doyen collégial pour ceux qui seront placés à l'infirmerie attachée à l'église de Sainte Dymphne, et pour tous les autres aliénés, sans la permission du bailli, le tout sous peine de six florins d'amende." Perhaps the most remarkable of these enactments is that which was published in 1754, where it is complained that the insane are so free "that one can no longer distinguish between the insane and the rational ; and this because the keepers always reply, 'Ah ! my lunatic, or lodger, is not dangerous ; he does harm to no one ; in fact, he is the best fellow in the world.'" No doubt even then the

treatment to which the insane were subjected at Gheel involved much that would now be considered barbarous and cruel ; but the facts seem to show that, on the whole, it was in advance of the spirit of the age. The time was coming, however, when the doings at the little Belgian town, and the treatment of the insane all over the civilised world, were to be viewed by more enlightened eyes than had yet observed them. The following is Esquirol's account of what he observed at Gheel in 1821 :—"The great part of these unfortunates," the insane residents, "are fed like the peasantry of the country. In the town the dietary is better, and generally it is the same as that of the persons with whom they live. The lunatics, male and female, wander freely in the streets or in the country, without any one appearing to be watching them, even when they have trammels on their feet. If they try to escape, straps are used ; if they are furious, they are chained by hands and feet when they do not go out of doors, at least when they are lodged in a sequestered farm ; in spite of these means of restraint, it happens often that they wander or escape, but the police of the surrounding districts stop them at eight or nine miles' distance, and bring them home." We must admit that, in the time of Esquirol, cottage-treatment at Gheel was superior in many things to that of asylums, except, perhaps, the few which his labours had helped to ameliorate. In Sir Andrew Halliday's 'General View of Lunatic Asylums,' published in 1828, he gives an account of his visit to Gheel, in which he records a most favorable opinion of its condition. He concludes his sketch with the following remarks :—"If the governors of St. Luke's were to form such an establishment upon some of the heaths or commons that are at no great distance from the metropolis, they would more effectually, I imagine, fulfil the intentions of the benevolent supporters and contributors to this institution, than by transferring their supposed incurables, after a twelvemonth's trial, to the white and red houses at Bethnal Green, as very uniformly has hitherto been their practice for a number of years past. And that such an establishment might be formed at a very small expense must be apparent to all who will give themselves the trouble to think on the subject."

"The renting of a considerable portion of any such heath or common would not be any great charge to the funds of the establishment, nor could the building of the cottages cost much ; and such an arrangement might be made the means of keeping many poor, but well-ordered, families from the workhouse, and of rendering them useful and industrious members of society. The average expense of a lunatic in St. Luke's was, some years ago, about £46 18s. 3d. He might be maintained at one third of this expense at an establishment similar to that at Gheel, and have almost a certain prospect of being cured, while the disease was yet curable.

The same plan, as I have already stated, should be adopted by the governors of the Edinburgh Charity Workhouse." Such is the opinion of one contemplating the condition of the insane in 1827.

During all the preceding history of Gheel there is no account of any efficient system of general superintendence, without which it would be surprising if errors and crimes, each injurious to the patients, were not frequent. And no doubt, during these previous centuries, scenes of shocking cruelty were occurring every now and then, owing to the comparatively slight responsibility as to judicious and kind treatment which attached to the keepers. Thus far, however, things had, so to speak, followed their own course of development, without any adequate, disinterested authority to repress abuses or to encourage what was good; and it was not till very recently that any attempt was made to reclaim and bring under cultivation by a judicious superintendence this strange moral wilderness which had been growing up unheeded and almost unknown.

One great improvement took place spontaneously, or, rather, as one of the results of the Reformation. The superstitious ideas connected with the cause and cure of insanity gradually waned, and the ordeal of St. Dymphna ceased to be regarded as a necessary part of its treatment. Accordingly, we find Esquirol relating that "M. le recteur de la paroisse" lamented the falling away from faith and religious feeling which characterised the conduct of his parishioners; and since his time this initiatory rites have become rare in their occurrence.

We have now to record the arrival of that great revolution in Gheel by which it has acquired what was most needed—an efficient medical superintendence. M. Guislain, whose name deserves to be mentioned along with those of Pinel, Esquirol, and Conolly, as a worthy associate in their philanthropic labours, made Gheel a subject of examination. The result, however, was likely at first to have been unfortunate, for the numerous abuses which he discovered induced him to condemn the whole system. Another inquiry was, happily, the only immediate result, and the commission, by the reports of M. Ducpétiaux, while agreeing in the condemnation of the abuses, expressed itself as in favour of the system, and suggested the appointment of a duly organized medical superintendence, under the control of the state. In 1851, M. Parigot, who has since become the most eminent advocate of the system, was appointed the resident medical superintendent,* and since that time a most remarkable improvement has taken place in the condition of the lunatics. The law which inaugurated this state of things contains

* For those interested in the subject, we may mention that one of the most readable statements of the merits of Gheel is 'L'Air Libre et la Vie de Famille dans la commune de Gheel,' par le Dr. J. Parigot, Bruxelles, 1852.

many wise and important regulations, and though the entire document is possessed of more or less interest, it would occupy too much space to give it in the complete form. Its general tenor may, however, be gathered from the following *résumé* and extracts.

The first part of the law refers to the general superintending body, called the superior commission. This has the governor of the province, or his deputy, for president, and consists of a certain number of the principal state officials of the district, with nearly an equal number elected by the inhabitants of Gheel. The superior commission appoints a committee of five, whose function is to control the general administration and finances. A paid resident secretary keeps the records of both these bodies.

The medical administration is divided into three sections, to each of which is attached a medical officer. A medical inspector superintends all, and is appointed by the minister of justice. He writes the general reports, grants certificates of cure, and performs generally the duties of medical superintendent. The sectional physicians visit, at least once a week, all the lunatics in their several districts; and, when necessary, or when requested by the *nourriciers* (as those receiving insane lodgers are called), by the committee, the secretary, or the medical inspector. They make reports quarterly to the inspector, which, accompanied by his comments, are sent to the superior commission. Patients may be placed under the care of private practitioners, who agree to submit to the same regulations with regard to them as are laid down for the sectional physicians.

There is established an infirmary, to which the medical attendants can send their patients, with the sanction of the inspector.

Unsuitable patients are excluded by Article 27, by which it is enacted, that "There may be placed in the commune of Gheel lunatics of all classes, *except* those who require continual restraint or coercion; suicidal, homicidal, and incendiary lunatics; those whose escapes shall have been frequent, or whose disease is of such a nature as to infringe upon public peace or decency."

A list is to be kept of those whose characters and dwellings are considered by the authorities as sufficient to qualify them as *nourriciers*, and must include the names of those at present under their care.

Patients of different sexes are not allowed to board with the same *nourricier*, unless with the special sanction of the superior commission.

Each lunatic is placed specially under the charge of the *nourricier* with whom he lodges, who is responsible for any injury done by the patient; and, "except in a case of emergency or of extreme violence, he must not use towards him any measure of restraint, such as seclusion, the employment of straps, the belt, or the *camisole*

de force, without having been previously authorised by the sectional physician, who reports it to the inspector.”

Every *nourricier* who infringes any of the foregoing laws, who maltreats a patient, or who refuses or neglects to obey the orders of the superior commission, the committee, or the physicians, shall have his licence to receive lunatics taken from him.

The rates of board are fixed by a royal decree. They are based on a minimum, calculated for the necessary expenses for the board and treatment of lunatics. It may comprise several classes of rates, according to what is required for the proper treatment of the different classes of patients, as quiet, excited, dirty, &c. The boards of lunatics placed in Gheel by their families or by private persons may be arranged by private bargain with the *nourriciers*, provided always that they do not fall below the minimum fixed by this tariff.

Prizes and recompenses are to be awarded to *nourriciers* who distinguish themselves by their humanity and the care they take of their patients. A chaplain is attached to the establishment, for the benefit of the patients. Those patients who attend public worship in the churches of the commune, unless when notorious for their orderly and decent conduct, should be accompanied by their *nourriciers*.

The superior commission were, by a clause in this act, empowered to arrange with the local magistracy for the publication of by-laws for the further regulations between the lunatics and their nurses.

These by-laws were published in December, 1852, and contain some additional arrangements for the more complete superintendence of the treatment of the patients. A minimum dietary is fixed, and the committee is authorised to fix the hours of meals. *Infirmiers gardes de section*, or head attendants, are appointed to assist each sectional physician. The frequenting of public houses is interdicted to patients; “there is exception made only for lunatics who are quiet and conduct themselves decently; they may enter for the purchase of refreshment, but in all cases spirituous liquors are prohibited.” Details as to clothing, bedding, furniture, &c., are all gone into; but I fear I have occupied too much space already with this branch of my subject. Suffice it to say that the regulations are both judicious and comprehensive.

From this sketch of its origin and rise, and the modifying circumstances which have from time to time influenced its condition, the reader is prepared intelligently to visit Gheel, or, as a substitute, to follow the description of my sojourn there. This I shall attempt to give in as impartial a manner as possible; for though I do not come forward as the advocate of the Gheelese system in opposition to our own asylum system, neither have I any inclination or interest to serve by exaggerating its defects.

The journey from Brussels to Gheel can be performed by railway, with the exception of the last eight miles between Herenthals and Gheel, which is travelled by omnibus. Accordingly, I left Brussels on the 22d of last June, by the early train, and arrived in Gheel about eleven in the forenoon. After a comfortable breakfast in the cleanly and cheerful "Armes de Turnhout," I sallied forth in search of Dr. Bulckens, the present medical inspector. While receiving instructions from mine host as to the whereabouts of the inspector's residence, "voilà M. le Docteur," standing almost in front of the inn, conversing with another gentleman. I accordingly approached and presented a letter of introduction from Dr. Coxe, which rendered unnecessary the card of M. Ducpétiaux, with which that gentleman had kindly furnished me, and which served as a "passe partout" in all the Belgian asylums which I visited. Dr. Bulckens received me very cordially, and introduced me to M. le Baron, or, as he prefers being called, M. le Docteur Mundy, a gentleman who had been residing at Gheel for several weeks with the same purpose as my briefer visit was intended to serve, and for whose kindness to one only bound to him by the ties of a common interest in science I cannot be sufficiently grateful. Both these gentlemen at once offered me all the assistance in their power to enable me to attain my object, and proposed that we should then and there commence our exploration by a general survey of the town, so that I might comprehend its topography. A detailed account of my wanderings during the following few days is unnecessary, and would be tedious. I may state, however, that I traversed over and over again the principal parts; and, with the exception of the outlying barren heaths which surround the district, I visited almost every part of the town and its environs. Let me also take this opportunity of thanking Dr. Bulckens for the untiring amiability with which he put his time and information at my disposal during my residence. I shall, however, avoid allowing my feelings of gratitude to induce me to paint the merits of Gheel in *couleur de rose*, or to touch more gently than they deserve on what I regard as its demerits.

The general aspect of the town produces a favorable impression on the visitor. Under the influence of the fine weather which continued during my sojourn, the streets had in general that air of cheerfulness and tranquillity which appears to me to be a common feature of thriving Belgian villages. The special characteristics which mark it as a lunatic colony are not apparent on a cursory examination. Indeed it is with perfect truth that M. Duval remarked, that "if one arrived at Gheel even immediately on leaving an establishment for lunatics, without being previously informed of the special phenomena which characterise the locality, there would be a great chance that nothing would reveal the secret. Everything appears to take place as it would in other rural localities.

The streets calm or slightly animated, according to the day and the hour; some inquiring faces at the windows, people employed in the gardens, some rare idlers in the market-place or in the *cabarets*, a tranquil aspect without the appearance of active life or business; the monotony and silence of a village. Such is the surface. But if the traveller is in quest of an eccentric colony about which his curiosity has been excited, or if, as a *médecin aliéniste*, he is familiar with the symptoms of insanity, he will observe here and there certain peculiarities somewhat odd; a passer-by who lavishes his bows and smiles; a loiterer absorbed in solitary meditation, having the eye fixed on the ground, or wandering towards the heavens; a careless fellow who stumbles against him. He has not been deceived; he is indeed in the metropolis of lunacy."

Perhaps the most direct method of recording the observations I was able to make on a more detailed examination of the place is to attempt a systematic answer to the question, what did I find to be the condition of Gheel and its inhabitants?

First, then, with regard to the condition of the sane inhabitants. They number about 11,000, counting the town and its vicinity. The common language is the Wallon dialect of the Flemish, but many of those living in the town speak French. The general standard of education does not appear to be high, though it is said to be similar to that of other small Belgian towns. As far as I could observe, the habits of the people supported their character for industry; their occupations appeared, however, to be purely those of an agricultural village, no manufactures being produced for any extra-Gheelese market, except the so-called Brussels lace, which is made by many of the women. Food appeared to be plentiful, though poor in quality; and the houses and persons of the people were, on the whole, cleanly, more so than I have seen similar populations in Ireland, but less so than those of the English agricultural peasantry. Where cleanliness was deficient, it appeared to be, to a great extent, accounted for by the rudeness of the internal architecture and furnishing of the houses. Many of the houses, however, were neat cottages, by no means warranting the remark of Dr. Stevens, that "a Flemish mechanic or labourer's tenement is the nakedest of all bald habitations."

The most interesting and, to us, the most important inquiry is, regarding the condition of the insane portion of the population. This consists, at present, of about 800 lunatics. On my first arrival I could not detect signs of mental aberration in any of the loiterers about the streets, but, under the guidance of my friends, Drs. Bulckens and De Mundy, I soon made the acquaintance of a large number. I saw many during my walks with those gentlemen; but I devoted the greater part of one day to solitary rambles, during which I took the liberty of entering any house that struck my fancy,

and being invariably courteously received, I was able to test the truth of the general impressions produced by what I saw under my official guidance. From what I saw, I have every reason to believe in the thoroughly trustworthy nature of the reports of Dr. Bulckens. The patients appeared generally to be in good health, and, as far as a short residence can determine, they are well cared for. One thing which, in such a place, must speak strongly as to the character of the administration, is the fact, that the worthy medical inspector appears to be a favorite with his patients. From what I could observe, I believe, however, that the superintendence with the present staff cannot be as efficient as in a well-regulated asylum; and, considering the class of cases, this certainly should be improved. I am far from imputing any blame to the staff for negligence; on the contrary, it appeared to me surprising that I could not discover more to find fault with, considering the scattered condition of their charge. The patients appeared generally cleanly in their persons, though neither in that particular, nor in a more marked degree in regard to the beds of either the clean or the dirty patients, could a comparison be risked with a well-regulated British asylum, nor with such as either of the excellent institutions in Ghent. As to food, I believe that the supply is equal to that of the same class in Belgium, and that in this, as in most other respects, most of the patients are treated as members of the families. The allowance required by law is, per diem, about seventeen ounces of bread and five ounces of butcher's meat, for males; and fourteen ounces and four ounces, respectively, for females. It is evident, however, from the large use of vegetables among the inhabitants, and from the discomfort which, in most cases, must arise to the *nourricier*, if he have to deal with a hungry lodger, that it cannot frequently occur that they are stinted in their diet. There are some cases, indeed, among the demented, especially when they are offensive in their habits, who must almost inevitably suffer, unless where the *nourriciers* are almost superhumanly patient, kind, and conscientious. Intimately connected with the sufficiency of food is the health of a community, and in this particular I think that Gheel contrasts favorably with most asylums. The free access to the open air, which is unavoidable in an agricultural village, has, I have no doubt, a great influence in producing this effect; the facility with which the larger number get out of doors, or retire again under shelter, being necessarily greater than it can be in an asylum. The low rate of mortality is creditable, as shown by the last four years, which give only 7 per cent. of deaths, though an average of eight cases of general paralysis and nine of epilepsy are admitted annually. A large number of patients belong to that demented class who are mentally incapable of much useful labour; and from that cause, and the shortness of my visit, I was unable to form any trustworthy idea of the tendency of the system to encourage industrious habits. The

report states that 515 are employed, which leaves 285 idlers. Many sick patients were obviously unsuitable for cottage treatment, such cases as general paralytics being, perhaps, the most striking examples. This defect will be obviated to a great extent, however, when the handsome infirmary, now in course of erection, is ready for use. A large number of cases are necessarily left very much to themselves, and probably many of those most unsuitable for such treatment. The sleeping accommodation of those patients whose bedrooms I examined was, in most cases, restricted as to size, the rooms being generally about the dimensions of the single rooms of our county asylums. The beds of the cleanly patients were generally comfortable, and frequently neat, and of the same description as those of their hosts.

On of the agreeable features of the place is the general contentment manifested by the insane. In very few cases, indeed, did they complain of the injustice of their detention, though questioned on the subject. The comparative liberty, or "free air," as M. Parigot terms it, was evidently valued by them as a great privilege, more especially among those who had been previously resident in asylums. In one case, that of a young man, an imbecile, who had been confined in M. Guislain's asylum at Ghent, I was particularly struck with this. He was one of those subjected to mechanical restraint—a subject to which I have still to allude. He had a leather belt round his waist, to which his arms were loosely strapped, to prevent his tearing his clothes. I asked him whether he did not find this restraint very irksome, to which he replied in the affirmative. I then asked him why he was thus strapped, and received a very simple, straightforward answer, giving the true reason. In my next inquiry, I asked whether he had worn these things at Ghent? and he said "No." "Then," said I, "would you not rather live there? they were kind to you, were they not?" "Yes," replied he, "but I prefer being allowed to walk about as I like." This was strong evidence of his opinion of the free air; whether he was not more likely to be benefited in the asylum is another question. Many of the patients were observed in mechanical restraint, of one form or another. The report states that, on the 31st of December, 1859, there were sixty-eight thus restrained. One of those whom I saw was an epileptic maniac, who was confined in the *camisole*, and fastened to his bed, where, apparently, he was left alone during most of the time that the violent excitement lasted. The greater number were restrained by anklets, fastened together by a chain, which, as well as the anklets, is bound in leather, to prevent the unpleasant appearance and jingling of the chain, and to avoid the anklets hurting the wearer. This form of restraint is employed in those cases where there is a disposition to wander to a great distance, or a determination to escape. Others wore a belt, to which their arms

were strapped, as in the case of the young man whom I have described above; some wore both belt and anklets. The statistics of restraint in the report previously quoted give fifty-one as wearing anklets, twelve as wearing the belt, three as wearing both anklets and belt, and two as being in the *camisole*. This extensive use of restraint appears to me to result from the practice of sending many cases to Gheel which are not suitable for treatment there. The use of the *camisole* could probably be avoided, if the infirmary were in working order.

The mistake of sending unsuitable cases for treatment is, to my mind, the most fruitful cause of the present defects of Gheel. Demented patients, of dirty habits, form a considerable proportion of the population, and, from what I saw, I have no doubt of the impropriety of subjecting them to cottage treatment. Proper attention to them at night is impossible; and I satisfied myself by observation, that their beds are by no means so cleanly as those for similar patients in any well-regulated asylum. The condition of these patients during the day must also be unsatisfactory, as there are no baths in which they can receive that thorough daily cleansing, which is indispensable for their health and comfort. Cases of moral insanity are also occasionally sent, and must rarely be found suitable. One woman whom I saw had been admitted recently, but she was far too fond of indulging her own inclinations to submit to any discipline that was not backed by an unmistakeable display of power to enforce it. Accordingly, she permitted her quarrelsome temper to involve her in squabbles, from the consequences of which she tried to protect herself by flight. She was abusive to all who opposed her, and a source of alarm to many. To diminish her power of aggression, and to impede subsequent attempts to escape, anklets were resorted to. Even this failed to make her manageable, so that during my visit Dr. Bulckens determined to have her removed to an asylum.

As far as I could judge from the histories of the cases which I saw, I formed the opinion that two classes of cases, more than any other, derive benefit from this system. One class comprises the milder forms of acute mania, many of which may be successfully treated, though, at first sight, it might appear that their excitement would require that they should be more closely confined, as a protection to themselves and others. The other class consists of partially demented cases who have, either through old age or from other causes, fallen into a second childhood. When such a patient is of the male sex, he receives much more suitable care and attention from a kindly cottar's wife than is possible even from a conscientious and experienced male attendant; and when there are children in the family, the evident happiness which results from their playful intimacy with their broken-minded friend, either male or female, lights up, as nothing else can do, the clouded remnant of their

mental life. No doubt there are cases among the examples of delusional insanity who are happier and better at Gheel than they would be in an asylum; but any observations which I made would not justify me in trying to show which classes were suitable, and which were not so. There were many, the nature of whose delusions would have led me, *à priori*, to have declared them unsuitable, who led happy, inoffensive lives, and were found among the most industrious inhabitants. Such were some of the cases of monomania of pride, where, for example, the patient believed herself to be a countess, but was, withal, an excellent farm-servant. For such cases it would be extremely difficult to lay down any rule by which we could separate the fit from the unfit, except the clumsy one of giving each case a short trial.

I must, while recording other observations, not forget to allude to the present influence of St. Dymphna in the colony. I believe that faith in the curative efficacy of the *neuvaine* still exists in the minds of a few, and consequently it continues to be practised, though the occasions are few and far between. There does not exist any general belief in her power, beyond that amount of faith which each individual may have in the effective intercessions of the saints, and which must continue as long as Roman Catholicism is the religion of the country.

There is another subject about which I attempted to form an opinion while in the district of the Campine, and it is one of much importance in any consideration of the benefit conferred by this system of treatment of the insane. Does the accumulation of lunatics for generation after generation in one place not injuriously affect the mental character of their hereditary guardians? It has been stated, for instance, that the Gheelois are a stupid, imbecile race, degenerating rapidly to the same condition as the strangers so long resident among them. This idea I believe to be utterly unfounded. The ordinary population of Gheel are, on the whole, an intelligent and courteous peasantry, and possessed of features quite as expressive of healthy mental activity as are seen in the neighbouring towns. I compared them especially with the inhabitants of Herenthals, and, both among the children and the adults, Gheel was at least equal to its less celebrated neighbour. The settlement of this question, however, does not rest on vague statements, and the more exact method only corroborates the *prima facie* presumption. If this physical deterioration had really been taking place, it would have shown itself in the spread of local lunacy. The number of insane natives of Gheel would bear a larger proportion to the total population than in other parts of Belgium. The state of the case at present is that there are four men and seven women insane out of the 11,000 inhabitants—a proportion which is surpassed by other places, such as Bruges or Malines.

This fact has another important bearing, as it argues the absence of any great immorality among the insane at Gheel, as its existence would soon increase the proportion by the birth of imbecile progeny. Within the last four years there has been one such birth, the mother being a deaf mute; but it is well to know that there has only been one such case.

Having now glanced at the history of Gheel, and given account of what, from personal inspection, I believe to be its present condition, a foundation has been laid upon which to base the consideration of the merits of the cottage system as far as it is there illustrated. It will be admitted by all who are familiar with the treatment of the insane, that there are many cases which can never be so efficiently treated in the private dwellings even of experienced attendants, as in the wards of an hospital specially erected for the purpose. Dr. Wynter,* in an otherwise excellent article, when advocating increased freedom for the insane, says:—"The strait-waistcoat is the narrowest zone of confinement, and the padded room but a little wider. Next to these comes the locked gallery for a class; then the encircling high wall for the entire lunatic community; and lastly, that aërial barrier, the parole, for those who can be trusted to go beyond the asylum. The efforts of philanthropists will not, we are convinced, cease until all the methods of confinement, down to the parole, are removed; or at least so disguised as to hinder their present irritating action upon the inmates." This surpasses even Dr. Parigot's admiration of *l'air libre*, and, if true, suggests the hope that the zeal of philanthropists may flag before they succeed in effecting such a result. We may as soon expect fracture of the femur to be cured while the patient is allowed to walk about as much as he may wish, as that many forms of insanity should be cured without confinement. Besides, it is not true that the milder methods of restraint are irritating to every insane mind. The very opposite is frequently the case. A few weeks since a man, labouring under melancholia, walked out to this asylum (Morning-side), with the order for his detention in his pocket. A friend who accompanied him said that the patient did not require to be forced to come out; and that, in fact, his great anxiety was to get within the protection of the asylum walls; but that he wished a friend to come and deliver him to the asylum authorities, as he supposed such a form was necessary. In this case the greatest source of irritation was removed when the man felt that he was deprived of liberty of action. Many such cases have occurred within my own experience, and many more must suggest themselves to any one engaged in asylum practice. A gentleman lately applied to Dr. Skae to be admitted as a patient. Dr. Skae got a professional brother to take charge of the necessary legal arrangements, without

* 'Quarterly Review,' 1857, republished in the 'Curiosities of Civilization.'

which he could not be received. This was in the evening; the forms could not be completed till the following day; and in the morning the unfortunate man was found dead in bed, having cut his throat during the night. The effects of this suicidal tendency may be guarded against in an asylum; and the feeling of safety and relief from fear which follows the entrance into a refuge where there are those who have both the will and the *power* to protect is often sufficient to remove the impulse to self-destruction. It may be said that such cases form a very small proportion of the inmates of asylums, but instances are of daily occurrence where persons who would not spontaneously resign their liberty become soothed and tranquillised almost immediately when they feel the heavy load of their own responsibility taken away. This can only be effected by depriving them of their liberty of action, and even then the salutary effect is lost if the restraint is "disguised." It is unnecessary here to refer to those cases such as the acutely maniacal, and others, who can sustain no injury from a condition whose nature they are unable to appreciate. In them the restraint of the parole is impossible, and the possession of complete liberty implies criminal neglect on the part of the friends or the state. From these and other considerations it must be evident that the system pursued at Gheel is inadmissible for the treatment of many mental affections.

The reasons for the propriety of confinement in an hospital or asylum are much more frequently to prevent injury to than by the patient. Frequently it is necessary to remove him from home to save him from kind but injudicious friends; more frequently it is needful to rescue him from the danger arising from his own morbid impulses and desires. The history of Gheel affords numerous instances of the powerlessness of its organization to control these tendencies in their more violent forms. I have not access to the complete statistics of the subject, but I find M. Moreau recording a suicide in 1840, and another in 1841. Dr. Cumming, writing in 1852, even after the passing of the law which excludes suicidal cases, says:—"Within the last three years there have been only two cases of suicide;" and Dr. Bulckens, in his last report, mentions two suicides by strangulation occurring in 1859 in females labouring under melancholia. These facts alone show a much greater frequency of suicides than will be found in any ordinary asylum, and I think that this is an evidence not only of the greater difficulty of efficiently superintending such a community, but also that under the particular system the impulse to suicide, and similar morbid emotions, are less likely to be curatively counteracted than in asylums arranged according to the present prevailing system. I believe that all asylum superintendents in this country will endorse

the statement that these emotions become much less powerful after the sufferer is placed under asylum discipline. During the past year, twenty-five patients were admitted into the Royal Edinburgh Asylum who had made suicidal attempts, and thirty-seven who were stated to be strongly impelled to attempt it, yet none have made the slightest attempt since admission, and few have any strongly developed impulse.

There are some demented patients who might be otherwise suitable for treatment at Gheel, but who exhibit occasional paroxysms of violence. These, on account of their dementia, would require to be very carefully selected, if it was thought desirable to place them under such a *régime*. The excitement is in some cases of a harmless nature; but in others there is a tendency to incendiarism, or other destructive practices, which would necessarily render them unfit. Nothing but a knowledge of the peculiarities of each case could guide the selection. In those partially demented cases, whose contentment and apparent happiness I alluded to in the account of my visit, there is commonly a gradual degeneracy which would require to be carefully watched, so that they might be removed when necessary to a more suitable lodgment. The supervention of dirty habits should at once be followed by removal. For the reasons already stated, I believe that all dirty patients are unfit for cottage treatment.

A most important element in the curative treatment of the insane is the correction of the various depraved or detrimental habits to which they are frequently so prone. For much of this, I fear, the system under consideration will be found inadequate. There are two principal grounds for this opinion. One depends on the nature of the relation between each patient and his *nourricier*. The patient is placed with a cottager as a boarder, and the principle of his treatment must be chiefly to keep him in good humour, as the easiest way of managing and making him useful by his labour. Now there are many habits and many ideas which are cherished by patients, which are not very obnoxious to those with whom they are associated, but which it is not the less necessary to try to remove, in order to promote recovery. These must be very liable in a peasant's family to be treated too much on the plan of *quieta non movere*; so long as present usefulness or harmlessness is preserved, the promotion of ultimate benefit will be lost sight of. The *nourricier* will encourage his lodger in what is most convenient, rather than in what is most beneficial. It has been said by some who are enthusiastic in their admiration of the advantages of Gheel, that in ordinary asylums the development of delusions is more likely, from the close intercourse which each patient necessarily maintains with a great number of fellow-sufferers, whose fantastic ideas may originate similar conceits

in his own mind. M. Moreau¹ says on this subject: "Taking as serious all which they hear said, or see done, the mania of some reacts on that of others. The excitement is reciprocal. The fury of the maniac is exasperated, the chimerical fears of the melancholic are aggravated. I had," continues M. Moreau, "a few months since, in my wards at the Bicêtre, a maniac with ideas of ambition and pride. He recovered his health, and I sent him home to his family. A short time after, I learned that this patient often spoke of another inmate who was placed in the same ward with him, and whose insanity had a strong resemblance to his own. He spoke of the magnificent promises which this person had made to him. 'He was,' said he, 'a prodigiously rich and powerful man; he was a universal genius,' &c. It was necessary soon to remove him to the Bicêtre, where he still remains." In this case, instead of M. Moreau's explanation, it appears quite as probable, that the sight of a man of similar pretensions had been the cause of the temporary dislodgement of his own delusions, and the consequent appearance of cure. Many parallel cases occur. One, in which the narrator adopts this latter explanation, is alluded to in the *Times* of February 2d; and although I must apologise for stepping out of the pure domain of scientific literature for such a fact, I give it merely as an illustration of everyday experience. "Only a few weeks since it happened that, in one of the lunatic asylums near London, a man was confined who was under the not very uncommon delusion that he was Emperor of China. He was in the full enjoyment of his imaginary grandeur, when one day a new arrival in a flowered dressing-gown, and several peacock's feathers in his cap, marched up the common room in tremendous state. The old emperor was first indignant, and then observant of the new pretender; then he became quietly uncomfortable; and at last he communicated to the doctor that he gave the whole thing up, for, as the emperor was played by the new comer, the farce was too absurd, and there must be something wrong about it." Cases of this kind have come under my own observation, and must be of frequent occurrence in all asylums. I believe, however, that of neither the hospital nor the cottage system can it be said that it is the best adapted for cases of insanity characterised by fixed delusions, but that, in some cases, the former will be found most useful, and in others the latter.

The most obvious defect of Gheel, as it at present exists, is the inadequate amount of medical superintendence. To inspect regularly and watch the progress of 800 insane persons, scattered over a district nine miles in diameter, is more than the present staff can overtake. Dr. Bulckens ought to have additional medical assistance, and more especially a much larger number of *gardes de sections*. Either a medical officer or an intelligent *garde* ought to see each

* Op. cit.

nourricier and his patients daily, so as to be able to direct the treatment, or report it to the superintendent. With the present staff this is impossible. Consequently two important evils must result; those cases which pass into forms requiring immediate attention and treatment are liable to be neglected, and instances of intentional or unintentional cruelty must pass undiscovered. The close attention which is necessary to obviate these occurrences even in a compact asylum establishes the unquestionable truth of this. With a largely increased staff, however, these objections would vanish; the fault is not in the system, but in the present organization at Gheel.*

The increased staff would also, as Dr. Parigot suggests, diminish the present necessity for the employment of much of the restraint which makes the appearance of Gheel worse than the prison-like aspect of some asylums. The accidents, such as pregnancies and escapes, which are even now surprisingly few, would also be diminished in number by a more complete establishment for the purposes of superintendence.

Hitherto I have directed attention chiefly to the defective side of the system; but there is a reverse to every medal, and the brighter side of this is not less important than the other. There are many ways in which it fulfils indications of treatment better than the system hitherto in vogue.

A strong adjunct to all improvements in the remedial management of insanity is obtained, if the public mind can be induced to regard the place set apart for its treatment and the afflicted inmates with less fear and dislike than is still, unfortunately, too general. The cottage system would be valuable on this account, if on no other. Dr. Bucknill's experience of a partial introduction of the principle in the branch asylum at Exmouth led him to record its utility for that purpose. "Thus," he says ('Eleventh Annual Report of the Devon Asylum'), "men at large have been taught that their brethren, whose liberty is restricted on account of mental disease, are not the fierce and repulsive objects which authorised fiction has represented them. Rational and humane sympathy is thus encouraged. The progress towards a better feeling, fruitful in blessings to the insane, is not without profit to the public mind which it honours. All men are liable to the attack of mental disease, and therefore all participate in the amelioration of its miseries. But the individuals most liable to insanity are those whose weak nerves most subject them to selfish panic, and whose ill-trained minds are most liable to unreasonable

* It is impossible to determine by statistics what has been the value of Gheel as a place of cure. Ninety-six recoveries took place during the four years preceding 1860, and during that time there were five hundred and twenty-seven admissions, making a proportion of 18 per cent. recovered. The fact, that patients labouring under various curable forms of insanity are excluded from the colony, vitiates any deduction which might be made from this calculation, with the view of making a comparison with other establishments.

prejudice. I have known more than one person become insane from the fear of insanity. To such persons it is an actual measure of security that the veil should be torn aside from the fancied horrors of the mad-house. It is thus that the more unrestrained intercourse between the inmates of asylums and the outer world—it is thus that the Exmouth Asylum, and its free social life, differing little from a large private family—are calculated to promote the wholesome change which is taking place in the public mind on the subject of mental disease." For this purpose nothing can be conceived more appropriate than the adoption, for suitable cases, of the system exemplified at Gheel.

There are many patients in asylums whose chief cause of misery is their anxiety for liberty; and this feeling is kept up in a large institution by the mutual action of all who find the deprivation to be a cause of irritation. The dissimilarity of the mode of life in an asylum from that to which they have been previously accustomed, and the appearance of their habitation—part palace, part barrack, part prison, in some instances surrounded with a high boundary wall—all combine to impress such minds with sensations of so injurious a nature, that the removal of these impressions forms an important element in the details of asylum management. To be boarded in a cottage with a family of his own rank of life, joining in the family meals, to watch the amusements or the employments of the children, to take a part in the various incidents of home life, with the probability of having healthy affections and emotions excited by the social relations between himself and his new friends, and to mix little with any who would be likely to encourage feelings of discontent, would afford to such cases all the advantages which the most benevolent philanthropy could devise. In all those forms of insanity characterised by excitement and elevation of spirits, unless when the hurry of ideas or their absorbing interest prevent the mind from taking cognisance of external objects, there is a tendency to resist restraint of any kind, and the more obvious the restraint the more determined the resistance; the inference from which is that, in many cases, the milder means of control are the least injurious, most efficient. An illustration of this is recorded by Dr. Webster, who tells of a violent maniac, who had been brought to Gheel "tightly bound down with ropes to a hand-barrow," and guarded by two men, thought necessary to ensure safety, who permitted himself to be led about contentedly by a child of his *nourricier*. That there are many such cases whose burden is lightened by the treatment at Gheel there can be no doubt. The more recent cases are not the only ones which benefit by it. The good-tempered demented patients, as well as several other chronic cases, may frequently be much improved by such treatment, and as a means of promoting convalescence it is a very valuable agent. Dr. Bucknill, in the report I have last quoted, says that "to convalescing

patients the advantages have been still greater. A change, at the proper time, from the great asylum to the little colony has in several instances given a fresh impetus to improvement, and consolidated recovery. Not unfrequently patients improve up to a certain point, and then become stationary." I believe that, for this purpose, the employment of the cottage system would prove as useful as for any other. For those whose convalescence is doubtful, it would also be of great service by affording an opportunity of a short probation, by which cases whose complete discharge appears of doubtful propriety, might be tested, and either replaced in the asylum or ultimately discharged, according as the result of the experiment dictated. In almost all cases of recovery, a short cottage residence would be useful. "It appears," as Dr. Bucknill remarks, "to break the sudden jump from a life of dependence to one of freedom and effort—too often one of turmoil and distress."

If this review of the advantages of the cottage system as found at Gheel be correct, it becomes imperative on all those who are about either to extend existing asylums or build new ones, that they should consider these advantages carefully, and incorporate the cottage system, as far as it is valuable, into their arrangements. Nearly all those who have visited Gheel have recognised to a greater or less extent that it possesses many advantages. It has at least taught us that the reform begun by Pinel and Tuke is not yet complete; that though insanity has been raised from the degradation of a crime to the rank of a disease, the afflicted victim is still treated too much as if he were a prisoner; though the fetters which disgraced humanity have been struck off, there is still much to be done before the sufferers will be raised to that social standing which many are both able and worthy to occupy.

We now come to the important practical question, What is the best mode of carrying out practically the improvements suggested in the foregoing disquisition? The attempt may be made either by a modification of the practice followed at Gheel, or by an actual copying of the system, or by a combination of both.

One plan by which an approximation has been made to the cottage system consists in building detached houses, in which a number of the quiet and industrious patients are placed, and where the arrangements are made to resemble as much as possible the homely character of private life. This has been done in several English asylums. At Lancaster there is a very good and useful supplement to the County Asylum, in a separate building, where a number of the tradesmen both live and work, and where they are greatly relieved from the feeling of restraint necessarily occasioned by the arrangements of the main building. I understand that the experiment has been found to work exceedingly well. The new house at the Devon County Asylum has been constructed very much on a similar principle; and

the experience gained at the Exmouth branch has, I do not doubt, been confirmed since the opening of the new building. Following the example set by Devon, two large additions have been made to the Chester asylum, one for a hundred males, and the other for a hundred females, the former completely detached from the main building, and the latter nearly so. These are "especially intended for patients of the quiet class, convalescing cases, and those giving comparatively little trouble. The male building contains the majority of those who are employed about the farm." Two private dwelling-houses in the grounds of the Aberdeen asylum have been recently occupied by quiet patients; but not having been built for the purpose, they have little more to recommend their present application than the mere fact of not resembling a barrack or a hospital. They did not convey to me, when visiting the Aberdeen asylum recently, any idea of an increase of comfort over the central asylum, and must be more inconvenient and expensive to manage.

A somewhat similar experiment was originated by M. Ferrus, in that offshoot of the Bicêtre at Paris, called the Farm of St. Anne. In this establishment a number of the demented and imbecile patients are associated in detached buildings along with several superannuated paupers not labouring under mental disease. They are employed in the management of a large piggery, where the stock is fed from the refuse of the Parisian hospitals. The result of this experiment has not been very satisfactory. There is no attempt made to introduce into the arrangements any of the home comforts which might be infused into such a system. Neither the occupations of the inhabitants nor the arrangements of the buildings are likely to produce such a condition.

In several asylums the higher class of patients have been partially placed in cottages where a certain amount of resemblance to private lodgings has been attempted, and generally the experiment has proved successful. The *établissement Esquirol*, at Ivry, near Paris, to which I obtained admission through the kindness of M. Moreau, and whose resident superintendent, Dr. Marcet, very obligingly accompanied me through the asylum, illustrates this form in its most extensive development. This institution is of remarkable interest, having been Esquirol's own private asylum, and being now in the hands of two men so distinguished as MM. Moreau and Baillarger. The examination of the different departments is a historical study, where there are illustrated, within a small space, what *were* the enlarged views of Esquirol, and what are now the enlarged views of its present manager. The most recent additions have been in the form of cottages or separate houses, so arranged that, though each contains more than one patient, yet every patient has a separate entrance-door, opening on a garden which is for his own private use. These dwellings do not contain any culinary arrangements; but, to the French, that does

not militate against the home feeling, as they are so much accustomed to take their meals at the *restaurant* or the *café*. They feel it to be nothing unpleasant or unusual to walk to the central building, where they join the *table d'hôte*, or otherwise, according to the wishes of the physician. At the Royal Edinburgh Asylum, a cottage formerly occupied as a private country residence, and situated at the extremity of the grounds furthest removed from the central building, has been used as a supplement to the higher-class department. A few gentlemen live there in a homely way, with their attendants, unannoyed by the locked doors and other peculiarities of a large institution; and the kitchen department is managed entirely by one housekeeper or cook, who is assisted by two quiet or convalescent patients from the pauper asylum. Two cottages for a similar purpose have just been erected in connexion with the Crichton Institution, at Dumfries. Somewhat resembling these is the establishment at Vanvres, within a short distance of Paris, superintended by Drs. Falret and Voisin. The so-called colony of Fitz-James, which has been in operation since 1847, appears to consist of detached buildings (not cottages) situated on a farm. It acts as a kind of diverticulum to the asylum at Clermont. The quiet and orderly patients lodged at Fitz-James are employed chiefly in agricultural labour. I have not visited the establishment, but from the report of its medical superintendent, Dr. Gustave Labitte, it seems to have proved very useful. In the best of the private asylums for high-class patients, the arrangements of a family are the model on which the accommodation of every patient is based, except in those cases where the nature of the malady renders such treatment impossible.

In no case is there a similar example to the system at Gheel, as applied to pauper patients, unless it is to be inferred that such exists from the notice in the October number of the '*Annales Médico-Psychologiques*,' last year. It is there stated that Dr. Droste, of Osnabrück, has addressed the States-General of the kingdom of Hanover, to petition that the little colony of lunatics at Neusandhorst, near Aurich, should be enlarged and organized on the plan of Gheel. Unfortunately, I am otherwise unacquainted with this experiment. A plan was entered into by some of the parochial authorities in the West of Scotland, which was dictated by motives of the most miserable economy. By this means a large number of supposedly incurable cases were congregated in the island of Arran, where they were boarded with those of the inhabitants who would receive them for the lowest remuneration. The brutal manner in which these unfortunate victims were treated fills a sad page in the modern history of lunacy, and the indignation which it excited caused the whole colony to be swept away. I cannot help regretting that an attempt was not made to reform rather than to eradicate this community. Its existence afforded a most favorable

opportunity for an experiment in all respects similar to that at Gheel, with the additional advantage of being surrounded by that most complete of all natural boundaries, the sea. Many have supposed that there was to be found at Saragossa, in Spain, an agricultural settlement somewhat similar to Gheel. In Pinel's day it had a great reputation, but it has long ceased to deserve such. Dr. Jacobi, more than twenty years since, condemned the arrangements as bad; and in the recent work by M. Desmaisons, on the asylums of Spain, he describes that of Saragossa as "*un bâtiment moderne de la plus triste apparence,*" where, out of nearly three hundred inmates, only ten are occupied in agricultural labour.

For the nearest approach to the home treatment of paupers, I must come back to Dr. Bucknill, at the Devon asylum. In the tenth annual report of that institution it is stated that a commencement was made "by placing a few selected patients in residence with cottagers in the immediate neighbourhood of the asylum." For this experiment, where an asylum and a village are in close vicinity, the circumstances naturally adapt themselves. The principles of this plan are well explained and commented on by Dr. Bucknill; and the accumulation of authoritative testimony must weigh so powerfully with those called upon to give practical effect to their opinion on this subject, that I make no apology for again quoting his remarks. He says that "the experience of past years has proved that some patients, who are perfectly reasonable when under the surveillance and gentle discipline exercised in an asylum, become decidedly insane upon their discharge. There are other patients who are always insane, but whose degree of insanity is so slight, that perpetual residence within the boundaries of an asylum is by no means needful, if they can advantageously be placed elsewhere. Experience has amply proved that if these patients are immediately discharged, various unfavorable influences are almost certain to occasion a rapid aggravation of their malady. In regard to a few such persons, the powers given by the 72d section of the 'Lunatic Asylums Act' have been put in force, and they have been discharged on trial, and boarded with neighbouring cottagers, selected as trustworthy and suitable persons. In several instances the women of these cottages have acquired some experience in the right management of the insane. Some of them have been employed as occasional attendants in the wards of the asylum; and others, having been attendants or domestics in the asylum, have married asylum artisans, or other persons living near. This experience has made them willing to accept, and qualified to undertake, the charge of such inmates of their houses. Both the patients, and the persons having charge of them, feel themselves under the eye of the medical superintendent, who visits them unexpectedly. The plan promises to work well. The patients are happy, and extremely satisfied with the arrangement." The most complete illustra-

tions of the best form of cottage treatment, are met with in small and good private asylums for the higher classes, but being foreign to the general object of these observations, I need scarcely allude to them.

We have now to try and determine in what form the cottage system and its modifications should be introduced either into the asylums which already exist or those which are yet to be erected. The testimony of the medical superintendents and Commissioners in Lunacy is both decided and satisfactory in regard to the use of the detached buildings, and is at least sufficient to establish the correctness of the principle. Many patients could be accommodated in such a plain style, who would be unfit for the more homely treatment in the bosom of a family. The success of such offshoots should render them acceptable elements in any plans which may be proposed in future. Where the architect has an entire asylum to plan, and is not merely called upon to supplement accommodation already existing, the erection of a detached building of simple construction should be recognised as advantageous. Where it is only wished that he should devise suitable additions to what has already been provided, he must of course be guided in a great measure by the character of that provision; but, for the extension of most of our public institutions, I believe that such buildings would be most desirable. The experience at Gheel, the Devon Asylum, and other places, also sufficiently shows the advantage of placing part of the population in cottages either within or outside the grounds of the institution.

With a view to determine the proportion which these kinds of accommodation should bear to the rest of an asylum, I have, with the aid of my colleagues, and by the light of the foregoing investigation, attempted to classify the patients at low rates of board in the asylum at Morningside, so as to solve this problem, as well as to discover the proportion of patients of each section whose wants might be provided for in this manner. The calculations have been made with a view to determine what number *would be benefited* by such a plan, and not merely those who might without impropriety be so accommodated. Though the table has been prepared with care, I present it with great diffidence, as there has been no opportunity of establishing its correctness by experiment. An attempt has been made to arrange the groups on principles of utility, rather than scientific rule. Consequently, those cases of recent mania in which the excitement is not very violent have been classed along with chronic mania. Acute mania, whether occurring as a single attack or periodically, is included under one head; and in considering the duration of the insanity, no distinction has been drawn between the different periods above thirty months. They are classified according to their several conditions on the 31st December, 1860.

Approximative Grouping of 603 Patients in the Royal Edinburgh Asylum.

	Suitable for a cottage.		Suitable for a detached building.		As well or better in the asylum.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.
Capability for useful labour :								
Tradesmen	8	0	22	0	15	0	45	0
Agricultural labourers	7	0	11	0	51	0	69	0
Able to assist in a household ..	8	28	9	45	35	109	52	182
Physically but not mentally incapable	0	1	1	4	2	7	3	12
Mentally incapable	0	1	15	8	120	96	135	105
Total.....	23	30	58	57	223	212	304	299
Mental diseases :								
Subacute and chronic mania—								
Violent	0	0	0	0	18	38	18	38
Not violent	5	8	7	14	47	27	59	49
Acute and periodic mania	5	5	3	5	9	19	17	29
Moral insanity	0	0	0	0	3	5	3	5
Monomania	4	3	8	8	9	10	21	21
Melancholia	3	7	12	6	20	21	35	34
Dementia and imbecility.....	6	7	28	24	115	89	149	120
Idiocy	0	0	0	0	2	2	2	2
Total.....	23	30	58	57	223	212	304	299
Duration of disease :								
Under 3 months.....	0	4	1	6	11	15	12	25
" 6 "	0	4	2	2	7	10	9	16
" 12 "	3	2	1	8	10	16	14	26
" 18 "	0	0	1	2	1	10	2	12
" 24 "	3	0	1	2	19	8	21	10
" 30 "	0	0	1	1	3	3	4	4
Above 30 "	17	20	51	36	174	150	242	206
Total.....	23	30	58	57	223	212	304	299
Suicidal	0	0	0	0	7	4	7	4
Epileptic	2	0	2	0	14	9	18	9
General paralysis	0	0	0	0	14	0	14	10
Convalescent	9	12	7	9	14	11	30	31

From these data it appears that about 8 or 9 per cent. of the inmates might be boarded in cottages, and about 19 or 20 per cent. in the detached buildings. The males suitable for a detached building include the largest number of tradesmen, which suggests the propriety of placing the tailors' and shoemakers' workshops in the same department. In such a case it would be advisable that the tailor and shoemaker attendants should form part of the staff of that building. This would partially obviate the inconvenience arising from draughting off a number of patients from the superintendence of one man during meals and idle time, to that of another during work, which tends greatly to aggravate the homeless character of the prevailing system. The detached buildings do not require to be single, but may be varied in number as well as in kind. The eleven agricultural labourers might be placed together, in a section superintended by the groom or the ploughman, or both. In asylums as large as that from which these statistics are procured, a subdivision of this detached population would probably be attended with great benefit. Various plans have been devised as most suitable for the arrangements of these edifices. From what I have been able to learn, the building which might be called, so to speak, a main detached building for males would be best made up of a combination of the arrangements at the Lancaster and Devon asylums, incorporating the excellent arrangement at the Devon New House with the tradesman element at Lancaster. At the new Carlisle asylum, many of the tradesmen are intended to live in the same building as their workshops, which are detached from the main establishment; and I should expect that the arrangement will be found advantageous. For the females, I cannot imagine a more suitable general plan than the New House at the Devon. For smaller houses some useful plans have been suggested by Dr. William D. Fairless, of Montrose. The objection which I feel inclined to make to the Chester buildings is the want of single-room sleeping accommodation, which must exclude many who might otherwise be suitable for the department. An important and somewhat difficult point to determine is, whether there should be separate cooking arrangements in these sections of an asylum. As yet we are in want of sufficient experience to determine this point; but Mr. Brushfield will soon be able to supply such information as may help us to a decision as regards the males, and Dr. Bucknill to report on its practical working among the females. From the theoretical grouping of the patients in the table, we should be led to coincide with Dr. Bucknill's disapproval of the introduction of the laundry element. An argument which will weigh forcibly with ratepayers in deciding the question of the general expediency of some such accommodation is the cost at which it can be procured. The New House at the Devon asylum only cost £38 10s. a patient; the additions to the Chester asylum, £36; and according to Dr.

Fairless's calculations, whose accuracy has yet to be tested by experiment, the houses he proposes could be provided for £23 a head.

The purely home or cottage treatment might be provided for by attempting to establish a community like Gheel. The objections to this, as stated by Dr. Browne, are, "first, the incompatibility of such a plan with the general economy of villages or parishes in Britain, with the tenure of property, and with the habits of the people; secondly, the doubt whether the arrangement, if diet, clothing, and medical attendance were supplied as in asylums, would prove remunerative; and thirdly, the certainty that hardship, cruelty, and neglect would spring up, where the responsibility was so slight, the temptations to peculation and tyranny so many, and the chances of detection so few." The impracticability of forming such an institution as the Belgian one in this country has, I think, been overrated, and this opinion would seem to be confirmed by the comparatively rapid growth of the unfortunate colony in Arran. That the abuses which might arise could be checked or prevented by an efficient medical superintendence, and a careful selection of suitable cases, appears to be proved by our investigation of the condition of Gheel. The question of its expediency as a matter of financial success cannot be so easily determined. Of course it could not be expected that the charge of sixpence halfpenny per diem for each patient at Gheel would be sufficient for a similar purpose in this country. Yet something may be inferred from a comparison of that expense with the rates charged at two of the best Belgian asylums, such as those for males and for females at Ghent. The average at these institutions, for the last five years, has been sevenpence halfpenny per diem for males, and at the asylum for females a mere fraction less, showing a saving of about a sixth on those patients sent to Gheel. This saving would, however, be all absorbed by the expenses of such additional supervision as I believe to be necessary at the latter place. On the whole I fear that this system cannot be advocated on the ground of *greater* economy. The strongest objection to which the system seems open is that greater benefits would probably accrue from the adoption of the cottage treatment as an adjunct to the regular asylums. This might be done in two ways, both of which possess advantages which would adapt them to different cases. One is by giving cottage residences within the asylum grounds to artizans and others, not required to live in the asylum, and constructing these cottages so as to enable the occupants to take each two or three boarders. The other is to board the patients with the inhabitants of a neighbouring village. For this latter plan it would be necessary that the asylum should be in the immediate vicinity of a village, and that both should be at a considerable distance from any large town. Without the one requisite the patients would be too much removed from supervision, and without the other, too many

inducements would be presented to them to throw themselves in the way of temptations which are so dangerous to the unsettled mind. The great advantage which this plan possesses in comparison with the Belgian system is, that many of the cases suitable for cottage treatment are so only for very brief periods, being either in a probationary state between the asylum and the world at large, or liable to relapses which may render their transference to the main building at any time a measure of prudence or necessity. In Dr. Bucknill's experiment this view of the requirements was illustrated soon after its inauguration. "In one instance maniacal excitement came on. The superintendent was informed of it, and the patient was readmitted into the asylum without the least delay." At the conference of German alienist physicians at Eisenach last September, the opinion seems to have been general that the system should be introduced, at least in the mean time, only in connexion with existing asylums.

Before closing the review of this subject, I beg leave to refer to the recommendations contained in the 'Suggestions and Instructions' in reference to the construction of asylums, issued by the General Board of Lunacy for Scotland, and published in the Appendix to the first Annual Report. The directions correspond so nearly with what I have ventured to suggest in the foregoing observations, that I gladly avail myself of their high authority in lending weight to my conclusions. In articles 6 and 32 it is remarked, that "Detached buildings of a cheap and simple character, consisting chiefly of associated day-rooms and dormitories, might be provided for the use of working patients. For the females these buildings might be placed in connexion with the washhouse and laundry; and for the males, be in proximity to the workshops and farm buildings. Provisions of an equally simple and inexpensive description might also be made for a portion of the idiotic, imbecile, and fatuous patients, and also for chronic cases; or cottages might be erected for the accommodation of a large proportion of the working and inoffensive, who might be placed either under the care of the families of the attendants or of cottar tenants of the asylum. The cottages, if adopted, should be of different sizes, each calculated to accommodate from three to five patients, in addition to the family of the occupier. The male patients should be placed either in single rooms or in dormitories for three or four, and each cottage should contain a watercloset."

It will be interesting to watch the working of the cottage system in asylums erected according to this plan, and more especially if, in those situated in the more remote parts of the country, the experiment of boarding out patients can be so incorporated with it as to afford a fair trial to what at present seems to be the most satisfactory development of *the cottage system*.

Since the foregoing was written, I have perused the account of two *séances* of the *Société Médico-Psychologique* held last year, at which the merits of the cottage system, and the value of Gheel as a residence for lunatics, were warmly discussed. A favorable opinion was expressed by M. Brierre de Boismont, and also by its most constant as well as earliest advocate, M. Moreau (de Tours). On the other side of the question were MM. Parchappe and Ferrus, who—especially the latter—condemned in no measured terms all attempts at interfering with the present French system. The colony of Gheel was thus alluded to by M. Ferrus:—"Je crois, pour moi, qu'il est impossible de faire quelque chose d'aussi détestable;" but it should be noted that he ends his remarks by saying: "Quant à la construction des établissements en Angleterre, elle est détestable, comme vient de le dire M. Parchappe." The latter of these observations weakens considerably the force of the former, and would suggest that the learned and respected author had formed his impressions of both places from visits made many years since, and has allowed himself to compare them with the *present* condition of French asylums.

At the close of the discussion M. Trélat, the president, nominated a commission, who are to visit Gheel and report to the Society their opinion of its present condition and merits. This commission is composed of MM. Michéa, Moreau (de Tours), Mesnet, J. Falret, and Ferrus. It will be with some anxiety and no ordinary interest that those interested in the Gheelese system will await the verdict of so distinguished a tribunal.

Endemic Degeneration. By W. A. F. BROWNE, Commissioner in Lunacy for Scotland.

IN August, 1860, I was requested to visit and examine, professionally and not officially, a family which shall be described in its entirety, as it had been, as well as it then was.

I. A female; hydrocephalic. Head covered with a crust. A dwarf; an idiot. Suffered from cephalalgia and became blind. Died when twenty-one.

II. A male; a strong, able-bodied, sensible man, who assists his parents as a fisher.

III. A female; a weakly child. Died when two years old.

IV. Donald, æt. 22; height 4 ft. 11½ in. Looks like a boy of twelve years old. Head large; brows beetling; circumference of head above ears, 23 in.; measurement from nose to occipital pro-

tubérance, $15\frac{1}{4}$ in.; from ear to ear, $14\frac{1}{2}$ in.; ear to occipital protuberance, 6 in.; nose to ear, $5\frac{1}{2}$ in.; from head of humerus to condyles, 10 in.; from olecranon to carpus, $9\frac{1}{2}$ in.; from head of femur to condyles, 16 in.; from condyles to tarsus, $12\frac{1}{2}$ in. Position of fingers natural; spine straight; teeth regular; palate normal; colour of skin dark, or coppery; eyes dark; hair black and curled; nose flattened; nostrils distended; lips tumid; urine albuminous; fæces clay-coloured. He took a meal in the presence of the reporter without any indication of voracity. It consisted of a very small quantity of fish and milk. He did not use salt, and rarely does. Common sensibility as tested by pinching, pricking, heat, appeared to be natural. He presents a heavy, dogged aspect, but his features are not repulsive. He is timid, shy. He can walk, wash, and dress himself; works a little, but is feeble and slow. Is intrusted with the charge of his brother and sister during the absence of their mother. Accompanies his father in a boat, but cannot row nor fish. He cannot herd a cow, nor hoe potatoes. He might prepare potatoes, but could not aspire to porridge. Can sweep the floor and kindle fire, and would extinguish it in case of danger. Never wanders. Requires guidance in all his acts. Speaks indistinctly, and almost inaudibly. Was at school, and can read a little. Goes to church, and has some rudimentary notions of religion, but could not be admitted to communion. He had the diseases of childhood.

V. A male. Died in twelve hours after birth.

VI. Roderick, æt. 19; height, 3 ft. 6 in. Head hydrocephalic, irregular in shape; circumference above ears, $22\frac{1}{2}$ in.; measurement, from nose to occipital protuberance, $13\frac{1}{2}$ in.; from ear to ear, 13 in.; from nose to ear $5\frac{1}{2}$ in.; from ear to occipital protuberance, $5\frac{1}{4}$ in.; from head of humerus to condyles, 8 in.; from olecranon to carpus, 7 in.; from head of femur to condyles, 10 in.; from condyles to tarsus, $9\frac{1}{4}$ in. Fingers flexed on palm; slight curvature of spine; teeth irregular, never changed; palate normal; ears small, unchiselled; enormous distance between the eyes; nose rudimentary; features flat, puffy; colour of skin, bluish-brown; abdomen tumid, has the aspect of anasarca and ascites; eyes and hair dark; urine healthy; fæces clay-coloured. He had dinner during the inspection, of which he partook heartily, but seemed to masticate imperfectly and to swallow with difficulty. He has an aversion to potatoes, and seldom takes salt. When pinched, he does not withdraw the part; when pricked with a needle in various parts, he seemed to suffer little pain; but he recoiled from the application of a burning peat. His expression is repulsive—Calmuckian. He walked when four years old, but does so slowly and laboriously. Has never been beyond the door of cottage. Sits constantly upon a block of wood, gazing on fire, or where the fire usually is; would not move if starving, nor if cottage were in flames. It is inferred that he recognises the heat of fire

when placed close to it, but not as distinguished from cold. Does not know night from day. It is supposed that he recognises his parents, but this is very doubtful. Knows nothing, can do nothing. Is easily frightened. Is described as "vicious," as refusing food, as screaming, and as being disposed to strike those around. Is not punished except by exciting his fears, and regarded by his parents as insane. Is of dirty habits. He cannot articulate, but his mother is of opinion that sounds or looks are exchanged with his sister Christian, which enable them to understand each other. Except pertussis, had no disease of infancy. The scalp is covered, to the extent of six inches in length, five inches in breadth, and a quarter of an inch in depth, with a dry, hard, dark-coloured, almost black crust, resembling peat or baked earth, which crumbles down when touched. It is never moist, has never exfoliated, and cannot be removed. It appeared when Roderick was seven years old, and has gradually extended.

VII. Christian, æt. 16; height, 3 ft. 2 in. Head large; hydrocephalic; circumference above ears, 21 in.; measurement from nose to occipital protuberance, 13½ in.; from ear to ear, 12½ in.; from nose to ear, 4¾ in.; from ear to occipital protuberance, 5 in.; from head of humerus to condyles, 6 in.; from condyles to carpus, 5½ in.; from head of femur to condyles, 8½ in.; from condyles to tarsus, 8 in. Fingers flexed; slight curvature of spine; teeth irregular, never shed; palate conical; features and proportions pleasing; skin pallid or bluish; abdomen tumid; eyes and hair dark; urine natural; fæces contain more colouring matter than those of other members of family. Has never menstruated. Has an aversion to potatoes, and never takes salt. Insensible to pricking, pinching, &c. Does not know heat from cold, but is supposed to distinguish between night and day. Walked when three years old, but does so slowly and laboriously. Stands long in one position. Has never been beyond door. Sits constantly upon a stone near to fire. Is supposed to know her parents. Has no religious impressions. Is believed to articulate a few words, and to understand simple things. Could not be put to school. Does not engage in play, nor notices the gambols of a cat. Can do nothing. Would not extinguish fire. Good natured. Has had none of the diseases of infancy, save pertussis. The vertex of the head is covered, to the extent of eight inches by six, with a crust of less thickness, but in all other respects resembling that noticed in Roderick. No other part of the body is affected.

VIII. A male; stillborn.

IX. Margaret, æt. 11; about 2 ft. 6 in. in height. Hydrocephalic head, irregular in shape; circumference above ears, 20½ in.; measurement from nose to occipital protuberance, 13½ in.; from ear to ear, 11 in.; from nose to ear, 4¾ in.; from ear to occipital protube-

berance, 5 in. ; from head of humerus to condyles, $5\frac{1}{4}$ in. ; from condyles to carpus, $4\frac{1}{2}$ in. ; from head of femur to condyles, 7 in. ; from condyles to tarsus, 6 in. Spine normal ; teeth irregular, small, never changed ; palate conical ; great width between eyes ; nostrils distended ; aspect batrachian ; skin very dark coloured ; eyes grey ; hair black. Fed by her mother. Dejections involuntary. Sensibility very deficient. Can be made to stand, but not to walk. Is parasitic ; when not in her mother's arms, is on the floor, prone. Does not know heat from cold, day from night. Sucked, but cannot take food unless introduced into her mouth. Is supposed to know her parents. Smiles. Does not engage in play. Is believed to suffer from headache, as she leans her head to a side. Cannot speak. Has had hooping-cough, but no other disease of infancy. The hard crust on the scalp has commenced, and is spreading.

These children are the progeny of parents still alive, and apparently healthy ; except that the mother, otherwise a comely woman, has opacity of the cornea, which may have succeeded strumous ophthalmia : and thus there may be a key suggested to the disease and decrepitude described. The friends of the family are reported to have belonged to the district which they now inhabit, although the name would indicate a distant part of the Highlands. A grandfather was a man of short stature, and odd in gait and dress. No cause can be assigned for the affliction with which they are visited, nor have the parents ever seen an appearance of the scalp similar to that in their children, either in relatives or others. The father is a fisher and crofter. He has been a tenant of six acres for forty years, but the rent is not paid up. He has three cows and one horse, but no boat. Their house having fallen, or been taken down preparatory to repair, they are now living in the barn, which is more than usually bare and wretched. The cottage is near to the shore, in a low and perhaps marshy hollow. Like many others around, differing neither in situation nor structure, it is surrounded by forests of weeds, tussilago, burdock, and nettles, which overshadow the tenement, block up the window, and are so luxuriant and gigantic as to suggest the notion of cultivation, especially as there are no trees, no ferns, and no bush, except the creeping willow, in the parish. The parents were born and have lived where they now are. They are in great poverty, have received charity from the noble proprietor, and have applied for parochial aid. Potatoes and fish constitute nearly the sole food of the family. Animal food they never taste, except when a badly nourished or diseased cow or sheep may die. As three of the idiots have a dislike to potatoes, the mother states that she gives them biscuits instead. Oatmeal porridge is nominally the breakfast and supper, but the quantity is suspected to be small. Milk will be supplied by the cows. The water used is not drunk by any other person. The well is near the shore, and at high water it is brackish. The idiots consume very little liquid of any kind.

When these facts are generalised there is presented a society of nine persons, descended from an apparently healthy stock; of whom two were not viable, one died in infancy, and one when twenty-one years old; of whom four are hydrocephalic, four are dwarfs, one diminutive; all, save one, of small size, feeble and puny; four are distorted and diseased, five are idiots, four had the head partially covered with a cork-like substance; four cannot speak, two cannot walk, two walk slowly and laboriously, four cannot wash nor dress themselves, four would not escape from fire, and of four the senses are either hebetate or rudimentary, or limited in range; and one is healthy, robust and intelligent, and has arrived at maturity; and all, with this one exception, are so deformed, so hideous in countenance and aspect, as to suggest the last stage of some frightful plague, the type of the lower animals, or that they are the last members of a distinct and degenerated race of mankind. And that this last is not altogether a fanciful conjecture may be gathered from the impotency, or at least the unproductive unions of beings so constituted, even when they were well formed. “Autrefois les rois de France avaient leurs bouffons et leurs nains. Catherine de Medici en maria plusieurs, mais sans resultat de progéniture.”*

This family reside in the “Wild Tirie,” or land of Iona, an island about eighteen miles from the nearest point of that of Mull, and at a much greater distance from the main land. It contains twenty-seven square miles, much of which is waste land, much used for pasture, and a small portion cultivated for potatoes and black oats. It has a population of 5700 fishers and farm-labourers, “who,” says the Rev. N. McLean, “until of late years, when poverty laid its iron hand upon them, were a cheerful, happy, and contented people.”† Notwithstanding indigence, the attachment to the flat, sterile, inhospitable soil is such that the inhabitants are redundant. Parish registers cease about 1775; a golden torc, one or more Pictish forts, a coin of Malcolm Canmore’s, are the sum of the early chronicles of the island. Of the state of the inhabitants, who wore the ring of the patriot or pirate who built or battered the tower, or the ichthyophage who exchanged seith for the current coin of the realm, these, like more pretentious records, say nothing. A giant’s grave, a monolith, a cross without a legend, may be chapters in a prehistoric period, when McNiel massacred McLeod, and when McLeod exacted bloody retribution from his conqueror. These times are shadowed forth by tradition, or are rather sharply sketched out in such suggestive names as the Bay of Battles, the Pit of Havock or destruction. Epochs there have been. The settlement of a large number of disbanded fencibles, through the generosity of a former proprietor, must have

* ‘Histoire des Metamorphoses Humaines, &c.’ par A. Debay, Paris, 1845, p. 171.

† ‘Statistical Account of Scotland,’ Argyllshire, 1843, p. 209.

brought new blood, and brain, and habits of thought; and the addition of chimneys to their dwellings by the present proprietor, and the prohibition of the importation and sale of spirits, must have operated favorably upon public health. But the probability is, that, the world forgetting by the world forgot, these islanders lived in similarly humble dwellings, upon similarly frugal fare, and married and intermarried, till all men became more than metaphorically brothers; and died, for, although phthisis be rare, there was struma and sibbens, and even typhus fever to destroy them—as they do their present descendants.

The period during which these facts were collected was protracted as long as possible; but was much too brief for the purpose in view, or for exhausting the information, perhaps accessible, had the inquirer spoken the language of the M's, or had his interpreters been familiar with the terms employed. Since that time, a well-qualified medical man has gone to practise in the island, who speaks Gaelic; and has verified and extended the original observations. Dr. Buchanan* has promised further and more minute investigation into the bodily condition and structure of the M's, to procure photographs, and to analyse the water used; and to the interruption of postal communication alone is to be attributed the absence of further details from these pages.

The occurrence of diseases which are confined to a particular community or locality, or are attributable to the habits and modes of life of a particular race or district, such as the trismus nascentium, the Forfarshire ague, cretinism, pellagra, is intimately connected with the consideration of those causes which determine the progress or deterioration of the human race, and with an estimate of the amount of control which may be exercised, through external circumstances, upon the development of the highest intelligence and the highest qualities of our nature. It is worthy of remark, that all these affections have a claim to be classed with the neuroses. It is not that mental phenomena enter into the group of symptoms by which the disease is characterised, for every malady has its psychical aspect; but that, either in the relation of cause and effect, or as contemporaneous or co-ordinate conditions, bodily and psychical derangement contribute equally, and go to constitute the disease what it is. It is not that these conditions can be traced with greater or less precision, to an obvious external cause or origin, that they appeal to philosophy; it is because they have a significance in palpable, material processes, by which the mind

* Among the desiderata to which this gentleman's attention was directed was to determine whether the "meal" upon which the M's chiefly subsist did not consist partly of what is called "Indian meal." This flour is issued to the paupers in an adjacent parish, is made from the *Zea Mais*, and, if used by this family, would constitute an unexpected, but, perhaps, deceptive link between them and the pellagrins afterwards alluded to.

is broken up, perverted, dwarfed. In the relation between a cereal and the nervous pulp may be detected the genesis of unhealthy thought; and to extend the inquiry to the etiology of mental disease, generally, may involve the whole problem of the destinies of the human race.

It is not necessary in the case of the M's to connect the extraordinary state of the scalp with the mental decrepitude. It is more consistent with experience to regard all the features described as symptoms of a common disease, or degeneration, or signs of a vitiated nutrition. The crusts connect the condition with the *ichthyosis cornea*, which is invariably the result of filthy habits, or impoverishment of the system, and with the *cespitosa calyptæformis* in which, according to Alibert, if the excrementitious matter be not thrown out, epilepsy and mania ensue. The cachectic state of three of the sufferers somewhat resembles that described by M. Billod* as characterising lunatics who are affected with the modification of pellagra recently discovered in some of the large asylums in France, while the combination of the affection of the skin and the cachexia with the grave lesions of the nervous centres, suggests a strong similarity with the third stage of the pellagra of the north of Italy, which is delineated in Dr. Holland's unrivalled monograph,† as presenting scorbutic cachexia, impairment of voluntary functions, pains in limbs, diarrhœa, dropsical effusions, insanity, &c. The identification of these affections is not proposed. It is more instructive to contrast the points at which they recede from each other, and to discover the differences which may fairly be attributed to climate, special hereditary tendencies of race, and surrounding circumstances, should such exist. It is further a valuable contribution to pathology, to demonstrate another instance in which causes, rather than a cause, lead to similar mental conditions.

That disease which is believed to have been new to Europe in the eighteenth century, which is observed in greatest intensity in Lombardy, Venice, and Piedmont, but which has appeared sporadically, or in a modified form, in other countries, cases having been met with at St. Jean de Maurice, Vienna, and in the Hospital de St Louis, Paris,‡ has been represented as consisting of three years, there being annual exacerbations in spring, or stages.

I. The first is the following succession of symptoms—languor, debility, cachexia, red blotches, which ultimately become dusky or black, appear on hands, feet, and parts exposed to the sun. Tubercles form on the inflamed surface; the skin is dry, rough, rhagadic; desquamation leaves a shining surface. There are vague

* 'De la Pellagra,' p. 16.

† 'Med. and Chir. Soc.,' vol. viii.

‡ 'Ann. Medico-Psyc.,' vi, 318.

and irregular pains of the trunk and limbs, cephalalgia, vertigo, depression of spirits.

II. In the following spring, the skin appears callous, furrowed, rhagades take place at articulations, like those in ichthyosis, there are great debility and emaciation, deformity of nails, tendency to cramp, spasmodic affections; the patient is forced precipitately forwards in a straight line, or is fixed to one spot—confirmed melancholia. M. Bonacossa has recorded the frequency of hemeralopia.

III. Scorbutus, cachexia, fætor of halitus and perspiration, diarrhœa, dropsical effusions, pain in limbs, vertigo, vacillation, tinnitus aurium, double vision, epilepsy, insanity marked by mania, melancholia, dementia, and suicide, so frequently by drowning that Strambio gave the malady the cognomen of hydromania, and conceived that the choice of the mode of destruction was induced by the burning sensation to which the patients were subject. This notion is not borne out by subsequent observation. The celebrated M. Lovat, who attempted to destroy himself by crucifixion, was a pellagrin; and M. Billod* mentions that of 200 individuals affected with the disease at Mugello, only two attempted suicide, and one of these was by precipitation. The affection is confined almost exclusively to classes engaged in agriculture, attacking preferably those who work laboriously in the sun, who inhabit wretched houses located in flat, flooded plains, are plunged in great misery, are insufficiently clothed, and depend for nourishment almost exclusively upon maize, millet, rice, vegetables, and bad, unfermented bread without salt, who have no wine, and drink stagnant water. It attacks infants at the breast, and is hereditary. The ravages and progress of pellagra may be estimated from the fact, that of 500 patients in the lunatic asylum at Milan, one third were pellagrins; that when Strambio wrote one of every twenty, when Holland one of every five or six of the population presented symptoms of the disease. How little the nosological character of the eruption is pathognomic may be inferred from the statement that the skin sometimes presented the appearance of erysipelas, of lepra, of elephantiasis, of ichthyosis. Although it be probable that some injurious effect may be communicated to the mind in every case where the disease is established, it is not invariably accompanied by, nor does it terminate in, alienation; the complications being as often dropsies, chorea, epilepsy; and these constitute the foundation for the classification which obtains in the Milanese hospitals, and contains the affections designated phthisis pellagrina and atrophia pellagrina. Amongst these co-ordinate states Baillarger detected, or supposed that he detected, general paralysis, and recorded his experience. A most animated and protracted controversy ensued, in which Verga affirmed that he had never seen the complication, and that general paralysis was not met

* 'De la Peilagra,' p. 18.

with in Italy, either alone or associated with pellagra. His antagonist quotes Italian physicians, to show that general paralysis existed at Turin; and the case-books of the hospitals recording, but not naming, general paralysis free from pellagra; and apparently establishes the propositions that ambitious ideas and optimism may spring from maize poisoning as well as alcohol poisoning, from indigence as well as from luxury, and that they may supplant the depression, despair, and pessimism of this cachexia. In the *spiloplaxia scorbutica*, the *mal de rosa* of the Asturias, which has been regarded by a nosologist as a species of pellagra—red, livid spots appear round the neck and wrists; these are succeeded by dry, circular, yellow or ash-coloured crusts, surrounded by enormous pustules, which become black, and after some months fall off; these crusts are symmetrical. Associated with this condition of the skin are a sensation of burning heat, a loss of equilibrium, staggering, incessant motion, profound melancholy, and fear. (Alibert 'Monographie des Dermatoses,' p. 502.)

In the pellagra of the Landes, a red, papular blush, resembling scarlatina, attended with heat and itching, affects the feet and hands, which is increased on exposure to the sun. The cracked and crustaceous epidermis falls off, leaving a rough, ragged surface. In three or four years the intestinal mucous membrane becomes implicated, the lips are red and sanguinolent; there is pain, heat, vomiting, ptyalism, foetor of breath, difficulty in deglutition, a sense of strangulation, and diarrhœa. In some cases the hair is easily broken and falls off. Towards the termination of the attack, which is generally fatal, there supervene vigilance, tremors, staggering, tendency to fall, loss of equilibrium, fatuity, fury, profound melancholy, and "une sorte d'idiotisme."* It attacks adults of both sexes, many of whom present a copper colour, inhabiting the littoral, low-lying, and sandy districts of the Gironde; and the poor, of dirty habits, subsisting upon inferior, coarse, and insufficient food, such as salt-fish, shell-fish, paste made of millet or maize, and who drink water of bad quality, which cannot be used until it is boiled, and many of whom wear untanned and unwashed skins as clothes. Persons drinking wine are said to be exempt.

The variety of pellagra described by M. Billod as peculiar to the insane, or as a special cachexia and peculiar to the insane,† is marked by emaciation, debility, tendency to diarrhœa, dryness of tongue, cardialgia, and subsequently and on exposure an erythema of different hues, varying from red to blackish, appears on the back of the hands, arms, and ultimately on the feet and neck, and exfoliates; concomitantly there is an earthy or bronzed appearance of the

* 'Hameau,' p. 12.—'Lalesque,' p. 56.—'Documents pour servir à l'Etude de la Pellagra des Landes, &c.,' Paris et Londres.

† Tom. v, 'Ann. Medico-Psych.,' April, 1859.—'Archives Générales de Médecine,' 1860.—M. Teilleux, D'Auch 'Ann. Med.-Psych.,' April, 1860.

skin, which is dry and rough, and hypertrophy and distortion of the nails. Sometimes the eruptions are vesicular, papular, squamous, or furunculoid. Scorbutic patches and œdema of the extremities are observed. Curvature of the spine existed in certain individuals. Remissions take place during winter. Of sixty patients in which this combination of symptoms was seen, eighteen laboured under melancholia with stupor, thirty-two under melancholia and fatuity, five under chronic mania, and seven under idiocy.* Cases have occurred in the asylums of Mareville, Fains, Auxerre, Angers, &c. The use of wine is supposed to be instrumental in arresting the course of the malady.

Alibert compares the callosities in the ichthyosis cornea to the skin of the elephant, to the legs of the rhinoceros, to warts, to the bark of an old tree. He had never met with it excepting in beggars who had long suffered from insufficient and improper nourishment. When occurring in infants a few weeks old, they were the offspring of the poor and wretched. He adds that people inhabiting the sea-shore, subsisting upon putrid food, and who drink stagnant water, are especially subject to ichthyosis.† Good defines the affection: "Incrustation forming a rigid, horny, imbricated rind, hue brown or yellow, subjacent muscles inflexible, sometimes covering the whole body, including the face and tongue;"‡ and, in illustration, adduces a case from the 'Philosophical Transactions,' No 424, where the whole body, with the exception of the head, face, palms of hands, and soles of feet, was affected. "The entire skin formed a dusky, ragged, thick case, which did not bleed when cut or scarified, was callous and insensible, and was shed annually, like the crust of a lobster, in autumn, and acquired the thickness of three fourths of an inch. This man married and had a family of six children, all of whom possessed the same ragged covering as himself."

In cretinism the thyroid gland is generally of large size, or the neck, head, and hands are gross, or swollen at birth. The victims are hydrocephalic, or the head is of small size and irregular shape, the occipital protuberance being very salient. The first act of respiration is excited with difficulty; they do not suck well, and sleep constantly; when other children articulate words, they emit vowels. At ten or twelve years old, the food must still be placed within the mouth. They are stupid, mute, and never smile nor play. Their legs are of large size, but they walk badly and stagger. Their movements are slow; they go straight forward, avoid no obstacles, reel and tremble. They are from four to five feet in height. The hands and arms are long, deformed, pendant, or carried towards the head. The visage is flat and square; the eyes small and deep-set, or

* Billod, *op. cit.*, p. 14.

† 'Monographie des Dermatoses,' 1832, pp. 724—773.

‡ 'Study of Medicine,' vol. v, p. 608.

projecting, the gaze fixed or wandering. The hue of the skin varies from a dead-white or olive to chesnut-brown. They are said to frequent the fire, the rays of the sun, or the spot where they receive food, yet to labour under anæsthesia, to disregard cold, heat, vermin, even blows; to see and not to perceive, to have obtuse senses of taste and smell. There is great development of the organs of generation. They are indifferent to their parents, are inattentive to the calls of nature, not subject to ordinary diseases, and may die of hunger, if not attended to. They are very subject to lepra and other diseases of the skin. “Quant aux maladies de la peau elles accompagnent dans beaucoup de vallées le goître et le cretinisme parceque elles sont nourries et entretenues par la même cause.”*

It is not the object in view to determine whether these manifestations of morbid action are identical, or even allied; nor whether the pellagra of Lombardy be the result of the exclusive use of maize and corrigible by a proper preparation or torrification of the grain, or the cultivation of different and unvitiated species, which mature early; and preventible by an edict against intermarriage; nor whether the pellagra of the Gironde depends upon dirty sheep's clothing; nor whether that of the French asylums be special or attributable to semi-starvation, to alimentation disproportioned to the wants of the system under depressing emotions, or to simple innervation, or be the last of that series of blood changes which eventuate in lypemania and dementia. The grouping together of such conditions as were connected by analogy, or by the contemporaneous appearance of marked morbid appearances on the surface, and grave impairment of reason, has answered the purpose proposed.

It may be necessary to direct attention to the circumstance that, in the affections described by Holland and Hameau, the alienation succeeds the constitutional changes—cachexia and disease of the skin; whereas in that discovered by Billod, the affection of the skin and cachexia follow, and generally at an interval of considerable duration, the invasion of derangement. The condition of the M's was obviously congenital. In none of the other forms does there appear to have been an approach to this, except where infants are said to have been attacked with pellagra during nursing. This proclivity to the skin disease may have been born with them; but, in general, the hereditary taint amounts to nothing more than a susceptibility to become affected at a certain age and under certain circumstances. There can be no doubt as to the transmission of the ichthyosis cornea. While one author, Lalensque, reports fragility of bone in the pellagra of the Landes, and another, Billod, spinal distortion in the species peculiar to lunatics; there is here a most striking departure from the normal amount, proportion, and symmetry of the bony deposit. The muscular system in the M's is incapable of being roused to activity or trained to co-ordination;

* ‘Fodere,’ p. 121, § 60, 61, 62, 63, 64, 65, 66, 67.

and the dwarfs are rooted to their stone, or stagger along the floor, or creep, quadrupedally, to the door, but can scarcely perform a single spontaneous act; the pellagrins, on the other hand, acquire vigour and precision of movement, and are, for years, useful, self-supporting husbandmen; but lose these powers, roll like drunkards, or rush recklessly forwards like locomotives, in the last stage of their progress. In all the descriptions given, whether the morbid state of the skin be defined impetiginous, furnunculoid, or even coriaceous, it affects chiefly the hands and feet, but ultimately all parts of the body, except the head; it is periodic, it is fugacious. A peculiar condition of the hair was seen in one case of the pellagra of the Landes; but in these idiots the hair is healthy; nor is there any similarity to the *Trichosis plica*, with which insanity is sometimes associated, and the crust or bark on the head, which is dry, something like hard peat, sounds like wood when struck, is permanent. Although cachectic in aspect, this family is not, like the majority of the pellagrins, suffering under gastro-enteritis, nor any other degeneration of the mucous membrane. Their indifference to food is rather the absence of the psychological appetite than the aversion of dyspepsia; and they have neither alteration in the structure of the mouth nor tongue, nor hæmorrhage from the intestinal surface. In the indigenous group non-development, in the foreign nations perversion and extinction of the mental powers, is the most striking pathognomic indication.

There are, however, some common features in the history and condition of the various parties involved. There is anæsthesia even of the special senses; there is a dark, or blue, or bronzed discoloration of the unaffected skin; there is a composite morbid state, comprehending phenomena, differing, it is true, in their relations, of disease of the skin, organs of assimilation, bones, muscular and nervous systems. The pellagrins of Milan do not get, these idiots refuse, salt. The M's live in a sandy hollow, almost below the level of the sea; their dwelling is a hovel, in which the great object of Celtic architecture—warmth—is scarcely attainable; their nourishment is meagre and monotonous; they drink brackish water. These circumstances, however, do not differ materially from those in which a considerable number of their fellow-islanders are placed. They are rich in having three cows; they are poor from having in their bosom four consumers who are not producers; they tremble upon the verge of pauperism, but hundreds have crossed the boundary; and yet, although there are many, a disproportionate number of cases of mental disease in the island; the lunatics, if deformed, are not of diminutive stature; and though there is another family of dwarfs, they are not idiots.

To the question, are these creatures pellagrins, idiots, or cretins? it may be answered, that many of the indications connect them with the latter. Cretinism may exist without bronchocele, but never

without deformity; and the aspect, the figure, the gait, the defective taste, the mutism the mental phenomena, recall very vividly the lowest type of cretins met with in the Valais. As yet, however, cretinism has never been met with upon the sea-shore. Individuals suffering from rachitis, an element in cretinism, are often seen closely resembling the M's in personal appearance, even to the altered tint, the "sulphur-blue" of the skin. Precocity is, however, generally, but not so frequently as is popularly believed, the attribute of the ricketty dwarf. It bears upon one side of the question now discussed, that cretinism, as well as pellagra, are conceived to be of comparatively modern origin; whether the result of new modes of life, of departure from the simplicity of primitive usages, or of the cumulative effect of ages of barbarism, oppression, toil, poverty, etiolation, it may be, were difficult to say.

Many stunted and grotesque individuals have been recently seen and examined in relation to this subject. The majority were positively idiotic, or of dull, weak intellect and blunted sensibility. In several, even when they were not of bilious temperament, the colour differed much from that of health. Yellow was the predominating tinge; but in one, four feet three inches and a half in height, with square, flat face, batrachian features, and who vacillated, spoke with great difficulty, but who was not imbecile, it was dusky, and in some spots so dark that she is generally supposed to be a mulatto.* She is a cretin in all but mind. The stationary population of poor-houses afford many examples of this class.

These cases, and others of which I possess the history, appear to justify the supposition that the morbid conditions, of which brief sketches have been introduced, may run into, or be connected with each other, by intermediate modifications, partaking of the characteristics of the different species. For example, in the M's there are the large, irregular head, the tumid belly, the feebleness of the extremities, the livid visage, and many of the mental manifestations of cretinism, but no enlargement of the thyroid gland; there is great distortion, as in rickets, but conjoined with idiocy; there is disease of the skin, as in pellagra and ichthyosis, but it is permanent and congenital; and there is cachexia, but unattended by gastro-enteritis.

There are some interesting psychical phenomena manifested by the group. There is the entire isolation of two, the mute, motionless, passive solitude, which has no relations, no past, no future; yet, as I have repeatedly observed in similar groups, and especially in a family of seven imbeciles, five brothers and two sisters, recently examined, while they have little or no articulate language, and use no signs, or rarely attempt intercourse with the other members of

* Vide a very interesting communication, by my friend Dr. Laycock, on Cutaneous Discoloration, in the 'Brit. and For. Medico-Chirurgical Review,' No. 53, January, 1861.

the household, they are believed to have occasional, though rare, communion with each other. In general the mode is a jargon, here it must be by looks. Mentally they must live in the perpetual monotony of two or three impressions; the range of their "not me" must, at all events, be very limited. They do not know light from darkness, heat from cold; whether a psychical peculiarity, or connected with the supply of chlorides from the air or their food, they either do not take salt, or take it in small quantities, and only, it would appear, because it is presented to them; like certain classes of idiots, they appear to be exempt from the majority of the exanthemata and of the diseases of childhood; as in others, the teeth have never been shed; they are grave, heavy, stolid, stationary; they never engage in play; their muscular sense is scarcely exercised, and they must depend upon the cognitions of animal life for the pains or pleasures of living; but, as in some instances of mental concentration, the cœnæsthesia may be developed in an inverse proportion to the non-development of intelligence and emotion. They have no affections nor dislikes. They are said to recognise their parents; and Margaret hangs upon her mother, but she hangs as an apple hangs from its parent branch; the insensibility or impenetrability of the surface, the hebetude of the senses, lead to or correspond with torpor of the instincts; they are not disturbed by strangers, or they do not notice them; they pursue their automatic course, or rather they remain unimpressed, and perhaps unimpressionable, as the blocks upon which they sit. The senses are said to be normal; but they elicit no desire, no thought; the only indication of mentalisation is a smile and a depression of the head; but these are persistent and non-significant. Yet on such contracted and impotent miniature minds, such dwarfed and deformed natures, there may be traced out difference of disposition, shadowing forth the docility of woman, the passions of the man, [a fury so blind and causeless, as to justify the suspicion that madness has been engrafted upon idiocy, or that all is due to demoniacal possession]; but though burdened and bowed down by their childlike race, and feeling alive to the separate world in which they live, the parents do not realise the nature of their affliction.

Wordsworth is said to have been without the sense of smell, or knowing only one doubtful afflatus from a bed of gillyflowers during a whole lifetime of glorious imaginings; and Miss Martineau is ignorant of the pleasures of roast mutton. Nay, it is averred that every seventeenth man lacks what may be called the eighth part of a sensation, or a capability of seeing green; and yet these shorn and mutilated intelligences are regarded as perfect, or entire and trustworthy; and not in the ordinary concerns of life as differing from their fellow men, who have the full complement of smells, and tastes, and vision. It may be questioned, is a mind impaired by limitation; is a deaf man less capable of judgment, not of sounds,

but of other connate matters; or is a man less responsible who has lost his right hand and its cunning, or whose leg is paralysed, because he is deprived of a vast series of tactile sensations by the one accident, or less assured of his equilibrium by the other? When does a man in any sense, not by the laws of a realm, but by those of logic, become a cretin or cretinoid? When Sir W. Hamilton calls upon us to analyse the phenomena of consciousness, and we examine whether the perception of a forest, where the leaves are thick as in Vallambrosa, be one generic perception, or a composite of multitudinous perceptions, of which, as single perceptions, we had no knowledge, the imagination may well pause in wonder at the myriad states, and stages, and intensities of cognition which go to the entirety of one mind. Or, if we sweep over the impressions of a life, all the conceptions and memories into which they are resolved within us, and all the hopes and desires and volitions by which they react upon the world; or, if we analyse the acquisitions which constitute the working materials and polish of one lofty intellect, we might be enabled to measure the psychical distance between the extremities of the mental scale, between "the world of thought" of an ordinary capacity, and the experience of the human polypes which have been described.

It is a fair matter for inquiry, both whether a man's moral status would be affected by surplusage; if he hears a voice we cannot hear, if he is endowed with an additional sense, or with the modification of a sense, like that of the bloodhound or the power; or with the idiosyncrasies of the mediums of the spiritualists; and likewise as to what substratum remains subsequent to the subtraction, the annihilation, of given faculties or receptivities. Copious evidence exists as to the degenerations consequent upon brain changes, and as to the non-development of certain senses and capacities; but there is still wanting a philosophy of the constituents and of the laws, for such there appear to be, which regulate the morbid and idiotic mind.

This inquiry would be of some importance practically. It would be useful to determine in what cretinism consists; as it appears that while the impairment of mind is greater than in the majority of idiots, there is left a healthier residuum, or one more amenable to physical treatment and moral training. It would be well to determine whether these and similar cases, met with in Scotland, belong to this category, and are capable of being raised and received into the human family from the painful though picturesque degradation in which they are found; from their pit-like home in the sunshine world which they never saw, with a horizon of a few yards, far out among the surges of the Atlantic which they never heard, gazing eternally into the embers of a fire from which they could not escape; absorbed in the contemplation of their monoideism, scarcely touch-

ing the external; and where, should their parents leave them or die, they would sit and gaze and perish in the smoky twilight, beyond which they have scarcely ever ventured.

On Animal Magnetism and Somnambulism. From the French of
M. ALFRED DE MAURY.

THE diversity of phenomena which compose the universe is but apparent; the physical forces, however varied they may appear, are but diverse manifestations of the same principles, always active, but the effects of which often vary their mode of application as well as the duration of their action. In like manner, the most simple phenomenon requires the co-operation of a multitude of diverse actions regarded by us as so many distinct forces. Thus there is not an isolated fact in nature, nor one in disagreement with universal order. Every phenomenon is one of the consequences of universal laws. If these laws are not clearly known in the complexity of their applications, the facts which are ever before us indicate at least their character and the direction which they take. Thus critical minds, enlarged by the school of scientific experience, refuse to accept speculative systems and supernatural theories which involve the existence of phenomena in the universe in disagreement with the principles which govern it. A fact of this sort is proclaimed, science subjects it to scrutiny, and generally recognises that it is but the effect of forces analogous to those which occur in phenomena already observed, but acting in a different manner.

This remark applies to all that has been said of animal magnetism or mesmerism. While the reality of these phenomena were insufficiently established, while severe experiments failed to guard against fraud and illusion, the pretensions of magnetisers to produce an order of facts contrary to physical laws was treated with disdain by the learned, since this pretension constituted in itself a legitimate motive of suspicion; but from the moment when magnetic facts underwent close examination, and were tested by cautious minds, that which appeared marvellous in itself was quickly reduced to novel effects attributable to those agencies which preside over sensibility and over life. From that time animal magnetism entered into the domain of science, and a part of the obscurity by which it was enveloped was dissipated. This revolution is very recent—in truth it has but begun. After three quarters of a century of char-

latanism and illuminism,* singular phenomena, strange at first sight, have been cleared up by physiology and pathology, and all the accompanying marvels with which they were surrounded have vanished, to give place to nervous actions, the study of which under their various forms and degrees of intensity is now attempted. Recent communications made to the Institute on the subject of hypnotism, while anticipating new views in science, have also confirmed the opinions of certain physiologists on the true character of artificial somnambulism. We shall endeavour to give a history of these scientific events, which commenced, like many others, in a period of fable and chimera, and of which the first result should be to make us judge more fairly of the extent and variety of the phenomena of life.

1st. Dr. Alexander Bertrand, one of the earliest observers, who in good faith and following a rational method, undertook experiments upon animal magnetism, clearly understood that phenomena of this order, if they existed, could not be isolated facts, manifestations of nature contradicting herself. In two works, published thirty years since, he undertook to investigate to what order of physiological and pathological facts the novel effects belong which he had observed. He recognised the dogmatic absurdity of the theory of a magnetic fluid, which Mesmer pretended to identify with that originally called the electrical fluid, and the intervention of which this dreamer substituted for actions which result from the play of our economy. He found in those who were said to be possessed by a demon, and in particular in the religieuses of Loudon, the Protestant prophets of Cévennes, the convulsionnaires of Saint-Médard, and other historical singularities, the proof that artificial somnambulism is but a form of cataleptic ecstasy, an affection rarely met with, but clearly defined, which from time to time manifests itself epidemically. M. Louis Figuer has taken up the same argument in his 'Histoire du Merveilleux.' In order that this comparison may be wholly decisive, it is needful to observe closely, and under new aspects, these singular mental epidemics. Some see in them only insanity, and connect that which as a contagion seemed to Dr. Bertrand a special affection and a particular disorder, with those disturbances of the intelligence which flourish everywhere; others, warned by the frauds and deceits which they had detected in experiments upon somnambulism in which they had assisted, look only for illusion and charlatanism in such *possessions* as the enthusiasm of the camisards and the convulsions produced at the tomb of the Deacon of Paris. However just and sincere were the observations of Bertrand, of Georget, and of several medical men convinced of the reality of animal magnetism, yet it is needful to watch against the allurements from which many great minds have not been free. Not to mention Swedenborg, who

* See an article by M. L'Peisse, in the 'Revue des deux Mondes,' March 1st, 1842.

united the positive acquirements of mineralogy and of physics to the most chimerical ideas and to the most incredible illusions on the phenomena of nature, other savans have been the sport of their own imagination when contemplating any appearance of the marvellous. Descartes believed seriously in the reveries of the Rosicrucians, and wished to affiliate himself to their society. A celebrated German naturalist, the companion of Captain Cook, George Forster, acknowledged that he had for a time fallen into all the extravagances of illuminism and alchemy. The acute and refined observer Ramond was at first unable to resist the impostures of Cagliostro; and Arago suffered himself momentarily to be imposed on by Angélique Cottin, a so-called electrical girl. Thus, without doing injustice to men of eminence, who admit the reality of the effects of artificial somnambulism, we may yet suppose that their experiments are not absolutely conclusive. The difficulty of verifying the exactitude of the facts is, that the phenomena which belong to the nervous system evidently in play in animal magnetism, never present themselves with a constant regularity which render it possible to fix their conditions and their laws. Nothing is more changeful and capricious than neuropathic affections. That which exists to-day may not exist to-morrow. The nervous patient is a true Proteus, changing from one minute to the next, and each case of hysteria, of hypochondria, presents itself with constantly diversified and modifying characteristics. It is the same with mental alienation; the psychical symptoms are wonderfully multiplied and diverse. Every form of insanity has its own peculiar kind of delirium. The great objection urged against animal magnetism, and that brought forward by M. Mabru, in a work designed to combat it, is not therefore conclusive. Certainly if there exists, as professed magnetisers assert, a magnetic animal fluid with which all the facts of an intellectual and moral order are connected, we ought to find in its distribution and its mode of action the same regularity that is observable in the electricity and magnetism of the earth. But this chimerical theory will not bear close examination; it is, as M. Mabru has shown, a tissue of extravagances and of contradictions. This is not the question; it is the verification of physiological and pathological facts whose irregularity cannot fail to rouse our scepticism, since the affections upon which they depend are themselves capricious and variable in their symptoms. There is in animal magnetism one prominent fact too often verified for its reality to be reasonably contested—it is that of sleep and insensibility.

Apart from phenomena provoked by such means, we meet with diseases and conditions in which quite similar phenomena are observed. Although catalepsy is a disease but little known, too many cases have now been studiously observed to leave any doubt as to the peculiar character of the disease. The patient is attacked with a kind of seizure, he becomes suddenly motionless and insen-

sible, he ceases to possess the voluntary power of moving his limbs, which thenceforth retain the position taken at the moment of the seizure, or in which they may be placed. If the disease is very decided it becomes easy to give to the legs, the arms, the head, the most forced attitudes, to impose upon them conditions of equilibrium the most difficult to retain, the body remaining for an almost indefinite time in this fatiguing position. The cataleptic does not suffer from a feverish condition, his internal economy does not appear to be in reality affected; the pulsations of the heart, the respiration, the movements of the intestines, continue in their normal state; the muscles alone become incapable of spontaneous movement, and are subject, like inert bodies, to the influence of external force. The catalepsy may be more or less complete; it reappears intermittently, and at times manifests itself without precursory symptoms. The intelligence becomes torpid, but this torpor is frequently preceded by troublous dreams and actual delirium. The patient may then accidentally fall into a sleep analogous to that produced under the influence of the process used by magnetisers, and if one must still doubt the reality of somnambulism presented by some of the *subjects* by profession, this fact in itself presents nothing in disagreement with what is to be observed in a certain class of diseases. So much for the state of sleep; now for the insensibility. It is certain that somnambulists inhale with impunity strongly concentrated ammonia, suffer themselves to be pinched, tickled, pricked, and even wounded, without manifesting the least pain or the slightest sign of sensibility. A celebrated surgeon, M. Jules Cloquet, declares that he has extirpated a tumour from the right breast of a woman while in a magnetic sleep, without observing in her the least expression of uneasiness. Of later date, in 1846, Drs. Loysel and Gibon, of Cherbourg, have removed a cancerous gland from a woman put to sleep by a magnetiser, and who continued in a state of insensibility during the whole of the operation. The following year, a practitioner of Poitiers performed an operation equally painful on a somnambulist, who did not manifest a greater degree of sensibility. These facts, although fully attested, have nevertheless been received with some doubt, but since the discovery of anæsthetics that which before appeared miraculous has become a daily phenomenon. By the toxic influence cautiously employed, of sulphuric ether, of chloroform, of amylenes, a complete insensibility is produced, and one now accomplishes in a few minutes that which twenty years ago excited the astonishment of Dr. Cloquet. In the sleep produced by the inhalation of anæsthetics, nearly all the same circumstances reappear as are observed in catalepsy. Not only the insensibility of the somnambulists but the relaxation of their muscles, and the loss of their power of will, are not in contradiction with physiology, and if the employment of toxic agents gives rise to the phenomena of catalepsy

and hysteria, why should not the same nervous states be produced by other means ?

The profound sleep and insensibility, the essential part of artificial somnambulism, are not the most remarkable of its effects. Besides these phenomena, a peculiar development, an exaltation of the sensibility, an over-excitement of the intellectual faculties is also produced. It is here that we enter upon the domain of what has been called the marvellous part of magnetism. It has long since been noticed among those subject to hysteria, that nervous symptoms exist of the same order as those produced by the magnetic sleep, and in these the vulgar, always inclined to have recourse to the supernatural to explain familiar phenomena recognise, like the magnetisers, the existence of the miraculous. Hysteria is assuredly one of the most capricious diseases that can be met with. The person attacked by it passes by turns from a state of total prostration, apparently resembling that of death, to one of exaggerated excitement, impressing upon the senses a degree of *finesse* and acuteness unknown in a normal state. Even under the influence of etherization, certain senses, before they are stupified, pass through a period of super-excitation. The sense of hearing, for example, as Professor Gerdy has observed, after having been sufficiently blunted, so as not to perceive articulate words, apprehends sounds with a resonance which doubles and trebles their intensity. The slightest noise produced in the case of catalepsy described by M. le docteur Puel, produced a sort of electric shock. This sudden and unaccustomed development of nervous sensibility has been taken for a special faculty. It has been supposed that these hysterical subjects are inspired by spirits, or tormented by a devil, since the slightest sensation suffices to make them aware of the presence of a person or of an object ; and since their sense of hearing and that of sight reach very far, they have been supposed to be endowed with the real power of divination and of prophecy. That which confirms the superstitious in this opinion is, that the patients during their paroxysm manifest a strength of memory and a facility and clearness of elocution quite extraordinary. A prey to hallucinations, to visions habitually connected with the ideas which preoccupy their minds, or excited by the internal and capricious sensations which they experience, they recount in an inspired and decisive manner what they have seen during their delirium, and these recitals were formerly accepted as so many revelations. The chroniclers and annalists of the middle age abound with facts of this sort, which are equally found in the pages of antiquity, and among savage nations. The intelligence is so intimately dependent upon the nervous system, that the latter is never profoundly affected without the consecutive occurrence of delirium, almost always associated with excessive development of certain intellectual faculties. This is always to be observed

in mental alienation ; we are surprised by the force of memory of certain madmen, by their loquacity, which at times attains to eloquence. Van Swieten has related a case of a young dressmaker, who had never shown the slightest talent for poetry, but who composed verses during the delirium of fever. M. Michéa remarks that, in the kind of insanity called *maniacal excitement*, the analogies of words, the resemblance of sounds, present themselves with such rapidity to the mind of the patient, that he makes puns with the greatest facility, and remembers verse better than prose. Tasso felt himself more inspired during his paroxysms of insanity than during his lucid intervals. And M. Michéa himself observed at the hospital of Bicêtre a butcher-boy, who in an attack of mania began to rehearse passages from the *Phèdre* of Racine ; he had only read them once, and after he recovered his senses he could not recall a single verse. Erasmus affirms that he heard a young man at Spolèto who, in an attack of delirium produced by intestinal worms, spoke German fluently, of which he had but a very superficial knowledge. Simple and ignorant men seized with a religious monomania, with reasoning madness, make use of sacred texts and of theological subjects in a manner which is very surprising. The quotations which they have heard in a sermon, the prayers which have struck upon their ears during divine service, are recalled at once to the mind, and they are able to make use of them in their own discourse so as to acquire a kind of inspired tone. Coleridge, in his 'Literary Biography,' has related the case of an insane servant, who, although completely illiterate, repeated Greek sentences taken out of one of the Fathers of the Church, that she had accidentally heard read in a loud voice by the pastor at a service which she attended.

This extraordinary development of memory has been remarked among magnetic somnambulists. Even in the dreams of ordinary sleep, we recall the memory of objects, of features, of passages of authors, which during waking hours appear totally effaced. Among natural somnambulists this revival of memory is yet more decided. An Italian, Dr. Pezzi, relates that his nephew, subject to fits of somnambulism, had one day endeavoured to recall a passage in a discourse upon Enthusiasm for the Fine Arts. His efforts were unavailing ; but, in one of these paroxysms, he not only recalled the passages so often sought for, but cited the volume, the page, the paragraph. Whilst speaking of natural somnambulists, I may remark that there is frequently found in their answers the same precision, the same exactitude of terms, and even the same eloquence, which is observed in the language of so many hysterical people.

The natural somnambulist dreams in action ; he walks, he works, he converses under the influence of the dream which engrosses him, and in which external sensations interpose themselves as generative

elements, as they frequently do in ordinary dreams. Somnambulists and hysterical people, cataleptics, and extatics, all have their visions and their dreams, the reflex more or less of their sensations and their ideas. The same phenomena are produced by the use of anæsthetics; those who are under the influence of etherization have almost always dreams allied to the physiological state in which they then are. At the time of the first experiments which were made in France by means of the inhalation of ether, a celebrated surgeon, M. Langier, caused a young girl of seventeen, whose leg he was obliged to amputate, to respire a mixture of air and vapour of ether. This young girl, who was evidently of a mystical tendency, fell into a state of unmistakable extacy. Aroused from it after the operation, she lamented that she had *come back among men*, and asserted that during her sleep she had beheld God and the angels. The same effect is produced upon the brute creation, and Dr. Sandras has remarked that dogs which had inhaled chloroform howled and made gestures, clearly indicating that they were tormented by dreams or a kind of delirium. More recently, the use of amylene has given rise to the same observations. Young girls treated by Dr. Robert were seized with a singular delirium, accompanied by cries, by laughter, and by sobs. We also know that ecstatic visions are produced by the use of opium and haschich.

It is therefore perfectly natural that artificial somnambulism, which produces a nervous condition analogous to that observed in hysteria, catalepsy, natural somnambulism, and by the inhalation of anæsthetics, should produce the same kind of effects. Thus there is nothing marvellous in what is related in the hyperesthesia or over-excitement of the senses, of the exaggeration of the memory, and of the visions which occur in magnetized persons, which visions sometimes sufficiently resemble the intellectual or sensational condition of the somnambulist. It is for want of appreciating the character of these phenomena that enthusiastic minds, like the credulous public of the middle ages, seek for supernatural solutions. In these phenomena, already very singular of themselves, it is only needful to exaggerate a little the dose of the wonderful, to arrive at the marvellous, and under the influence of the surprise aroused by unexpected phenomena, one throws, as it were unwittingly, into the balance of the mind the overweight which makes it kick the beam on the side of absurdity. The effects of animal magnetism are here connected with those nervous affections which we have referred to above, which commence in the same manner. A great advocate of this doctrine, M. le Baron Dupotet, with an honest but uncritical intelligence tells us, that those who are beginning to be acted upon by magnetism are often seized with prolonged convulsions. This is precisely the case in the use of anæsthetics, and it also constitutes one of the fundamental symptoms of hysteria. Many who are sub-

jected to the inhalation of ether fall into a kind of epilepsy or of frenzy, and I have had occasion to make the same observation in magnetized persons. In the past year, the tribunal of Douai was called upon to judge a cause in which the question at issue was an epileptiform affection produced by animal magnetism. In order to be convinced of the direct affinity of magnetic facts with those of nervous pathology, we have but to study natural somnambulism. From the first, the resemblance is striking between the state into which the magnetized person is plunged and that manifested by the somnambulist properly so called. It is indeed this resemblance which leads us to conclude that the two phenomena are identical, and induces us to extend the name of somnambulism to the magnetic sleep. This confusion greatly hinders the progress of positive knowledge upon the effects of animal magnetism. As it was more easy to magnetize individuals than to discover and observe those who were seized by a true attack of somnambulism, the attention has been wholly directed to what is called artificial somnambulism, to the neglect of the essential or natural somnambulism. Alexander Bertrand drew attention to this latter state, but he confined himself to the collection of published facts which had never been submitted to close scrutiny; not that the said facts ought to be considered apocryphal, but those who collected them did not note the important circumstances upon which the appreciation of the real nature of the phenomena depended. Another earnest experimentalist, M. le Général du Génie Noizet, has, in his 'Mémoire,' only reproduced the same evidence. "I do not speak of natural somnambulism," he writes, "since it is known to every one." This is incorrect, for nothing has been less studied than this condition, although it has been much talked about from hearsay. People have satisfied themselves with superficial statements, and have scarcely ever sought to acquire any real knowledge of the source of the sensations experienced by the somnambulist. Of late years a medical society has been established with a view to the advancement of mental pathology, the Medico-Psychological Society, which has made natural somnambulism the subject of new inquiry and special research, from which it appears that this strange condition exhibits no contradiction to physiological laws. Hitherto, diverse theories have been proposed, founded rather on *à priori* conceptions than upon positive observation.

We recognise in the acts of the somnambulist, as in dreaming, an excessive activity of recollection; but this phenomenon is not sufficient to account for all the facts, as examples prove. The celebrated somnambulist, Castelli, when in this state translated Italian into French, searching the dictionary for words. A somnambulist apothecary, whose history is given by Professor Soave de Pavie, got up in the night to prepare his medicines, and when he

was in doubt consulted the prescriptions of physicians which were deposited in a drawer. However powerful the memory, it is impossible to admit that Castelli knew the Italian and French dictionary, page by page, by heart; that the apothecary of Pavia simply read again in thought the prescriptions already engraven upon his mind. Thus, the somnambulists see, although their eyes remain insensible to light; they perceive nothing of surrounding objects, and pursue in a real world the accomplishment of imaginary ideas. This fact has given credit to the opinion that the somnambulist feels and perceives through other channels, by other organs, than men who are awake; but this is a pure supposition, and observation has long since established the fact that in the state of natural somnambulism all the senses are not shut. Without speaking of the sense of touch, which is known to be sufficiently active, the sense of hearing is obviously only in a partial state of torpor, as is frequently the case in ordinary sleep; for a person asleep sometimes mingles with his dreams the sounds which happen to strike the ear. Many somnambulists are even sensible to the action of light. Castelli, having extinguished the candle which was placed upon the table while he was at work, groped his way into the kitchen to relight it. Yet, if the eye continues to see, the visual faculty cannot wholly resemble ours, since the somnambulist accomplishes in darkness labours of a difficult kind, and walks without fear over roofs and gutters, where in broad daylight and awake he would have great difficulty in guiding his steps.

Dr. Michéa has remarked that it is sufficient to explain this phenomenon if we admit that a slight modification takes place in the visual apparatus. The faculty of seeing in the dark is not wholly unknown. Owls, rats, and cats have so impressible a retina, that they clearly distinguish objects by night; and there are many other animals whose nocturnal habits make the same faculties needful. An excitability of the organ of sight, analogous to that excitability of hearing which causes the hysterical person to hear the slightest noise, would suffice to endow our eyes with the power possessed by other organisms. It is well known that persons affected with nyctalopia (owl-sightedness) can only see in the dark. An increased dilatation of pupil in the case of somnambulists has been accurately proved; it is not therefore needful to have recourse to a transposition of the senses to explain actions thus performed by the usual organs. The organ of sight is by no means the only one in a state of over-excitement. The sense of touch, so exquisitely delicate among those who are born blind, comes like memory to the aid of the sight, and this sense also participates in the hyperæsthesia of the other senses.

The study of natural somnambulism shows that it is fundamentally but a dream in action—a sleep in which the senses continue to transmit certain impressions—the limbs and voice to obey the will,

similar to what we observe in agitated sleep where the sleeper talks and gesticulates. The somnambulist acts in conformity with the images which unfold themselves to his imagination; and, absorbed in them, he only sees, he only hears, in order to combine with his dream that which thus strikes upon his over-excited organs of sense. If one speaks to him he replies, following the course of his own ideas, and, like the dreamer, without comparing the fancies which exercise a control over him with real objects which would disclose to him their fantastic nature. It is this state which is produced in magnetic somnambulism; the magnetized person hears only the voice of his magnetizer—he remains a stranger to all that passes around. He is, like the natural somnambulist, absorbed in one idea, one act; and this is the cause of the wonderful precision noticed in both cases. Thus somnambulists are able to do that in a state of sleep which they would not have been able to do when awake; the development of their memory, in all probability, has also a relation with this absolute concentration of the attention upon a single object.

To resume, if natural somnambulism infers greater nervous activity, or even when it is associated with catalepsy, with hysteria, with a morbid state, it is not the less a peculiar form of sleep, and artificial somnambulism is again but a more developed and special form of natural somnambulism.

General Noizet has well established this point by recognising in these three states three degrees of the same phenomenon; thus considered, somnambulism loses its character of the marvellous, and ranges itself in the order of those phenomena, the explanation of which is within reach.

These data lead us at the same time to reduce to their true value the most startling facts related by magnetizers; and as these facts by turns provoked an absolute incredulity and an insane superstition, it is well to pause awhile in order to inquire whether some foundation of truth does not exist, although disguised by credulity and falsehood.

Natural somnambulists do not see, as we have said, without the intervention of the visual apparatus; but after very inexact observations, it is believed that magnetized persons perceive by the pit of the stomach, by the occiput, by the forehead, and even by the ends of the fingers.* Alexander Bertrand has admitted this fact. Here is the origin of error; the somnambulists, like hysterical persons when suffering from a violent crisis of nervous excitement, the seat of which they unhesitatingly assert to be the epigastrium, imagine, like many persons with hallucinations, that they experience sensations in parts of the body which are not in the least affected.

* On the pretended power of vision of somnambulists, and the supposed effect of closing their eyes, see '*La Médecine et les Médecins,*' par M. Puisse, t. i, p. 98, et seq.

This phenomenon proceeds from sympathetic disease, analogous to that experienced by young girls afflicted with chlorosis, and who imagine, from the effect of the circulation of blood in the arteries reacting forcibly upon the organ of hearing, that they actually do hear harmonious chants. The proof, which is attempted to be drawn from natural somnambulism in favour of the transposition of the senses in the magnetic state, comes to nothing under a careful verification made of the phenomena. So much for the first wonder; let us pass on to the second. Much has been said of the power of prevision possessed by magnetic somnambulists. The origin of this belief should be sought for in the visions or dreams more or less in connexion with outward things of cataleptics and somnambulists, and in which, with a little complaisance, people have been able to discover a kind of intuition of the past, of the distant, or of the future. Of these pretended prophecies, there have been none which have been realised in earnest. M. Mabru has furnished us with curious specimens of them, little calculated to elevate our opinion of the judgment of the somnambulists, if indeed somnambulists had anything to do with them; for most frequently these fortune-tellers in the hire of a charlatan are much more wide awake than the lookers-on. There is another species of fore-knowledge, which some have urged in preference, and which is used as a pretext to take advantage of credulous patients. It is seeing through the body of another, therapeutic intuition, the fore-knowledge of remedies. These are pure chimeras, and perhaps are to be explained by the opinion, sometimes sufficiently correct, which patients who have been somnambulists have of the treatment which is suitable for themselves. Many suffering persons show the same instinct, [manifested also among the lower animals], without being gifted on that account with magnetic faculties; but the pretence of curing the infirmities and pains of the wretched who are beyond the reach of medicine is too favorable to the interests of certain magnetizers to confess that it is an empty one. Those somnambulists who possess, as they say, the inspired knowledge of medicines have not been able to discover a single specific, but drag themselves along the beaten ruts of the pharmacopœia which they do not understand.

According to the avowal of grave and honest observers, the knowledge of disease which the somnambulists possess reduces itself to the consciousness, more or less clear, of those special modifications of the organism which exist in themselves. This phenomenon is one of which animal magnetism cannot claim the monopoly. In many diseases, and specially in nervous diseases, the consciousness of the approaching crisis is manifested in a striking manner; but this feeling, more frequently vague than precise, is in reality but a first symptom of the disease. Insane and hysterical persons predict

their attack ; epileptics frequently recognise in a precursory malaise the approaching crisis. It is conceivable, without the aid of supposing the possession of the gift of prophesy, that this faculty of foreseeing the changes that are about to take place in the organism may be very pronounced in such persons as somnambulists, whose sensibility is over excited. Besides, if in certain cases the somnambulists predict exactly the moment when a certain crisis will begin or end, it happens to them also to be grossly deceived, even according to the avowal of the adepts of animal magnetism themselves ; and they never foresee the independent or accessory circumstances which may expedite, arrest, or retard the attack or the moment of its cure. The predictions, sometimes surprisingly exact, depend moreover upon a marked feeling of time, which has been noted by observers of credit, especially by General Noizet, and quite recently by Dr. Puel, in a cataleptic whom he had submitted to the observation of the Academy of Medicine.

Ordinary sleep furnishes us with examples of the like kind. Do not some persons awake precisely at the hour they had mentally fixed upon beforehand ? The animals, who have neither clocks nor watches, possess the same instinct, and I know a dog who recognises with extreme precision the hour at which they ought to bring his dinner. This is a fresh analogy between sleep and the state of somnambulism worth noting ; nevertheless, the fact itself yet needs conclusive verification. Not only does recollection act with extreme clearness in the state of somnambulism, but it manifests itself from crisis to crisis, in such a manner that we observe the somnambulist in certain paroxysms is able to work out actions which are the results of those which had their commencement during a former paroxysm, though during the lucid interval the idea had been completely forgotten. This singular fact has been observed in the most conclusive manner by MM. Archambault and Meslet, in the case of a natural somnambulist who was also cataleptic and hysterical. During her paroxysms she was seized with a suicidal monomania, which disappeared during wakefulness, and of which she had not even the idea ; she succeeded in successive crises to complete her preparations for self-destruction. So also among magnetized somnambulists, the recollection of answers given during a previous paroxysm, effaced during the interval, recur with extreme lucidity.

A quite similar fact occurs in dreams, and I have myself followed out in a dream a succession of imaginary actions which had been begun in previous dreams, and which I then remembered distinctly, although when awake I had quite forgotten them. This remarkable phenomenon has greatly contributed to the opinion that the somnambulic state is a distinct intellectual existence, carrying us into a world in which the thoughts of waking life cannot penetrate ; but we need only seek in this a revival of memories like

those which I have already indicated. Indeed, many observers affirm that they have proved in cases which are certainly rare, and which reflect ideas of very simple order, that an intercommunication exists between the thought of the magnetizer and the magnetized. I own, the fact appears to me very doubtful; but that which I am about to remark concerning hypnotism will explain how a phenomenon of this sort, if it is demonstrated, will yet find an explanation without necessitating any of those supernatural relations which people have desired to establish.

2d. We learn, therefore, that the facts correctly described as belonging to artificial somnambulism are by no means incompatible with those which are furnished by common observation, and therefore there can be no reason to contest their possibility; but if those phenomena are possible, and if they belong to the category of those which have been so many times proved to exist, are they absolutely produced by those means which the magnetizers employ? If the magnetic fluid is a chimerical entity, how comes it that the singular passes and gestures which they call magnetism are able to induce a state approaching to that of catalepsy, and to produce artificial powers like those which exist in somnambulism, which appears an idiosyncrasy? A second question presents itself naturally at this point, and the answer which one must give must serve as a contradiction to the preceding verification. Many persons recognise the possibility and reality of certain magnetic phenomena, while they absolutely deny that in them magnetism goes for anything. They note that the proceedings which the magnetizers employ are extremely varied and without apparent connection, and that the so-called magnetic faculty acts very differently upon different individuals, most frequently ending in no result whatever; they thus conclude that the real cause of the phenomena is the impression made upon the imagination of the person magnetized. Those who sink into the somnambulant state are the very persons who have previously been subject to nervous disorders, or those who possess a very impressionable temperament. Under the dominion of a prepossession, of a sort of fearful attention, they end by passing into a true hysterical or cataleptic crisis; and these effects are attributed to animal magnetism which are simply due to a transitory state of disease.

This opinion is very plausible, and supported by observation apparently decisive. An enthusiastic partisan of animal magnetism, whose testimony I have already invoked, Baron Dupotet, states, that placing himself in close proximity to certain persons convinced that he was about to magnetize them, he saw them fall into a somnambulant state, although he had used no magnetic process, and had not even had it in his mind to do so. It must have been purely the influence of imagination which produced all the effects of mag-

netism. Some magnetizers (the celebrated Abbé Faria, for example), in order to put their patients to sleep have only had recourse to the force of volition; regarding them with a fixed expression, at the single word *sleep*, they instantly fell asleep. One could easily, I am convinced, deceive a magnetizer so confident in the possession of his power; but the General Noizet himself avows that he has felt the influence of this terrible command to *sleep*. Scarcely had he heard the sound when, as it were, a thick veil spread itself before his eyes; a lassitude crept over him, accompanied with a slight perspiration and a great oppression at the stomach; nevertheless, although he had repeated experience of it, the emotion produced never quite merged into sleep.

All this certainly resembles the effects produced upon the imagination, and when we compare the vast difference which separates the proceedings used by Mesmer from those of M. de Puységur, we are struck by the similarity of the results obtained by methods so varied; and we are naturally led to recognise in magnetism, as in the operations of the magician, nothing more than a means of making an impression upon the mind, and preparing it for every kind of illusion.

In such cases there is always a fear of resting satisfied with words. Thus, we may fairly inquire of the advocates of animal magnetism, What is this power that so works upon the imagination? In what does it consist? And, is not the expression itself an elastic one, which excuses from investigation of the phenomenon? It is evident, that whenever a psychological state is produced, it is accompanied by a corresponding physiological state.

The delirium of the feverish patient, like the hallucination of the maniac, proceeds from a real disturbance of the cerebral and nervous action, which, although not yet defined and recognised, has not the less its peculiar character. It may be that the imagination is impressed, but what is it which takes place in our economy when such a psychological phenomenon occurs? The recent observations made upon hypnotism seem to furnish us with the reply. Fifteen years ago, a medical man at Manchester, Dr. James Braid, who gave his attention to the study of magnetism, discovered a new process, by which he threw his patients into the somnambulic sleep. He took a brilliant object, a lancet-case for instance, and held it before the person whom he proposed to send to sleep, at a distance of thirty centimètres from the eyes, and in such a position that the gaze of the latter would be constantly fixed upon the lancet-case presented somewhat above the forehead; he invited the patient to think of nothing besides the object, held in such a manner as to dazzle his sight.

The effect produced was as follows. The pupils of the person subjected to the experiment, after having been for a moment con-

tracted, were greatly dilated, the eyes themselves were afterwards affected with a kind of tremor; cataleptic sleep followed, the senses and certain mental faculties entered into a singular state of exaltation, the muscles assumed an extreme mobility; at length this period of over-excitement was succeeded by one of torpor and immobility with insensibility.

Latterly two medical men, MM. Azam and Broca, at the Necker Hospital, performed upon some young women upon whom they desired to operate the experiment described by Braid. The success was complete; the patients fell into a state of manifest anæsthesia; their limbs assumed the cataleptic rigidity, and remained insensible to pinches and punctures, so that the operation could be performed without pain. It was only after removing the brilliant object from before the eyes, and by the assistance of a slight friction which was made in the same spot, and by blowing upon it with cold air, that after more than twenty minutes from the commencement of the cataleptic attack, any of the patients were awakened.

This process of re-awakening is, as we observe, precisely the same as that which is used by magnetizers in the case of their somnambulists.

Is there nothing more here than the mere influence of imagination? This is difficult to believe; certainly a pathological effect is produced. But there is a yet more convincing argument. M. Michéa made experiments with pullets and cocks, whose heads he held, and upon whose beaks, from the root downwards, he had traced a straight line with a piece of chalk. The bird was placed upon a green bench or upon a floor, the beak touching it, and the chalk line was continued some distance upon the bench or floor; the bird, who before the operation had stood strong on its feet, and with its eyes very moveable, at the end of some minutes began to blink the eyelids, then its muscles became relaxed, and anæsthesia and catalepsy manifested themselves; the fowl no longer felt pinches or pricks of a needle. The awaking was usually indicated by a feeble cry from the creature, which recommenced its movements and made an effort to escape. This curious experiment had already been described more than two hundred years before by Father Kercher, under the name of antinobolism, in his '*Ars Magna*;' but the explanation given of it by this learned Jesuit is inadmissible. M. Guerry has also found it recorded, with details which permit of no mistake, in a work now very rare, the '*Deliciae Physico-Mathematicæ*' of Daniel Schwenter, published in 1636.

This phenomenon was also well known to jugglers, who communicated it to each other as a magic secret for sending cocks to sleep at will.

In the face of experiments of this kind repeated again and again, it is no longer possible to recognise merely the effect of the ima-

gination; there is something more than this; a true vertigo is undoubtedly produced in consequence of the fixity of the dazzled gaze, and it is a long while ago that the fact of this vertigo has been established, and also since superstition has made use of it. In the first half of the sixteenth century the monks of Mount Athos, after having remained a long time with their eyes directed on their navel, and with the mind absorbed in contemplation of it, imagined that they perceived the divine light by which Jesus Christ was environed on Tabor. For this reason they were named *Omphalopsychiques* or *Ombilicains*. The singular process which they employed to bring the Deity visibly before them had already been extolled as early as the eleventh century by an abbé of the monastery of Zerocerque, at Constantinople. Simeon, in his 'Traité Spirituel,' makes mention of a sort of sleep accompanied by visions produced in this manner. By fixing an earnest look upon some natural object so as to draw the attention and to impress the object upon the retina by the absorption of thought in the contemplation of it, a vertigo, followed by catalepsy, declares itself.

In the opinion of physiologists, this process has the effect of inducing an hyperæmic or plethoric state of the brain, which is the source of the phenomenon. In the same manner afflux of blood to the brain, accompanied by a certain nervous excitement, is known to occasion various diseased conditions of the nervous system. In girls and in young women whose circulation and periodical functions are not in a regular condition, hysteria has no other cause.

Excessive attention always induces a slight degree of cerebral hyperæmia. Dr. Baillargér relates the case of a young man who had a fit of epilepsy whenever in reading he found a word or expression which puzzled him demanding a greater amount of attention than usual. A too vivid impression upon the retina produces the same effect, and Dr. Piorry relates that a young girl became epileptic from gazing fixedly at the sun. M. Tigri, a celebrated physiologist, has also directed attention, in a note recently addressed to the Academy of Sciences, to the fact that the processes used by magnetizers produce the same effect as hypnotism, since they desire the patient to keep his gaze constantly directed to the eyes of the magnetizer usually placed above him, seeing that he is standing, and the magnetized lying down or sitting. This attitude of the patient induces a prolonged convergent strabismus, which, conjoined with the attention which they command him to keep up, throws him into a state of vertigo identical with that which was obtained by Braid and his imitators—a vertigo which has its result in catalepsy.

The practices made use of by magnetizers are not then illusory; they have their effect, but this effect is not produced in the manner which the defenders of animal magnetism suppose. All the power which they possess depends upon this, that they give occasion to an

excessive attention which results, in delicate and nervous organizations, in an hysterical or cataleptic condition. Behold the reason why there are no *subjects* who are fit to become magnetized, except those who are easily impressionable, or whose nerves are already diseased; and hypnotism also only succeeds with persons of the like condition.

Anæsthetic agents even do not react equally upon all temperaments, and there are persons who are completely rebellious against the action of ether and amyline. If the impressionability is such that a fixed look is sufficient to provoke vertigo, when this fixed look is, like that of the Abbé Faria, endowed with a vivacity and a power which trouble and terrify, the eye of the magnetizer will play the same rôle as that of the lancet-case or the plate of polished metal. This appears to have taken place in the case of the nuns at Loudon; the gaze of Urban Grandier made them beside themselves, and all the phenomena of catalepsy and hysteria were developed in them upon one occasion, when they had for a long time contemplated his face under the dominion of a combination of terror and amorousness, well calculated to throw their feeble imaginations into disorder.

To this it must be added, that the nervous disease once established propagates itself by imitation. Every medical man knows that disorders of this kind are contagious by the sight only. Epilepsy, hysteria, insanity, propagate themselves in this manner. Hecker has written the history of those strange epidemics which were peculiarly developed under the influence of superstitious beliefs, and of which from the very beginning Dr. Calmeil has drawn so interesting a picture in his work, *De la Folie*. Of late, in the North of Ireland, a convulsive affection manifested itself, accompanied by hallucinations, with symptoms altogether analogous to those which have been described. Wretched young women, whose imagination has been wrought upon by the preaching of fanatics, fall into an attack of catalepsy, which has been represented as a supernatural extacy, and a communication with the Divine Being. Moreover, there is no one who has not experienced the same influence of example in the nervous spasm called gaping.

Natural somnambulism may thus assume the character of a contagion; for recent observations establish the close affinity between this state and hysteria and catalepsy. Pezzi relates that his nephew was seized with a paroxysm of somnambulism after having read much on the subject of this bizarre affection, and soon afterwards the female servant who tended him was in her turn attacked.

The dreams or visions which arise during the crisis of almost all these nervous diseases are certainly capricious in their origin. They are in close relation with the peculiar sensations of the hysteric person or the somnambulist; they reflect the pre-occupations of his mind, and, above all, the modifications which are taking place in his organiza-

tion. According to Mr. Braid and M. Azam, these dreams and visions can be excited in hypnotized persons (whose senses acquire a singular acuteness) by movements which they are made to execute, or even by ideas which are suggested to them. I have oftentimes had occasion to remark, that in replying to a person asleep, who is in the habit of talking in his sleep, the train of thought can be led to objects which become to him the subject of new dreams. An analogous fact can be produced in somnambulists. In this way the phenomena of *suggestion*, and that which has been called *communication of thought*, is to be explained. The postures in which the somnambulists are fixed produce in their minds certain visions, which are found to be in conformity with the ideas of the magnetizer who has made them take that posture. It is surely by a like influence of the physical state upon the brain that drunkards or etherized persons have constantly in their hallucinations the same illusions, the same frenzied mental occupations. We may instance the house at Tropea, in Calabria, in which there was the barrack of a French regiment; the locality was low and unwholesome, and when people passed the night there, they generally dreamed of a black dog. The physical and moral influence of this dwelling reproduced in each sleeper the same physiological condition, resulting in the same dream.

Paralytic insanity is almost invariably allied to ideas of riches and of grandeur, which have given to the earlier phase of this disease the name of *monomania of ambition*. This is a new proof of the dependence of certain hallucinations upon particular disorders of the brain and of the nervous system.

This significant relation explains the sympathy, and renders possible the concomitant production of the same ideas in persons of analogous organization, or who are placed in the same physiological conditions. If, as Adam Smith has remarked, sympathy proceeds less from the spectacle of the passion than from the sight of the circumstances which excite it, so much the more reason would there be for its origin from an affinity in the relations of the economy—from a sort of harmony pre-established between two temperaments subjected to identical physiological and physical influences; and we need not have recourse to a mysterious transmission of thoughts, to explain why the same image presents itself simultaneously to both imaginations. But they go still further. According to experimentalists,—I speak of real experimentalists, such as General Noizet and Dr. Puel,—the magnetizer is able to suggest to the somnambulist some opinion or veritable delirious idea, under the dominion of which he for some time remains; in a word, he makes him dream as he wills. The verification of this phenomenon is delicate, for it is always easy to dupe the magnetizer; and two intelligent men, strong partisans of animal magnetism, Deluze and Puysegur, appear to have been

more than once mystified in this manner. Even if the fact becomes definitively established, we can only see in it an extension of the phenomenon under which the facts above described arrange themselves.

According to the observation of General Noizet, there are persons of such organization and sensibility, that it is sufficient to recall forcibly to them the idea of certain modifications of their being, in order that these same modifications should produce themselves in them. It is this which may possibly occur in somnambulism, when the nerves are a prey to incredible over-excitement. I have instanced above the example of gaping; we know that the very idea of gaping provokes it. Among hypochondriacs and hysterical people we see pain arise, and this symptom manifests itself by the conviction alone that the evil exists. Examples are not rare of persons who persuade themselves into the belief that they have such and such morbid affections, and shortly the symptoms of such affections manifest themselves. It is sufficient to tranquillize the mind, and to divert the attention, in order to make the evil disappear. If, then, observers, whom I am about to mention, maintain that cases of imaginary paralysis have been superinduced in somnambulists, and even in persons simply placed under the dominion of a strong impression, as occurred in the salon of the Abbé Faria, this is only by the reaction of the mind upon the brain and nervous system producing the same sensations which would result from any really morbid cause. All this will explain why somnambulists have need of faith in order that they may be influenced; not that this faith may be a safeguard which the charlatan demands, but that it is the very condition which establishes a closer relation between the imagination and the organism.

But let us not forget that the phenomenon of suggestion is not yet a fact sufficiently known, and that it will be prudent, before pronouncing on the matter, to wait for more conclusive experiments. We cannot yet, in the actual state of our knowledge, give an explanation of all the circumstances which attend the state of hypnotism; but the manner by which it is produced, and the phenomena induced by it, place it in the class of those disorders, the type of which is the exaltation and the almost simultaneous stupefaction of the senses. It is a nervous sleep provoked, like somnambulant catalepsy, by a vertigo surrendering the sensibility to the disorders and eccentricities which are inseparable from all neuropathic affections. Therefore, what may be called the naturalism of artificial somnambulism, and the efficacy of the means employed by the magnetizers, are facts which now belong to more serious and discriminating investigations.

These authentic phenomena have nothing to do with miracles or magic. They come within the regular, although exceptional, order

of things ; for exceptions have their laws like facts of daily occurrence. They never contradict the knowledge that observation and experiment afford to us, but they enlarge the field of it. They do not transport us into the clouds and the more elevated region of the supernatural, but they leave us upon the firm ground of terrestrial phenomena—the only ground upon which we know how to direct our steps. I confess that this ground is sometimes monotonous and wearisome ; it is strewn with briars and stones : one is often tempted to quit it, to soar into space, surrendering oneself to the free wings of imagination ; but if we yield to the temptation, we fall heavy like Simon the magician, and reason, if it is not entirely destroyed, is broken by the shock. The physiological theories which have been made use of as scaffolding in the mysticomagnetic speculations are enterprises of this kind, always imprudent, often fatal ; and the wrong which the adepts have inflicted has been to associate such theories with observations, whose value they have thus compromised.

When once the mind of man is turned inwards, to the infinite, which he can neither grasp nor comprehend, he no longer perceives anything except his own sensations ; he gazes as if in a magnifying mirror, which returns to him his own image. The hallucinations of sleep, of catalepsy, of ecstasy, and of somnambulism are like the turning and talking tables, which never give an answer, except what one has already in one's thought, in one's fear, or in one's hope. Assuredly there is within us something more than this inert and unreasoning matter, food for worms, and to be crumbled into dust ; but the mysterious principle which animates us pervades the actions of our waking moments, as it does those of sleep, whether it be cataleptic or magnetic. Moreover, in this latter state, the mind more easily becomes the puppet of the imagination and of the senses, because the will is passive. Our mind altogether succumbs to the forceable influence of the images which take their rise in the spontaneous movements of the cerebral or nervous fibres. In sleep we pass, up to a certain point, unwittingly into the instinctive life, which is that of animals. Reason, that sublime conquest of experience, that achievement of the judgment, altogether leaves us, or at least gives us but some glimmering light, by which we are thrown into incertitude as to the true character of the visions which possess us. In short, our personality loses the feeling of its identity ; and this is one of the strongest proofs that the *Ego* is distinct from an organization which is constantly renewed and transformed ; for when the somnambulist and even the ordinary dreamer awakes, he forgets everything, and it seems to him that another individual has said and done all that which has reference to himself.

It is not in such unnatural states when man becomes a mere creature of instinct, a kind of automaton, that God, the supreme and eternal

Reason, reveals Himself to us ; for then the mere animals would be nearer to the Divine life than man himself. We must seek for something else in somnambulism. This phenomenon gives us information respecting certain close relations between the organism and the intelligence, respecting certain means by which may be displayed to our notice the domination of a troubled and diseased economy over the imagination, which takes the elements (rudimentary forms) of its creations from the body, when the mind by its irregular and external activity ceases to furnish them. Animal magnetism is also a means of imparting to the nervous system a tone which it needs, or of calming an over-excitement by which it is exhausted. It has been employed by many medical men as a curative means in neuropathic affections, in which ordinary therapeutics have been unavailing. It has assuaged the excess of pain ; it has induced sleep, "the sweet restorer," after prolonged crises ; in some cases it has supplied the place of anæsthetics. This is the amount of its claim to our gratitude.

To enlighten man upon the sources of action which his organism obeys, to assuage his sufferings, these assuredly are gifts which philosophy does not possess, and which do honour to science. These powers claim for animal magnetism something more than that disdainful indifference with which one points at the charlatan, but which will be unjustifiable when earnest and honest men submit to us the facts which have long been the objects of their study.

The Circulation within the Cranium in relation to Mental Disorders ; and on German Psychological Medicine. By J. T. ARLIDGE, A.B., M.B. Lond., &c.

WITHIN the last twenty years, the influence of German literature and science, previously little felt, has operated strongly upon English thought and English society. German literature, popularized by translation, finds a multitude of admiring readers ; yet, compared with German science, its effects on the opinions and, consequently, on the practical habits of our fellow-countrymen have been trifling. In the modern history of metaphysics, German works occupy a most prominent place ; and in religious thought, such has been the influence of the productions of the German press, that the prevailing theology is deeply imbued with what are called the rationalistic or neological principles of German professors. So when we look to modern physic, we also find its principles intimately connected with the researches and hypotheses of German physicians ;

so much so, indeed, that there has arisen in the medical profession a rational school, ignoring many an old-world theory of the principles and practice of medicine. What has been more popular, more readily received in this country than German physiology? It is not only represented by translated treatises, but actually forms the basis of home-produced works. The German writers furnish, in their elaborate treatises and monographs, the quarry from which the material is mainly drawn for the construction of English works; and this we can safely assert, after giving credit for much good English matter and for skill in modelling the whole structure to the English taste. German physiology, having preceded, has latterly been followed by German pathology, foremost among the teachers of which stands Professor Virchow, whose remarkable treatise on cellular pathology has recently appeared in an English dress, and commends itself by the mass of facts it contains, as well as by its ingenious hypotheses, to every pathological student.

However, the pathology of our German neighbours has as yet affected English opinion less than their physiology, though the latter indeed has been materially modified since its introduction, and what is of more consequence, has developed a race of careful, ardent, and practical investigators among ourselves, who no longer take the initiative from or follow as mere imitators of their foreign fellow-workers, but contribute their fair share of good work to the common stock. Although morbid anatomy, prosecuted with the additional aid derived from the microscope and applied chemistry, has especially been extended by the Continental physicians, yet their English colleagues particularly pride themselves on the practical application of the results of that advanced knowledge, and also on the practical character and bearings of the researches they undertake, as compared with those from the hands of German investigators. And there is, it appears to us, much ground for this impression; for, after a multitude of pains-taking researches have been undertaken, and an immensity of detail gone through, respecting any one lesion, it too frequently happens that the therapeutical indications are well-nigh or entirely overlooked, and that the remedial measures adopted have such a primitive simplicity as would enforce on most minds the impression that they are inert. The system of treatment is, indeed, for the most part the "expectant;" its practitioners appearing to literally expect that nature, duly sensible of the scrutiny she is submitted to, and of the accurate knowledge possessed by them of all her proceedings in the economy, whether normal or abnormal, will comport herself with propriety, and, repenting of past irregularities, will pursue an amended career ending in recovery of the patient, and giving the professional lookers-on a true cause of self-gratulation.

Mental pathology, from its alliance with psychology, and its con-

sequent congeniality with the habits of thought of the German people, has received a large amount of attention from the physicians of Germany; but the same objection obtains with regard to this special branch as to general pathology itself. There is a vast collection of theoretical matter, and but little practical; yet, amidst it all, there are minute and accurate observations, which, if not so analysed and thought over by their authors as to elicit practical deductions, are of great value to others, who can winnow from them the grains of useful and practical knowledge.

The modern humane system of treating the insane has been very generally adopted in Germany; still there are physicians who only partially accept it as it is understood in this country, and some few who most imperfectly understand it. Mechanical coercion is still generally resorted to—mostly, indeed, only as an exceptional measure, though sufficiently often in this light, that in every asylum visited more or fewer instances may be encountered. The development of the means of moral treatment, as understood, varies very considerably in different German asylums; but occupation and amusement may, as a rule, be affirmed to be less in vogue than in the asylums of Britain. The plan of separate and detached asylums for “curable” and “incurable” cases has been extensively adopted; but the views of Damerow, of Halle, respecting what he calls the system of “relative connexion,” of the accommodation for the insane generally in contiguous buildings, under the same general and medical administration, have been received with much favour and acted upon. Compared with the practice in English asylums, it is a peculiarity, and, we would say, a commendable one, that the medical element is in German asylums held in much higher esteem. Not that the remuneration given to the medical officers is liberal, for this is small enough, according in this respect with the rule of official salaries in the country, and with the comparatively few requirements and inexpensive habits of the people; but that the number of the medical staff holds such a proportion to that of the patients, that the latter really can have the benefit of individual medical supervision and treatment. On the other hand, there is another feature in many German asylums, which assuredly looks well upon paper and in theory, but fails in real utility; viz., the subdivision of the inmates into numerous groups, according to the phases of mental disturbance—a proceeding consonant with the feelings of a people desirous of carrying out the theoretical systems and minute classifications invented in the study, and invested with the brilliancy of æsthetical and psychological relations.

German literature is very rich in works on mental disorder; for every professor in a university town connected with an asylum, or with an hospital receiving insane cases, feels his mission in the world unaccomplished, unless he achieve writing a book on the

subject ; and book-making is an easier and less costly occupation in Germany than in this island, and the demand for books, in proportion to the population, greater. But most German books labour under certain national defects ; viz., diffuseness or prolixity, and defect of clearness. The writers generally seem desirous of exhibiting their book-lore ; of adding to what they have to say all that they can find out has been said by others ; and at the same time indicate a leaning to profitless argument and metaphysical hair-splitting. Yet their book-knowledge is frequently too exclusively national, and they, for the most part, appear remarkably unacquainted with the medical and surgical pathology and the therapeutics of this country ; and as a consequence, we meet with dissertations on matters here admitted as accepted facts, or rejected as fictitious, but there the subject of examination and discussion.

However, notwithstanding the defects discoverable in most German works, we shall find in those devoted to the department our readers are especially interested in, much valuable and instructive matter. This we shall endeavour to cull from such works on psychiatry as come under notice, and from the 'Journal of Psychiatry' (*Allgemeine Zeitschrift für Psychiatrie*), edited by those well-known asylum physicians, Damerow, Flemming, and Roller, and their *adjoint*, Dr. Heinrich Laehr. This journal appears quarterly, and forms, at the end of the year, a volume of some 700 pages. We have now four parts of the 'Zeitschrift für Psychiatrie' before us, from which we will proceed to make some extracts.

The first paper we encounter is one of great length, and is continued in the second and third parts, occupying altogether 162 pages. It professes to treat of the connexion of entozoa with mental disease, and especially on the indications, occurrence, and treatment of the oxyuris vermicularis, or thread-worm. Valuable as the dissertation may be, it seems to be misplaced in a journal specially devoted to mental pathology ; for the references in it to mental disorder are of a general character, and offer no novelty. There is one suggestion, however, which particularly refers to lunatic asylums, viz., that the conditions of life in them are favorable to the transmission of worms and their ova ; but even this does not apply to any asylum in this country, where cleanliness and decency are duly attended to. The only other circumstance noted worth recording is, the occurrence of convulsions and of general nervous erethism, from the presence of entozoa within the intestines ; and of the possible partial dependence of some cases of excitement of the generative organs, manifested under the form of satyriasis or nymphomania, on the existence of ascarides, and more especially when these are found, as in women, within the sexual organs. Soap and water, or vinegar and water injections are, in the author's experience, the best remedies to dislodge and destroy the worms and their ova.

The remaining and by far the larger part of this essay is taken up by inquiries relative to the propagation, the anatomy, and the development of worms, particularly of the thread-worms.

Dr. Otto Müller has contributed a long essay on the mechanism of the circulation within the cranium, in its relation to the production of mental disorders. It is an instructive and suggestive contribution, but diffuse and defective in the arrangement of its arguments. As Dr. Müller observes, the influence that derangements in the cerebral circulation must exercise on the cerebral functions, and particularly on the production of mental maladies, has not received the attention it deserves. Yet experience daily demonstrates the intimate relation between such maladies and disorders of respiration and of the circulation; and the prejudicial effects of the latter, both on the composition of the blood and on its pressure on the brain, will at once appear on reflection.

The pressure the brain is submitted to within the cranium is much lost sight of; yet how considerable it must be, is shown by the fact that, in decapitation, the blood will be projected from the severed carotids five or six feet. So again when there are effusions of lymph or other foreign matters on the surface of the brain, they bear evidence to the strong pressure to which they have been subjected. The circulation, moreover, within the cranium is remarkable for its peculiarities, dependent on the configuration of the skull, the position of the head at the summit of the body, the character and distribution of the arteries of the brain, their breaking up suddenly into minute ramifications, the spaciousness of the venous sinuses, and on the anatomical structure of the brain-matter itself. Dr. Müller would attribute much importance to the movements of the brain within the cranium, viz., to those accompanying respiration, and to those connected with the systole of the heart, and the afflux of blood to the cerebral arteries at the base of the brain and to its substance throughout. These movements, he observes, are at times perceptible to patients; and he quotes Guislain's ideas respecting the sinking of the brain in melancholics, in whom, he argues, there is diseased arterial pressure, as well as restrained respiratory movements. During sleep, the movements of the brain decline in intensity, and, to a small degree, the brain shrinks. This may in part be witnessed in children, in whom the fontanelles have not closed. At the same time, along with this collapse of the brain-matter, there is an increased fulness of its membranes. On the contrary, during active mental exertion the brain movements are intensified, and the supply of blood is augmented. In some cases of delirium and mania, the subjective sensations intimate this; the patients complaining of fulness of the brain, or of tightness of the cranium.

The membranes, as already hinted, participate in the movements

of the brain, and this not in a passive manner only; for their vascular fulness, both with arterial and with venous blood, varies greatly. They not only aid the skull in passively protecting the brain, but they are directly concerned in its nutrition, and partake with it in the active pressure and the movements to which it is subjected. They are interposed like an elastic cushion between the cranial bones and the brain, and provide against the production of an empty space between the two. In so doing, their vascularity undergoes considerable changes, increasing when the cerebral movements are weakest, and decreasing when these are at their maximum, to fill again forthwith upon the withdrawal of the pressure. Upon this plan the reduction of the heart's energy, whether normally, as in sleep, or abnormally, as in cardiac disease, operates by augmenting the fulness of the meningeal vessels; and the reverse condition must take place when the energy of the heart is increased. With respect to these functions of the cerebral meninges, it may be observed that the *dura mater*, with its spacious sinuses, is the most important regulator of the venous circulation, and the choroid plexuses, with the *pia mater*—an extended choroid—is that of the arterial circulation.

According to Ecker, the cerebro-spinal fluid performs an important part in maintaining an equable pressure upon the brain, rising into the ventricles and sub-arachnoidean spaces during expiration, and retreating into the spinal canal during inspiration. However, Virchow and Kölliker cannot, on anatomical grounds, admit of this to-and-fro current between the cerebral ventricles and the spinal canal. Nevertheless, it is pretty clear this fluid must exercise some pressure upon the brain; for if it be removed in an animal by piercing the membranes between the atlas and the occipital bone, the animal totters and falls, and is seized with spasmodic movements in its extremities. It is also worth noting that this cerebro-spinal fluid is nearly absent in children, and progressively increases with advancing age.

Of the two sets of movements seen in the brain, that synchronous with the respiration is much the more considerable; indeed, that synchronous with the heart's systole and the filling of the arteries is not perceptible at all in small animals, and is very limited in extent even in man. Notwithstanding, its importance is probably the more considerable of the two, since it is connected with the introduction of the arterial blood into intimate contact with the elements of brain-tissue and with the minute processes of nutrition. On the other hand, the respiratory movements are chiefly associated with the venous circulation. Upon the intermission of the arterial pressure the brain at once ceases to act, whilst the respiration may for a long time be embarrassed in a high degree without serious detriment, or may even be abolished for a short time without destroying the brain-

function beyond the power of restoration. Wherefore, it must happen that disorders affecting the heart's energy will involve the nutrition of the brain, whilst those interfering with the activity of respiration will indirectly impede the return of venous blood from the brain, and, by so doing, limit the supply of aerated blood which should reach the cerebral matter. Indeed, the two movements are intimately related, for every impediment to the supply of arterial blood to the brain operates prejudicially on the respiration, and every impediment to respiration reacts disadvantageously upon the function of the heart and the afflux of blood to the brain.

Both movements, moreover, are influenced in their action upon the brain by other conditions, one of the most important of which is gravitation. This is modified in its operation by the elasticity of the walls of the blood-vessels; and consequently every lesion which decreases that elasticity, whether of the nervous supply to the vessels or of their walls, favours gravitation and predisposes to tardy circulation and to stasis of blood, particularly in the more dependent parts of the cranium. But, further, in all such considerations we must bear in mind the influence exercised by the cranial cavity as a closed sac, and the requirement that an equilibrium be sustained between the supply and escape of its contained fluids. No vacuum can be produced within it, and therefore M. Müller represents the cranium as exercising a sort of suction power, drawing blood to itself, and so favouring the propulsive energy of the heart, and demanding more active respiration; a power, moreover, which will vary with the degree of atmospheric pressure upon the body, as illustrated by the effects of mountain-climbing. The normal condition of arterial pressure upon the brain varies according—1, as it is augmented, or—2, as it is diminished, by disease.

A general increase of arterial pressure on the brain is of rare occurrence in the history of mental disorder, though it happens in delirium caused by inflammatory action in the brain or its membranes, or in other viscera, and in that produced by alcoholic drinks; yet in the delirium preceding the development of paralysis, and called by Guislain "*manie congestionnaire*," the increased cardiac and arterial action is secondary, and not primary, in relation to the mental disturbance.

Though acute inflammation of the encephalon be very rare in mental disorder, yet a large number of observers concur in representing the occurrence of local arterial hyperæmia, especially about the upper part of the brain, as a common phenomenon after death. The explanation of this circumstance is much facilitated by Virchow's researches on disorders of the circulation dependent on lesions in the blood-vessels, involving their constriction, dilatation, or paralysis, or the qualities of their coats, as by atheromatous deposit. Such changes in the vessels must modify the circulation

through any tissue, and with this also its nutrition and functional activity; and what is true of the tissues in general is so also of the brain, and probably in a still greater degree on account of its peculiar structure and connexions. If there be an impediment to the course of the blood through an artery, there must be a more active current and greater pressure than normal in its collateral branches, varying directly according to the calibre of the vessel concerned and the amount of the impediment. The sudden breaking up of the cerebral arteries into small branches upon entering the brain-substance, affords indeed a provision against the ill consequences of obstruction occurring in them, for it supplies a peculiarly ample and free collateral circulation. But, further, obstruction in the return of blood through the veins must react upon the arterial flow, which, if more sluggish at one point, is accelerated at others; and hence it happens, that wherever we discover signs of stasis, those of accelerated circulation are found side by side with them.

In such considerations Virchow recognises the explanation of those peculiar mixed conditions of bodily and mental disquiet or uneasiness which arise half from hyperactivity and half from debility of function. Thus, in connection with the brain we meet with disquiet, manifesting itself by sudden changes of purpose or by whims, by inaptitude for regular work, by restless sleep broken by dreams, by vertigo or a feeling like intoxication, or, in a higher degree, by confusion of thought, delirium, and delusion. In the same manner we get, in connection with the cutaneous surface, feelings of heat and burning, prickling sensations, itching and smarting, hyperæsthesia of every sort, commonly united with deprivation of the sense of touch.

Moreover, analogy teaches us that functional irregularities, such as those of the peripheral nervous system, may be predicated of the central nervous ganglions, and that we may have anæsthesiæ and hyperæsthesiæ of psychical endowments, dependent too, just like the former, on alterations in the circulation through the cerebrum. In fact, we may see in the development of mental disorder the symptoms of irritation on one hand, and of weakened function on another, and note the extension of psychical disorder from one faculty to another by what may be termed *irradiation*. For example, in mania the several symptoms radiate, as it were, from the centre or seat of the "will," and the other faculties suffer in turn; so in "melancholia activa" the centre of affections is the primary seat of irritation.

An increase in arterial supply to a part appears necessarily associated with hyperæsthesia in that same part; and when such an augmentation of blood and arterial pressure occurs in the brain, we may legitimately assume that some change in its delicate structure is an almost necessary sequence. But, further, an increased activity of any of the cerebral functions, and particularly of the emotions,

has been shown to be accompanied by an increased flow of blood ; and in sleep again, we have often an example of active function continuing in certain parts whilst others are torpid, and, as we may therefore presume, a derangement in the local circulation. In the sufferers from acute insanity the want of sleep is one of the most important symptoms we have to contend with ; so great is the activity of certain portions of the brain, that amidst the constant whirl of thought the repose of the patient becomes impracticable. There is here local hyperæsthesia, with local determination of blood and an irradiation of disordered action involving the entire organ of the mind.

To resume, by far the most frequent cause of local arterial hyperæmia is alterations in the functions of the walls of the vessels, involving derangements and impediments of the circulation. In most cases there is no increase, but rather a remission of arterial and cardiac impulse, and along with this, changes in the relative supply of arterial and venous blood.

In the second place, a diminution of the heart's pressure as transmitted through the arteries, and an accompanying decrease in the intensity of arterial pulsation, are phenomena of greater importance in reference to the production of mental disorder than those of increased action and pressure. In by far the greater majority of the insane there is an adynamic state of the circulation ; the venous system reacts powerfully upon the arterial, and assimilation and movement are restricted ; the harmony of vital acts is disordered, conditions of debility interchange with those of excitement, and the pulse exhibits wide fluctuations in its rapidity.

The explanation of the occurrence of congestion within the cranium, and of local stases of blood in the substance of the brain, is to be found in the abatement of the pressure of the heart and in the diminution of the elasticity of the walls of the vessels, which co-operate in retarding the circulation and in producing stagnation of the blood, and act the more energetically the farther removed the vessels are from the heart, and the more they are subdivided into branches. Under normal conditions the blood flows, by the impetus of the heart, equably through the capillaries ; but, as J. Müller has shown, if this impulse be abated, the continuous stream is replaced by a very irregular distribution, and is followed by stagnation or congestion.

In the course of fever and other septic diseases, and during convalescence from them, congestions in the veins and capillaries of the brain are common, attributable primarily to diminished impulse of the heart, but in some measure also to disordered nutrition, to the altered composition of the blood, and to the abnormal capillary action consequent thereon. The composition of the blood has probably often much to do with the development of psychical disorder,

and this not only by its immediate influence upon the cerebral matter, but also indirectly, by affecting the action of the heart and arteries, and thereby the cerebral circulation.

In mental disorder we have evidence in the quick and small soft pulse of diminished cardiac impulse and of decreased elasticity of the arterial walls; of conditions, that is, favorable to local congestions and determinations of blood. Moreover, such conditions exercise not only a direct influence upon the arterial and capillary circulation, but an indirect one also upon the return of blood from the brain by the veins and sinuses, whereby the suctorial power of the cranial cavity is lessened. At the same time, it must be admitted that we may have an extreme degree of anæmia without any positive mental disorder, though certainly with a want of mental energy.

The first consequence of diminished cardiac impulse, and of the decreased supply of arterial blood to the brain, must be a diminution of the vascular pulsation of the brain and of its normal pressure against the cranium. However, so long as respiration is active and the venous blood is drawn with facility towards the right auricle, no particular accumulation of blood will ensue from the decreased cardiac impulse, and nothing more than the ordinary symptoms of anæmia occur. At the same time, the vessels remotest from the great arteries at the base of the brain will exhibit the effects of retarded circulation; and hence it is that we find a sort of *hyperæmia à vacuo* in cases of anæmia, especially about the surface of the cerebrum and its immediate covering, the pia mater, whilst the brain-substance itself is generally anæmic. Moreover, we may presume that the accompanying absence of the normal pressure of the brain against the cranium favours the development of such passive hyperæmia of its membranes.

Again, the consequences of anæmia and depressed cardiac impulse are aggravated by any circumstances impeding the emptying of the cerebral veins; such, for instance, as diseases of the lungs, or the habits and external conditions of life. And then, too, the impeded venous circulation reacts, in its turn, in a backward direction upon the arterial system and the nutrition of the cerebrum.

If Schlossberger's statement be admitted, that a diminished supply of arterial blood induces a more rapid contraction or coagulation of nerve-substance, and these with decreased volume, we may predicate similar results from anæmia; and probably this fact furnishes an explanation of the remarkable consistence of the cerebral matter commonly found in melancholics after death, and of the torpidity of their cerebral functions during life. Another consequence of such shrinking must be an increased effusion of serum in and about the brain, such as is found in old people, or seen in that jelly-looking collection of serum in the meshes of the pia

mater, particularly observed where there are indications of cerebral shrinking.

The persistence of such passive hyperæmia as described, especially when the return of venous blood from the skull is impeded, must gradually induce further changes about the brain and its meninges; for example, thickening of membranes, exudations, apoplectic effusions, atrophy, and chronic inflammatory processes, leading to adhesions between the convolutions, &c.; and in connexion with such changes, finer alterations in the nutrition of the nerve-matter.

The retarded flow of blood and diminished cardiac impulse, produced by disease, have their analogue in the conditions of sleep, during which the cerebral movements are less, and the blood accumulates about the periphery and membranes. And the thought naturally arises, that as dreams are owing to centric excitation of the normally resting brain, so are abnormal mental phenomena due to similar excitation, but of a diseased origin.

The stagnation of the circulation is manifested rather by negative than by positive results; it oppresses function, retards nutrition and the production of animal heat; and so, when seen in the motor nerves, it impairs motion, or in the sensitive nerves, sensation, or in the ganglions of psychical action, impediment in their functions, and failing mental activity. Indeed, such negative conditions in cerebral function constitute the groundwork of the initiatory symptoms of mental disorder; such as are inaptitude for occupation, inability to arrange the ideas, defective memory, weakness of will, hallucinations, and delusions.

But, as before remarked, congestion or stagnation may by its degree and duration effect structural changes, and induce local determinations and inflammations; and hence it is that the negative symptoms detailed and those of anæsthesia are replaced by those of irritation and hyperæsthesia, and the cerebral disorder passes from a symptomatic to an idiopathic lesion, with confirmed mental aberration. But, even without structural change being induced, we may have irritation of some portions of the brain, whilst others are torpid; for, as heretofore described, retardation of the sanguineous current in one direction involves increased flow in another, and, *vice versâ*, a determination of blood to one part robs another of its just supply; and lastly, according to the general law, hyperæsthesia implies increased afflux, and anæsthesia decreased afflux.

Of the influence of the respiration on the circulation within the head, it may be remarked generally, that increased inspiration and expiration imply increased cardiac impulse, and therefore augmented arterial supply, action, and movement of the brain.

During expiration the veins and sinuses of the brain fill; whilst during inspiration the arteries receive their supply, and the arterial pressure on and throughout the cerebrum is augmented. Thus by

this alternation between arterial and venous vascularity an equilibrium of pressure is maintained. Hence it is that diseases affecting the respiration and the return of blood from the head play an important part in the production of mental disorders, but particularly those of a functional nature. In melancholics, indeed, we may perceive a remarkable restriction of the respiratory movements, even without the co-operation of lung or heart disease; and Nasse long ago pointed out the remarkable relation noticeable between the energy of the respiratory process and that of the cerebral functions.

The influence of respiration on the vitality of the brain is twofold; viz., on the respiratory movements and on the supply of properly aerated blood for its nutrition; or, in other words, it is mechanical and chemico-physiological. With regard to its mechanical influence, this is uncommon, and of small importance when it arises from an increase in its energy, except indeed there be disease of the cerebral arteries, which may suffer from the increased pressure upon them. But decreased respiratory vigour, on the other hand, is of much importance to cerebral function, and its effects matters of every-day observation. Thus, if inspiration be imperfect, the blood is insufficiently drawn from the sinuses; and if the defect of inspiration be due to diseased pulmonic tissue, the mischief is so much greater, as the blood to be presently propelled into the brain is imperfectly aerated, and so unfit for its healthy nutrition. However it be explained, there seems in fact to be a direct etiological relation between tuberculosis of the lungs and insanity. And probably to the venous stasis in the cerebrum may be attributed in great measure many sympathetic varieties of mental alienation, such as the melancholia which is found associated with obstructions of the vena portæ. A practical suggestion seems deducible; viz., that means, such as living on high ground, to increase the respiratory vigour may be salutary where this vigour has suffered abatement to the prejudice of the mental powers.

Life Insurance Offices and Suicide. By DR. J. G. DAVEY. Read before the Bath and Bristol Branch of the British Medical Association.

THE remarks I have to offer for your consideration this evening relate to the subject of *suicide*, both in its medico-legal and social aspects. I am led to think that the every-day opinions entertained of suicide, its causes, &c., are altogether erroneous, and themselves a source of untruth and of much evil in society. If we will take the trouble to read the statements made in the newspaper press as to

suicide and the parties implicated in the same, it is apparent that the act of self-destruction is, as a very general rule, viewed as one of a perfectly voluntary character—as one originating in the will—the normal will—of the individual most concerned. The world, so to speak, ignores the fact—the important fact—that every case of suicide is the accompaniment and consequence of a positive brain disorder, the effect of cerebro-mental disease. Need I add that a better acquaintance with psychological science—with the brain, its functions and diseased states—must, one day, cause this fact to be duly appreciated. Pending such a state of things, we must look for not only the false judgments of editors of public journals, but for the want of common justice on the part of Life Assurance Offices as towards their clients. I shall hope to prove to you, Mr. President, first, that the act of suicide *is*, at all times and under all circumstances, but *one* of the many indications of cerebro-mental disease—of, in one word, insanity; second, that the conduct of Life Assurance Societies towards their numerous clients, and in so far as suicide is concerned, is in all respects incompatible with an advanced psychology, and at variance with a due sense of right and common justice.

Now, sir, my opinion and sentiments on the subject of this paper, though forming part and parcel of my longest and deepest convictions through life, would have failed in this their expression and public avowal, if it were not that I chanced to read the leading editorial of the 'Lancet' for August 25, 1860. This leader appears to me to have been written with the design of proving, first, that, as a rule, the evidence of one insane can be "taken in our courts of justice," or, in other words, that "justice will gain by trusting, with discretion, even to the evidence of a lunatic;" second, that the true responsibility for abusing the plea of insanity rests rather with the bar and the public than with the medical profession; and third, that so freely and wildly is the plea of insanity applied that, in the words of the editorial referred to, "let a man get frenzied with drink, and lay violent hands upon himself, a compassionate jury will bring in a verdict—"*Destroyed himself whilst of unsound mind.*" That, "let a young man and young woman, after a career of debauchery, entailing want, take poison in concert, the verdict, in face of all reason and probability, will be—"Suicide through taking poison whilst of unsound mind." The writer of the article quoted adds, "We cite actual verdicts." He proceeds thus:—"The argument, no doubt, is that the admission of the plea of insanity can hurt no one, and is dictated by a merciful regard for the suicide. Out of the many hundreds of cases of suicide, not one verdict of 'Temporary insanity' has been recorded during a period of twenty years in the western division of Middlesex."

You will perceive, then, that this writer requires of his readers to

believe that "the frenzied man," as well as the "young man and woman" prostrated by vice and poverty, were each of them at the time he or she committed self-destruction in the possession of a sound mind—a healthy state of the brain. To prove the position taken, it requires to be shown that the causes of disease affecting the cerebral structure were inoperative in each of these three unhappy people; that the various and oft-repeated infringements of the organic and moral laws, as realised by their several personal histories or antecedents, were without their ordinary and necessary consequences or effects; that, in a word, the natural laws were temporarily suspended in these two men and this young woman. I cannot believe this. On the other hand, I regard "the frenzied young man" as one diseased—as one who had suffered from cerebro-mental disorder; the chief indication of which in him happened to be, from some occult cause, or "genesis," or idiosyncrasy, hereditary or acquired (either of which, by-the-by, he did *not* choose or accept of his free will, any more than he did the colour of his hair, or that of his eyes, or his stature, or his peculiar gait, &c.)—happened, I say, to be the suicidal propensity. In the absence of the necessary care and control, this terrible propensity in the frenzied man reached, as may have been expected, its climax, and self-destruction was the result. Now, do you not agree with me, that the "compassionate jury did quite right in bringing in the verdict they did, viz., 'Destroyed himself whilst of unsound mind' "? Can it be said that this was "wildly" done? I think not. You will anticipate me when I add, that I can do nothing less than regard "the young man and woman" as the subjects of disease—as those who had suffered from cerebro-mental disorder. I deny the "fallacy" of the reasoning here employed, as insisted on by the writer in the 'Lancet.' I repudiate his conclusions. Truth cannot, by any possibility, "*pave the way for extenuation in the case of crime against others.*" Writers are, of course, at liberty to dogmatize as they please about "free will," so called; many can and will, no doubt, exhaust this old delusion of our untaught forefathers—this strange fancy of a jaundiced intellect, which even to this day, strange to say, holds captive the reason of too many of us. Critics may insist on the "free agency" of the unhappy creatures mentioned above; but those of us who have read with any attention the writings of Quetelet, Guerry, and the late Mr. George Combe, and know how to value the large array of facts therein collected, will recognise in each one of them the operation of an all-wise and beneficent organic law. It is for man to learn the *use* of this law, avoiding its abuse; *this*, the frenzied man and the young man and woman did not, or their fates might have been different. But their progenitors, most probably, started them in the wrong groove, so to speak, and they—the circumstances external to them being of an unfavorable char-

acter, and withal what they did not and could not choose—continued in it, not knowing the fatal terminus to the same; thus illustrating the famous axiom of Quetelet's, viz., "*The empire of causes WILL carry it over free will,*" and serving also to demonstrate, at the same time, this great truth, "The greater number of facts of a moral nature, considered in the mass and not individually, are determined by regular causes, the variations of which take place within narrow limits, and which may be submitted, *like those of a material nature,* to direct and numerical observation."

These are the words of a philosopher (Guerry); but a great poet (Shelley) conceived the same bright idea, and clothed it in the following beautiful apostrophe to what he has called by the several names of "*Necessity,*" "*mother of the world,*" "*soul of the universe,*" viz. :

" Even the minutest molecule of light,
That in an April sunbeam's fleeting glow
Fulfils its destined though invisible work,
The universal Spirit guides; nor less
When merciless ambition, or mad zeal,
Has led two hosts of dupes to battle-field,
That, blind, they there may dig each other's graves,
And call the sad work glory, does it rule
All passions: not a thought, a will, or act,
No working of the tyrant's moody mind,
Nor one misgiving of the slaves who boast
Their servitude, to hide the shame they feel;
Nor the events enchaining every will,
That from the depths of unrecorded time
Have drawn all-influencing virtue, pass
Unrecognised or unforseen by thee,
SOUL OF THE UNIVERSE."

For many years past I have taken great and especial pains to get at the antecedents of suicidal patients, their private and psychological histories, hereditary predispositions, &c.; and the inevitable conclusion of all is, that the suicidal propensity is, under all circumstances, a positive and unmistakable sign or symptom of disordered mind (insanity). If we would form a correct estimate of any given case of "suicide," it is desirable *not* to isolate the mere act of *self-destruction*, successful or otherwise, from either the personal history of the patient or the circumstances immediately surrounding him at the time of his attempt on his life. The former should be regarded as the remote, and the latter as the immediate, *cause* of the painful climax realised, *i. e.*, the suicidal act. Now, such a correct estimate is rarely even so much as sought for; and hence is it that the newspaper reports are of so little value, regarded as medical records of individual cases. Moreover, it is by no means an easy matter to get possession of the personal history, past or present, of suicides; of such, not unfrequently, little can be known, even if the greatest pains be taken by one most interested in the matter. It should be remembered by those anxious for a full and complete acquaintance

with the merits of the question now before us, that, now and then, persons unquestionably insane—ordinarily insane—have the power to conceal the indications of their deep affliction; and that this same power they employ, and successfully too, not so much for the purpose of duping those about them, relatives or friends, as from the desire to keep a too painful and personal affair secret and to themselves. Such a state of obscure, or rather of concealed brain disorder might go on for many weeks, or even months, and terminate either in the restoration of the afflicted man, or in a sudden and alarming aggravation of all the symptoms of the malady; when, of course, the truth is made manifest. And there is little to astonish us in this much. It is not so easy to read the mind's secret workings at any time, be that mind on this or that side of the not very straight line which divides sanity from insanity. To know the character of A or B, among whom chance may throw us, is not always over easy. To get at A or B's private feelings, whether of joy or sorrow, his peculiarities or pursuits, his prejudices or his passions, is a matter not altogether free from difficulty. You will agree with me so far, that to understand the character and tendencies of an insane patient, his morbid inclinations and perverted desires or propensities, &c., a close attention of many days, even weeks, is requisite. Lunatics, whether or not suicidally inclined, can hardly be accused of

“ — wearing their hearts upon their sleeves,
For daws to peck at —.”

The cares and anxieties which fret and wear the mind, be they acute or chronic, normal or abnormal, natural or self-created, so to speak, are, in one certain sense, not unlike the pains and aches of the body; all the “cares and anxieties,” “the pains and aches,” may be and are not uncommonly kept secret, or unknown to all save him or her most concerned, *i. e.* the sufferer. Upon these grounds, then, we come to understand why it is that the act of suicide, the dread climax of a certain form of, it may be undetected, cerebro-mental disease, takes us so frequently by surprise, plunging whole families into grief and mourning, and friends into sad and silent astonishment.

During the past year I was consulted by three different persons—two were females—in whom the suicidal propensity existed as a primary or monomaniacal form of mental derangement. “I have nothing the matter with me,” said an old lady, “nor is there any cause why it should be so, but I am always thinking I must kill myself. When I am unoccupied, and my mind therefore disengaged, I am sure to be thinking of suicide; and this it is which makes me so wretched.” Two years ago, I had a lady under my care in whom the almost constant and irremediable propensity to

suicide gave the most painful and distressing character to her deep affliction. There did not appear to be anything else the matter with her; the mind was not otherwise affected, and the general or bodily health was very good. In society she was most agreeable, and her demeanour and conversation were without anything peculiar or exceptional. She sang sweetly, and was an accomplished musician; she entered freely into conversation, and was well up in the gossip of the day. The intellectual powers were quite above the common order, and these were apparently well directed and altogether normal. To myself only, with scarcely an exception, would she speak of, or allude to, her impulses to suicide; these she would at times dwell on in the most painful strain, and in the most affecting manner. The suicidal propensity was hereditary in this lady, and, as she had suffered for some time, no hope remained to her of throwing it off. The only chance for her, she would say, was the occurrence of some acute and fatal malady; and this she prayed fervently for. However, in spite of much and earnest care and watching, this poor lady destroyed herself by hanging, during a very temporary absence of her maids. "Dear me!" exclaimed a lady friend, or rather acquaintance, "she was quite comfortable an hour or two before she did it; she talked sensibly, and was quite as natural as myself." Now this false notion as to the state of the knowing faculties, as well in this exceptional form of insanity as in the large majority of every-day cases, is full of mischief, and fatal to the recognition of what is truthful and just towards a certain class of suffering fellow-creatures. The intellectual powers are, as the general rule, quite unaffected among the insane; but not so the emotions and affective feelings. Herein are to be found the seat and source of this dire malady, insanity. A fact, this, of the first importance to us, not only as pathologists, but as jurists; but this is not the place to insist on or illustrate the same.

You are aware that it is but a year or two ago that "homicidal mania," regarded as a distinct and especial (monomaniacal) form of insanity, was at all recognised. However, the opponents to this doctrine are now comparatively few. The theory or the opinions expressed in this paper may be at this time discredited or looked on with distrust, but I cannot doubt that these will one day be accepted, and that then "*suicidal mania*," not less than "*homicidal mania*," will take its place as a distinct and especial (monomaniacal) form of cerebro-mental disease. The writer of the 'Lancet' may, I fear, have delayed this day; however, that time is not, probably, very far distant when it will be doubted by many that, on August 25th, 1860, there appeared in a weekly medical journal the following few words; I quote them yet again:—"Out of many hundreds of cases of suicide, not one verdict of 'temporary insanity'

has been recorded, during a period of upwards of twenty years in the western division of Middlesex."

Now, the argument as stated to you is capable, as it appears to me, of a direct and practical application. What is the relation of life assurance offices to the suicide, or more correctly, perhaps, to his or her heirs and successors. The state of society, to this time, partakes of what Fourier has called "incoherence;" its parts do not cohere, or amalgamate, or harmonise. The various interests of our social state are more or less antagonistic, and partake of a too palpable exclusiveness. Parties or castes among men drag asunder the laws of heaven, and not a few of the bright instincts of our common humanity. The best of our virtues are not unfrequently obscured by mere speciousness, and the intellect clouded by a vain and contemptible sophistry. Under these circumstances, the greatest and most earnest struggles of man become directed to the supply of his mere animal wants, as well as those of his dependents, as wife, children, and other near relatives. The better to accomplish this end, A, or B, or C, insures his life in some trustworthy, as he hopes, life assurance office. He submits to a rigid scrutiny into the state of his general health, both the mental and corporeal; he subscribes to certain rules and regulations, and undertakes the payment annually of a certain sum of money, in the full hope and confidence that, whenever he shall die, his heirs and successors will enjoy the pecuniary provision he has been at the trouble and cost to ensure to them. The life assurance society, on the other hand, undertakes, under certain restrictions, imposed and accepted, to pay to the said heirs and successors the sum of money for which the deceased has so insured his life. Nothing can look fairer or more consistent than this; let us, however, look a little further into the matter, somewhat more deeply into its merits and demerits. When A, or B, or C, insured his life he enjoyed good health, his animal spirits were high and buoyant. Little recked he of the future—its associations or consequences to those fated to be left behind him. Disease overtakes him, not pneumonia, or erysipelas, or acute heart affection, but insanity—of a particular form. He is the subject of cerebro-mental disorder, the presence of which involves a deeply seated, and mysterious, and hidden propensity to suicide, a propensity which in itself lies at the very root of all other and accessory mental suffering in him, being the cause, and not the mere attendant on or consequence, of the dreadful melancholy which afflicts him. A, or B, or C, is said to be low-spirited; his friends perhaps laugh at him, and *so* try to rally him, forgetting to condole or sympathise with him, and attempt the diversion of his feelings, or to call in medical assistance. Mental reaction takes place now and then, and he appears and acts like himself, again to relapse and yield involuntarily to the heavy nightmare of his disordered

thoughts and feelings. The abnormal action progresses, the propensity grows in strength and endurance, and suicide is the result—the sad and fatal climax to disease, which came, not at the bidding of the deceased, and which persisted in spite of the patient's hopes and prayers to the contrary. The unhappy victim of an all-powerful organic law has passed from among us; the fond father or affectionate brother or friend is no more; his intentions as towards his heirs and successors are frustrated; his once cherished hopes have borne no fruit; all the provisions he had made for others near and dear to him are as nothing now. The office in which his life was insured has declared the premium forfeited by the act of suicide. The directors have the heirs and survivors of their late client at an advantage which can hardly be defended. Now, I desire to be understood as anxious only to establish and maintain a strict measure of justice as between the insuring and the insured, nothing more or less; but how can this be, if the latter, prostrated by disease and impelled to self-destruction, is rendered so responsible for his involuntary act as to be denied, in the persons of his wife and children, for example sake, the pecuniary provision he *bonâ fide* purchased, it may be, five, or ten, or twenty years before his decease? It may be replied, the contract was a fair one. A, or B, or C, read, no doubt, the prospectus of the society insuring his life; he was aware of its several provisions, including that one relating to suicide. But this is not sufficient; the plea falls short of the difficulty. The insured chose not the dread act which cost him so much, and his wife and children, it may be, yet more. Here, then, I ground my objection to the present plans of all insurances on the life, and would submit to you that, in regarding the act of suicide as one consequent on brain disorder, and altogether inseparable from it, it is demanded, as a social right, and as a simple act of justice as between man and man, that death by suicide be henceforth regarded and accepted as of the same involuntary, unavoidable, and natural character as belongs to death succeeding to an ordinary compound fracture, a fall from a height, producing concussion of the brain, typhus fever, hæmorrhage from an accidental wound, pneumonia, erysipelas, or what not; and that therefore all life assurance offices do from henceforth omit all and whatsoever reference to or provisions in connection with *suicide*. Let all such societies or offices, however, make their calculations accordingly, and with due regard (pecuniary regard) to the social right and very simple act of justice now solicited by me.

The following is a case to the point. Some two years since, a medical friend (the late Dr. Engledue, of Portsmouth), after suffering both in mind and body for some two or three months, destroyed himself by prussic acid. An inquest was held, and the act of suicide was referred to a "temporary insanity." Many years before

this sad catastrophe Dr. Engledue insured his life for a large sum (£5000 ?) in the United Kingdom Life Insurance Office. On the application of my late friend's executors to the secretary of the office named to you, the sum insured was directly and distinctly refused. The board, however, expressed themselves as prepared to pay the value which Dr. Engledue's policy would have realised the day before his death. Some further correspondence ensued, and it resulted in the offer, on the part of the society, to return "the entire of the premium received by the office in the policy in question." But in order, as it would appear, to clench the matter, this offer was declared to remain in force for five whole days only. This may be considered, under the circumstances, as rather sharp practice. It is worthy of remark, too, as giving interest to this case, that the bonus was not allowed to the executors of my late friend by the directors of the United Kingdom Life Insurance Office, although such are declared to be "purely reversionary, and payable at death along with the sum insured, where the desire of the party interested in the policy is not expressed to have the premium reduced." Such was the precise fact in the instance here cited for your consideration. Now, the directors of the United Kingdom Life Insurance Office have called their conduct "most liberal;" but all they can say of it is—it is "legal," a poor apology. I may add, the case was referred to several persons connected with the first offices in the country, and they, one and all, declared against the United Kingdom Office.

Now, if Dr. Engledue had succumbed to acute erysipelatos inflammation, which attacked him some eight or ten weeks before his death, and which, by the by, was regarded by his medical attendants as the remote cause of his mental affliction, then would matters have been different; but as it happened as I have told you, *i. e.* inasmuch as he was stricken with a "temporary insanity," was deprived by mental disorder of the due control of himself and over his actions, was prostrated by an abnormal volition impelling him to the act of self destruction, was, in a word, rendered "irresponsible," the directors of the office in which his life was insured insisted on their right to withhold the payment of the £5000 (?). *The thing is monstrous.* I have great satisfaction in putting before you the annexed fact; it affords a striking and noble contrast to the conduct of the aforesaid "directors." The fact is recorded but a few days since in the 'Western Times,' and is headed thus:

A Good Example.—A short time since a clerk in Exeter, under the pressure of severe mental affliction, arising from distressed circumstances, committed suicide by drowning. His life was assured in the Provident Clerks' Mutual Life Assurance Association, and the policy was of course forfeited by the act, but the board of directors, considering that, from the state of his mind at the time, the act might almost be regarded as part of his disease, at once decided on paying the policy in full. The deceased left a widow and children, to whom

the sum is of great importance, being indeed their all. An example like this needs no comment. We understand that Mr. George Down and Mr. J. B. Gould were instrumental in obtaining this generous aid.—*Western Times, February 23d, 1861.*

If, Mr. President and gentlemen, you, like myself, prefer not to be dealt with in an illiberal and thoroughly trading spirit, we shall do well to remember the United Kingdom Life Assurance Office, and the conduct of its directors towards one of us.

Commenting on the “wrongs which some of our social institutions perpetrate on” the insane, “and extend also to the relatives of the insane,” Dr. Hitchman has these words, viz. :

It is a great wrong to a large class of sufferers, that suicide, the result of “unsound mind,” should be regarded as a fault, and be made to entail penal consequences on the friends of the sufferer; and, that to a greater extent than even personal vices or positive crimes. Of course, the directors of life associations do not positively assert that such a catastrophe is a crime; but, nevertheless, they place the unfortunate lunatic in the same catalogue as the felon who dies “by the hand of justice,” and with him who falls while attempting the life of a fellow-creature; or, to use their own words, “in consequence of a duel;” and they entail nearly the same conditions upon the relatives of each, the only difference being that the directors have a power, in the first case, to pay a something not exceeding the value of the policy on the day preceding the decease of the assured. But it will be observed that this meagre act of justice is annexed as a favour—not enrolled as a right; and will be at all times dependent on the character of the directors for the time being, and, possibly, too, on their frame of mind (from various causes) at the particular juncture at which application is made even for this poor pittance.

It is quite fair that the societies should be protected from the mischievous results of duelling . . . but a gross wrong is inflicted whenever *the policy is made void in consequence of the effect of a disease, over which the individual insured had no control.* If a person in a state of somnambulism walked from his bedroom impressed with the notion that he was strolling in green fields, or on level roads, and thereby fell down a deep staircase, and dislocated his neck, the life office must necessarily regard this as *an accident*, and would pay over to the executors of the deceased the sum for which he had insured. And is not suicide, in a person of “unsound mind,” as purely the result of influences over which he had no control, as was the fall of the somnambulist? Do they not both die in consequence of a disturbed condition of the same organ? Is not suicide one of the effects of insanity, as asphyxia is of epilepsy? Is not the suicidal act, in such a case, the unavoidable result, as far as the individual is concerned, of the disease under which he was suffering? Science and experience answer in the affirmative. Then why should the death of one entail a greater pecuniary loss to the survivors than the other? Why should a disease of the brain involve great dishonour and great loss? Is it right—is it just—that a calamity which *none* can guard against—no, not even the wisest and the best—should be regarded as a fault, and mulcted as a crime? Ought the good, the gentle, the genius-fraught Cowper to have brought a pecuniary loss to his friends, beside the irreparable moral shock which would have been experienced, had his insane efforts been consummated? Are not our best feelings outraged at the thought of any company grasping a money profit from the untimely end of a Chat-terton?

Let us not, as now, attach a severer penalty to an unavoidable disease than to recklessness and vice. A man, for instance, after his assurance has been effected, may become dishonest, drunken, and disorderly, a pest to society, and a curse to his family; he may shorten his existence by continued intemperance, or he may become the veriest debauchee, contaminating all around him with whom he has influence, and ultimately sink a victim to the most disgusting and most loathsome of diseases, entirely caused by his own vices, and yet his policy would be safe. Whereas, if instead of being drunken and vicious, he should be temperate and virtuous, devoting all his energies to the well-being of his family, and the advantage of his race; and if, like the good and talented Romilly, he should, in the midst of these exertions, fall by a *disease* which destroys the instinct of self-preservation or reverses its function, then, alas! his policy becomes void, and that resource, which by much sacrifice he had provided for his orphans or his wife, is taken from them in their hour of greatest need!

This state of things requires redress, and it concerns all men. The disease which is thus *stigmatised* and *fined* is not a partial one. The good, the brave, the young, the beautiful, the old, the dastardly, and the base, are alike its victims.

Neither the genius of a Southey nor a Tasso, nor the wit and vigour of a Swift, nor the tenderness of a Cowley, nor the piety or talent of a Cruden or a Hall, nor the genial humour and kind-heartedness of a Lamb, can exempt us from its influence. Let, then, such anomalies be removed from our laws and institutions. Let us be wise and just, acting in perfect harmony with the laws of science and the dictates of religion. Let us rise superior to the ignorance and follies of the middle ages, and regard all diseases and their consequences in a like spirit; or if making any difference, bestowing our sympathies with the greatest intensity on that unhappy being who, while suffering from the pangs of the body, is harassed by the troubles of the mind, and who, by his very helplessness, appeals alike to the justice and to the charity of our common nature.

I would suggest to this meeting that the suicidal clause be omitted from all prospectuses of life assurance societies. The suicide question ought not to concern the directors in any way. What would be thought of that life assurance society which should declare its policies invalid or "avoided" by death from—not suicide—but from a fractured skull, or a broken leg, or from typhus fever, or heart disease? In point of fact and science, it has been shown that there would be no greater absurdity or injustice in so doing than there is in declaring that, in the words of the "Amicable," "OUR POLICIES ARE AVOIDED BY SUICIDE."

Strange to say, as my pen shaped these words, quoted from the prospectus of the "Amicable," a gentleman was shown into my study, who had called on me for a certificate of health, &c., with the view of getting his life insured in a certain office. I am not aware of the form of words in which the office alluded to shapes its suicidal clause, but I asked Mr. — if he had taken the trouble to look to this matter. I reminded him that brain disease might one day affect him, and that, under its dire influence, the suicidal propensity might develop itself. I said, "Living as you do, in a district not over-drained, fever might attack you. Active delirium might so overpower your senses and intellect, and so distract you,

that, in the temporary absence of your nurse or attendants, you, perhaps, knowing not what you do, and unable to realise either the nature of or the consequences of the act, might throw yourself out of window, and thus commit suicide. Do not," I added, "seek to insure your life in an office where the pecuniary provision you would make for your survivors will, under any circumstance, be jeopardised or even rendered invalid."

The present anomalous relative position of assurance offices and the assured is well sustained by the fact that, in cases where the policy shall have been assigned "for adequate pecuniary consideration" to a third party, then and in that case only the act of suicide does *not* invalidate the policy. Doubtless this arrangement is dictated by a mere expediency; nevertheless it is not in any harmony with the "theory," as it has been called, "of facilitating suicide" among those who are in pecuniary trouble, and acting on the morbid idea of benefiting their families at their own fatal cost. But this is but a "theory," and a very wild one too, and may be left, therefore, to its own fate. However it will directly suggest itself to your minds that, granting, for argument's sake, the "theory," the man who kills himself but to enrich a wife or children has but to contrive the assignment of his policy to a third party, and so realise his object at the cost of the office assuring his life.

It is right to notice here that, according to Mr. Vincent Scully, there were, some two and a half years since, but two offices in England and Scotland, besides the London Life Association, in which *boná fide* holders of policies, *i. e.* third parties, were put to the trouble of appeal for payment to a general meeting of the members; and in which, therefore, the clause was held to be illegal, and when acknowledged, to be but an act of grace on the part of the said "general meeting." These offices, however, constituted the exceptions to a rule. Mr. V. Scully, I may add, got together, at the cost of much trouble to himself, a "summary of rules as to suicide, which shows at a glance the mode of dealing adopted by fifty of the leading life assurance offices." This summary was prepared with the view of aiding him to establish his claim on the London Life Association for the sum of £5000, the value of the policy handed to him by the late Mr. Sadleir as security. These fifty life assurance offices are unanimous in paying *boná fide* holders of policies to the extent of their interest. Mr. V. Scully, I believe, gained the day, and the London Life Association paid him his £5000. And not only so, but the directors were so satisfied of the justice of Mr. Vincent Scully's claim on them, that they have been induced to remodel their suicidal clause altogether.

A few words as to the *law* involved in this question. In this matter, as in the majority where our profession is concerned, the

law, i. e. as of man, must go to the ground. The mere words of man can hardly avail against the creative organic laws. With these latter, medical men have rather to deal than with the former, which must be taken for what they are worth—nothing more, nothing less. If life assurance societies, with the United Kingdom Assurance Office at their head, will have *law*, they must not, as now, ignore physiological or medical science, but the contrary. If “directors” or “managing committees” will declare that the state of the mind of a client is immaterial and not to the point, and will continue to degrade their decisions to the dimensions of mere trade or expediency, then does it become us, as members of a learned and honorable profession, to ask for better things at their hands.

The following extracts from letters written by authorities on the subject at issue explains the *law* as it affects the payment, or rather non-payment, of policies in cases of suicide.

1st. “If the office insist upon the clause of forfeiture ‘in respect of suicide,’ the law will uphold them in so doing. It was at one time thought that such clause only contemplated a felonious suicide, *i. e.* where the verdict of the jury was *felo de se*; but it is now decided that it includes all voluntary self-destruction, and that consequently the state of mind of the deceased is not material.”

2d. “Every policy of assurance effected by an individual on his own life, and terminated by suicide, must be considered as forfeited, and be dealt with accordingly . . . unless such policy of assurance had been previously made over or assigned to a third party. . . . That the only compensation which the directors at present have in their power to afford . . . is to make an allowance equal to what would have been given for a surrender of the policy on the day previous to that on which the forfeiture took place. . . . The decision in the Court of Exchequer in the case of “Clift *versus* Schwabb,” the ruling case at present, is to the point:—‘When the question was tried, and where it was found that, if the person whose life was spared, killed himself, knowing the probable consequences of the act, and did that act voluntarily, intending such consequence to follow, the policy is voided, notwithstanding that it should happen that at the time he was insane and did not know the moral quality of the act.’”

It appears that in some cases the directors, “rather than have their establishment blown upon by an action, will come to terms, and pay something more than the mere value of the policy,” *i. e.* they prefer *not* to act up to the letter of the *law*, but rather to use a discretionary power in the matter. A poor satisfaction this to the family of the deceased.

There is hope that the *law*, as above set forth, is even now doomed, in a measure, for I find that the Clerical, Medical, and General pay in cases of suicide, when the “*assurances have been in*

force twelve months ;” and that, in 1858, the London Life Association determined to “pay such claims in all cases where the policies had been in existence for, at least, three years.”

Further, the Gresham Life Assurance Society has declared, through one of its officials, and privately, that “all accidental deaths, whether by suicide or otherwise, *are* claims at once payable under the policy. The only question that really remains is, whether it is legal in a document to facilitate, even in appearance, the commission of crime in the eye of the law. . . . In practice, even in the worst cases of suicide, the money is paid, . . . but in theory, the facilitating of suicide among those who are in pecuniary trouble, under the morbid idea of benefiting their families, is still a *questio vexata*. . . . With reference to official practice, I apprehend there would be no difficulty in putting upon yours* or any other policy words which would render the *bonâ fide* clearer.”

It is now three and a half years since the “Gresham” so declared itself; but I find no mention made of these very important items in its prospectus last issued. A final and correct estimate of this question of suicide, and, as a consequence, a fair and honorable relationship between life assurance offices and their clients, are the objects herein proposed to you. Their realisation is, you will agree with me, of the first importance, and needful, in an especial manner, to the integrity of a great moral principle.

A Case of Homicidal Mania, with Auditory Hallucinations. By C. LOCKHART ROBERTSON, M. B. Cantab., Medical Superintendent of the Sussex Lunatic Asylum, Hayward’s Heath, and Honorary Secretary of the Association of Medical Officers of Asylums and Hospitals for the Insane.

History of the case.—G. C—, No. —, æt. 41, single, a Scotchman, was admitted into the Hayward’s Heath Asylum on the 31st October, 1860.

In 1856, this patient was committed for seven days to Maidstone Gaol for some breach of the peace while under the influence of drink, and he then stabbed a fellow-prisoner (who subsequently died of the wound), whom he had never seen before, and who had in no way provoked or offended him. His own account of the transaction is that, on the second or third day after his committal, he was

* The letter here quoted was addressed in the course of business to a medical friend.

coming out of the chaplain's room, and being left alone in the corridor, a sudden idea took possession of his mind that he was in a place where men were cut up for preserved meat for the navy, and that seeing a carpenter's chisel lying on the ground (some repairs were in progress), he took it up, and blindly attacked the first prisoner he met. He had never spoken to this prisoner before. He was, in consequence of his act, transferred to the County Asylum at Barming Heath, and Dr. Huxley informs me that in a few days he became quite rational (the effect of the alcohol having passed off), and was sent to work at the asylum forge, his trade being that of a blacksmith and engineer. On the 1st September, 1856, he made his escape from the asylum, and he was not heard of till the 5th June, 1857, when he was traced to Morpeth. He states that he gave himself up to the police when under the influence of drink. On the 13th of that month, he was brought back to the asylum. On his return, Dr. Huxley deemed him quite sane, and consequently, after a little delay, he was remitted to gaol, tried at the summer assizes, and sentenced to four years' penal servitude for the manslaughter of the prisoner in Maidstone Gaol.

On the 28th August, 1858, he was transferred from Milbank Prison to Portland, and he served there till the 24th of October, 1860, when he was discharged with a licence. When there, he was employed in the smith's shop. The medical officer of the prison states that, when at Portland, he never observed any singularity of conduct in the patient.

On his discharge from prison with a licence, he went to Ashford and Canterbury, looking for work, and drinking (he says) freely on the proceeds of his work while at Portland. He then took up the idea that his life was in danger from persons following him, and he went to the police-station in Canterbury for protection. He was at that time violent and excited in manner. Two days after, he was removed to Hayward's Heath.

On admission here he was excited in manner, there was a nervous tremor present, and he had all the appearance of a man who had been drinking; the delusion of persons following him to take away his life had subsided, and he spoke freely of it as of a delusion, the result of drink. He was a strong, powerful man, nervous temperament, light complexion, restless eye; head long and narrow, deficient anteriorly, with a large occiput.

Having already made a successful homicidal attack in Maidstone Gaol, and also effected an escape from Barming Heath, he was placed under the most careful observation. The excitement of manner passed off, his appetite and sleep returned, and he continued in the enjoyment of good bodily health. He expressed great anxiety for his discharge and for leave to return to his work; insisted that he was of sound mind, and spoke freely of his past life and experience

bitterly regretting the intemperance he had indulged in. His conduct was uniformly good, his conversation rational, no trace of any delusion could be observed.

On the 6th of December he told the attendant in charge of his ward that he had already stabbed one man, and that apparently he would have to stab another in order to get his discharge from the asylum and be sent back to Portland. On the 8th, 13th, and 26th of December, nails, which he managed in some way to pick up, were on each day found hidden between his mattress and pillow sharpened up to a point, and really dangerous implements for attack or for breaking up the shutter in his bedroom. In consequence of these implements, I forbade the night attendant to visit him. When shown these implements, he denied stoutly all knowledge of them. Although up to this time no delusions had been traced, I was satisfied of his unsoundness of mind, and viewed the case as one of instinctive impulse to homicide occurring under the exciting influence of drink, and I therefore considered him as a dangerous lunatic, and one requiring the most vigilant watching.

Towards the end of December he became sullen in his manner, avoiding conversation, and keeping entirely to himself. He one day then told the head attendant that he had, during his residence at Hayward's Heath, constantly heard voices, at one time urging him to acts of violence, and bringing before him all his past life; at other times of a different character, conveying good advice to him, advising him to follow honesty, sobriety, and industry.

He afterwards came to talk freely with me about these voices. He says they are not loud, but distinct and clear, and rarely absent; that he hears them by day and by night; that he heard them even in my office, when I was examining him and writing up his case. He says they proceed from natural causes, and that they are neither spirits nor ghosts. What these natural causes are he says that he, a poor man, cannot explain; he must leave that to those more learned. The voices are quite distinct and different from those of any of the persons in charge of him.

Beyond these auditory hallucinations and the impulse to homicide under an admitted delusion in Maidstone Gaol, no trace of mental disease exists. The patient is perfectly conscious of right and wrong, and able to appreciate his duties and relations in life. He is a man of fair education.

Clinical remarks.—In the number of this Journal for July, 1860, I related a case of homicidal mania without disorder of the intellect. In that case there was consciousness of right and wrong, and the intellect evinced no symptom of disorder. The disease I traced entirely to morbid volition, probably associated with some deep-seated moral perversion. There had formerly been auditory hallucinations, although while under my care I had been unable to detect any.

The present case is thus an interesting parallel to this former one. In both the urgent symptom was homicidal mania, shown in unprovoked murderous attacks. They were both conscious of right and wrong, and the intellect was unclouded by delusion. The power to control the will was weakened, or in abeyance, and consequently the most unexpected and unprovoked homicidal attacks resulted. In my former case there had been, in previous years, auditory hallucinations, but the homicidal tendency would appear to have survived their cure. In the present case the homicidal acts were committed without any auditory hallucinations being detected, and they only appeared later in the progress of the disease, indeed, not till some months after his admission into Hayward's Heath.

In my former case the exciting cause was very obscure, probably I think, mental annoyance, while, in the present case of G. C—, the homicidal mania is traced in direct relation to the presence of alcohol in the blood, acting on a morbid brain.

In this case the feature which attracts most attention in a pathological as well as a medico-legal point of view is the AUDITORY HALLUCINATION. Without doubt, a person subject to these auditory hallucinations is the most formidable of homicidal maniacs. No one is secure from his sudden attacks, no precautions in an ordinary asylum can at all times guard against their outbreak. "If hallucinations be a frequent cause of suicide," observes our distinguished foreign associate, M. Brierre de Boismont,* "they are not less often the cause of homicidal attacks. It is an ordinary case to be consulted by lunatics, the object of persecutions, who are followed by persons intending to poison or assassinate them." Such was exactly the statement G. C— made at Canterbury; he applied to the police to protect him against these attempts. *Almost always*, says M. Brierre de Boismont, this form of disease is complicated with auditory or spectral hallucinations.

One word with reference to the distinction between illusion and hallucination. I have termed the voices heard by G. C— as auditory hallucinations. The distinction drawn by systematic writers between illusions and hallucinations is, that illusions are the result of morbid sensation accepted as true by a disordered intellect, while hallucinations are the pure product of the morbid intellect without the intervention of any external object. Drs. Bucknill and Tuke define the latter as the perception, along with evidence of cerebral disease, of objects which, at the time, have no existence, this false perception being either the consequence of the combined disordered condition of the mind and one or more of the senses (psycho-sensorial) or of the mind only (purely psychical), while illusions are distinguished by the existence of something internal or external to the body which is the basis of the illusion.

* 'Des Hallucinations,' Paris, 1852.

In practice, this distinction does not, however, always hold. Illusions merge into hallucinations; often the same patient may be the subject both of illusions of the senses and of intellectual hallucinations. Auditory hallucinations are the most frequent form of this disorder. "In regard to the relative liability of the senses to hallucinations" (says Dr. Tuke), "although among the sane those of sight are most frequent, among the insane those of hearing appear to be decidedly the most common. They are estimated to form two thirds of the whole number."

Their influence in our prognosis is most unfavorable. Auditory hallucinations are so apt to lie dormant for a time, and again to reappear, that I should at any time be sceptical of the recovery of a confirmed case. G. C— I consider to be quite incurable, and I should view the possibility of his being set at large with the utmost alarm. Such hallucinations are the product of a morbid mental condition, in which the reasoning powers are in abeyance, and to the cure of which all arguments are therefore futile. When pressed as to the impossibility of voices being heard by day or night, without any trace of the presence of those from whom they emanate, G. C— takes refuge in the generalization that voices may travel far; that probably I know better than he does whence they arise; but, strangely enough, when the suggestion was made that they might be spiritual agencies, and hence not worthy of his trust, he always fell back on his belief in natural causes, and the general assertion of the existence of the voices heard by him. M. Morel thus refers to this persistent belief with the insane in the truth of their hallucinations. "Lorsqu' on parvient" (he says) "à prouver à ces malheureux hallucinés qu'il n'y a personne de caché ni dans les cheminées ni dans les caves d'où ils supposent que partent ces voix ils inventent toutes sortes de combinaisons pour justifier les inconséquences de leur délire. Ils prétendent qu'on les tourmente à distance au moyen de l'électricité, de porte-voix et d'autres machinations inventées par l'incroyable acharnement de leurs persécuteurs; ils vont jusqu'à leur attribuer invariablement une puissance surnaturelle."

This last condition, in the belief of a supernatural agency, has, as I have said, been always absent in G. C—'s case. Without attempting to offer any explanation of the contradictions involved in his statements, he steadily adheres to the one idea, that the voices he hears are the result of natural causes only. He thus illustrates the contrast drawn by Drs. Bucknill and Tuke between hallucination and delusion, viz., that while in genuine illusion or hallucination no appeal to the reason, even if that appeal succeed in producing conviction, alters the appearance of the object; in delusion proper, once convince the patient of the absurdity of his belief, and the disorder itself entirely vanishes.

The twofold nature of the auditory hallucination in the case in question is very curious. For days an evil voice, he says, is constantly bringing before him the events of his past life, and urging him to repeat them. A change then occurs, and the voice (the good voice, as he calls it) advises him to be temperate, sober, and industrious. With the varying voices his mood and humour vary. Surely this is but the morbid counterpart of the internal strife between good and evil which St. Paul taught as the basis of his philosophy, and which our own poet of the nineteenth century has so perfectly drawn in the 'Two Voices':

“A still small voice spake unto me,
‘Thou art so full of misery,
Were it not better not to be?’

“Then to the still small voice I said.
‘Let me not cast in endless shade
What is so wonderfully made.’”

M. Morel, in his recent work, thus refers to this morbid antagonism in auditory hallucinations:—“Il existe (he says) néanmoins dans cette triste situation malade un phénomène d’antagonisme qui peut conjurer bien des périls et que j’appellerai le phénomène de la *double voix*. Un aliéné entend une voix qui lui intime de faire une chose mauvaise et une autre qui le lui défend. ‘Mes mauvaises voix m’entraînent, mes bonnes voix me retiennent,’ me disait une femme qui dans son délire croyait être sous l’influence de l’obsession démoniaque. ‘Il y a longtemps que je me serais détruite or que j’aurais tué quelqu’un’ répétait une autre aliénée, ‘si la voix de mon bon ange ne m’encourageait à souffrir.’ Ce phénomène est plus commun qu’on ne pense, mais le plus ordinairement il passa inaperçu.”

Further, I would observe that G. C— is perfectly conscious of right and wrong, and aware of his duties and obligations to society. If, in obedience to the promptings of his evil voice or as the result of the same, he had at Canterbury committed some overt act of violence, ending in manslaughter, he would, doubtless, have been held legally responsible for the act, with what justice this record of his case would, I think, convince any impartial judge. In the paper to which reference has already been made in the July number (34) of this Journal, I have made some observations on the fallacy of this legal test—the existence of a consciousness of right and wrong—as applied to cases of homicidal mania without disorder of the intellect.

Lastly, the presence of such an inmate in a house for the curative treatment of mental disease is, I would observe, an unmitigated nuisance. He is the cause of hourly anxiety and watchfulness, requires almost an attendant to himself, and the precautionary measures necessary to guard against his homicidal impulses entail a corre-

sponding privation of liberty on the patients with whom he is associated, interfering thus, as the Commissioners in Lunacy observe, "with proper discipline, classification, and general treatment." It is to be regretted that the bill of last session for regulating the new criminal asylum at Broadmoor did not include a provision for the admission there of criminally disposed and dangerous lunatics, irrespective of the fortuitous accident of whether the mental symptoms were evinced before or after the commission of a homicidal assault. If G. C— were sane when he attacked his fellow-prisoner in Maidstone Gaol (which I doubt), he is not the less at this time a dangerous homicidal lunatic, requiring for his safe custody the precautionary arrangements of a criminal asylum. The Commissioners in Lunacy would appear to have such cases in view when, in their seventh annual report (1853), they say, "It is clear, moreover, that a patient of decidedly homicidal tendency, or one who has perpetrated or attempted some heinous offence, and has only been saved from the category of criminals by the prudence of his friends, who have placed him in the security of an asylum before he came under the cognizance of the law, may often be an associate equally objectionable as any of those who come under the denomination of criminal lunatics." And in their eighth annual report (1854) the commissioners further, with reference to this point, add: "As respects the insane generally, it is important to observe that a large number, if they had opportunity, would commit murder, or the heinous crimes that, in fact, many of them, before they are sent as insane patients to asylums, have committed; acts for which they might, but for the merciful consideration of those who dealt with them, have been brought within the provisions of the Criminal Lunatics Acts. *Their being treated, not as criminal, but merely as insane, is in many cases matter of accident. No real distinction in such cases exists between criminal lunatics and ordinary lunatic inmates of asylums afflicted with homicidal mania, or other dangerous or criminal propensities.*"

Hence, as Dr. Bucknill, in his essay 'On the Classification and Management of Criminal Lunatics,' argues, what is required in a state asylum is, not a house for the safe custody of all lunatics who have offended against the law, but rather "for those lunatics who are cursed with *criminal dispositions*, whether they have committed overt acts or not."

This distinction between the dangerous and criminally disposed and the often quiet and inoffensive lunatic, who has, under some delusion or temporary excitement, done acts which have become the object of criminal proceedings, is well shown in the case under consideration. G. C—, in the ordinary acceptation of the term, is not a criminal lunatic. Legally, he cannot be admitted into the state asylum. Yet a more fit object for such control I have never met.

Under the sudden delusion that he is in a house where men are made into mincemeat for the navy, he kills an unoffending fellow-prisoner. Again, under the same exciting cause (alcohol), visions of blood and murder once more cross his mind, and this time, in fear of personal danger, he appeals to the police for protection. Removed to Hayward's Heath, he hears voices urging him now to murder, now to repentance; and swayed to and fro by conflicting notions, he secrets for further use implements found and sharpened by him, and fitted seriously to injure or even destroy life. The patients with whom he is associated are necessarily curtailed of their liberty to provide for his security. The ward has assumed the appearance of a prison rather than of an hospital, and yet the general arrangements of the asylum being ill adapted for these prison uses, G. C— may any day again commit some frightful murderous assault, as he did in Maidstone Gaol, or affect his escape, as before from Barming Heath, to the possible peril of any unoffending person who may cross his path and be the object of his morbid thoughts.

Licences and Certificates. By JOHN CONOLLY, M.D., D.C.L.,
Consulting-Physician to the Middlesex Lunatic Asylum at
Hanwell.

THE particulars of the new Acts relative to the care and treatment of lunatics will probably be before the public at the time of the appearance of this number of the Journal. The proposed Act affecting Chancery lunatics has already appeared, and requires no particular comment. It is to be hoped, however, that the enormous expense attendant on opposed commissions may be diminished. The absurd reference of one of the most delicate and difficult of metaphysical questions to a jury will still, no doubt, prevail.

But if the medical proprietors of private asylums are not wholly disheartened by their actual position, it is to be hoped that they will give their promptest attention to the clauses of the bill about to be introduced by the Secretary of State for the Home Department. Desiring no changes that may withdraw protection from the insane, nothing that may decrease the powers of the Commissioners in Lunacy, but rather wishing to see such protection and power more confirmed, let them not be afraid of representing whatever in the new act, or whatever in the Acts now existing, is really opposed to the interests of the insane, and, whilst solely degrading to this department of practice, does but add distress to families into which the worst of human visitations has fallen.

Those who, with the best intentions, undertake to alter the laws of lunacy, and those whom they consult, cannot always have acquired an intimate knowledge of the various effects wrought in private life by the calamity of unsoundness of mind. Varied knowledge and high accomplishments, and even the experience gained in public asylums alone, may leave the observer unacquainted with this under-current. It is the physician in private practice, and whose attention has been for some time devoted to the cure of all forms of nervous disorder, and who has been the adviser of families of various ranks during the whole course of such maladies, from the first dawnings of youthful eccentricity to their successive results, and from the first symptoms that interrupt ordinary worldly functions, through various stages, and in various attacks, and who has seen the dismay, the grief, and the ruin that such circumstances bring in their train, who can justly and fully appreciate the effects of clauses of Acts of Parliament, specious in appearance, but most vicious in their effects. From clauses of this character the Lunacy Acts, even as they now exist, are by no means free.

There is some reason to believe that after the examination of many witnesses by the select committee of the last session, and the comparison of their rather discordant statements, it may have become evident that additional legislation, more minute, more stringent, could do no good of any kind; but the laborious attention of that committee may not have been thrown away. It is possible that the modification of the laws now existing, especially in relation to certificates and other formalities, may have suggested itself to the clear and practical minds of those composing that committee; and, if so, that important and valuable effects may be the result. If these circumstances should have wholly escaped their notice, it is the more incumbent on us to draw their attention to it at this juncture.

To any one who attentively reads the Lunacy Acts now in force, unless already prepossessed against every physician who undertakes the treatment of the insane, and against every proprietor of a residence adapted for the reception of insane persons, it must be evident that the enactments they contain are chiefly directed to the suppression of abuses which were detected and exposed about five and thirty years since, and have been at least gradually disappearing from that time, and now belong to a period that is past. New institutions and new men have arisen; the older asylums have no longer the old character; but of these changes the laws take no cognizance, and a disposition seems to exist to render them still more oppressive and obnoxious to all liberal-minded medical men, and, consequently, in every way more injurious to the interests of the insane themselves. Their general operation, even now, discourages nearly all well-educated physicians from engaging by choice in the prac-

tics of an important branch of medicine, and, instead of being protective of persons who become affected with mental derangement, deprives a considerable proportion of them of that care and treatment, in the incipient stage of the malady, by which their early restoration to health might be effected. Repugnance to the legal part of the treatment, which in this unhappy form of disease claims a strange precedence of the medical, leads to a neglect of medical treatment, and to its postponement until the time lost can never be regained.

The disadvantages thus produced to the insane, for whom the laws are, of course, intended to be protective and beneficial, are daily incurred, and can scarcely be exaggerated. Aggravations of mental disorder, and divers evasions of the laws, are among the consequences, and instances of these are so numerous as to make a consideration of them of much greater real importance than any of the new formalities which are apprehended. Nothing, indeed, is so remarkable, and at the same time so surprising, as the manner in which the curative treatment of insane patients is ignored whenever the lunacy laws are under consideration. Animadversions on houses arranged for facilitating such treatment are made with little reflection on the results; the ideas of kidnapping, of secret imprisonment, of exorbitant gains, foster popular prejudices; but it seems never to be remembered that such establishments are indispensable to the insane; or, if such an admission is made, it is so clouded with reflections on those who conduct them as to seem to justify restrictions that cause all the advantages they offer to be disregarded.

In a former paper (in the preceding number of the journal), the complicated forms to be observed by medical men when called in to cases of mental disorder were fully dwelt upon. The testimony of two practitioners generally knowing nothing of such disorders, the requirement from them of precise certificates, the additional written statement of a relative, including several unimportant particulars, all put down in haste and agitation, and all causing delay and distress when immediate relief is required, do not require any further remark. But it surely deserves inquiry how far these forms are necessary or protective, and to what extent they impede proper treatment, and cause it to be, if not abandoned altogether, at least injuriously or even fatally postponed.

My own daily experience convinces me that the certificates required in cases of insanity are regarded with so much dislike by the public as to lead to continual and successful efforts to avoid them. The parents and friends of patients make no objection to placing their children or their relatives in houses with other patients, nor to their being visited by the Commissioners in Lunacy; but they shrink from the exposure of the patient to medical men unknown to them, when they have already been obliged to seek the

opinion of those in whose judgment and honour they confide ; and when they understand that these certificates are to remain a kind of perpetual record of a malady which, although it may be only transient, will not leave the object of their solicitude without an ineffaceable stain. Driven by these things from the course often most necessary to the patient, some friendly shelter in a medical man's private residence may perhaps be sought ; but even there the necessity of certificates pursues them ; and the concealment of the patient's case, and escape from certificates, is either effected by removal to obscure residences, or to asylums on the continent ; the comfort and welfare of the patient being sacrificed, and the chances of recovery greatly diminished.

I am convinced that numbers of young men and of young women, and also of persons of family of more advanced years, are now living in inappropriate lodgings, and under the care of incompetent persons, and with scarcely a chance of recovery or amendment, solely in consequence of the certificate system. Several of the water-cure establishments are known to be half filled with patients more or less mentally affected ; for some of whom such residences may not be very objectionable : but the most serious evil is that many young persons are so placed until their malady makes their removal to asylums imperative, when the days of treatment and early recovery are past, and a long and distressing malady is inevitable. A mother moving in fashionable life perceives a change in the manners of a daughter, of whom she has cherished proud or ambitious hopes ; slight eccentricity, waywardness, irregularity in some trifling particulars of conduct. Portions of family history, almost forgotten, revive in the anxious mother's mind, and give these slight apparent departures from reasonable behaviour significance. These parental anxieties are imparted to the family medical attendant, who advises the withdrawal for a time of the young lady from gaieties, and tries to restore her to health ; but, soon suspecting that he has to deal with the beginning of an attack of insanity, advises that some physician, more conversant with mental disorders, should also be called in. The mother, assured that the attack will probably last some months and then pass away, consents to retire for a time with her daughter, and, being unable to manage her, is told that the best plan will be to place the patient in a residence in which everything is regulated for the protection and management of excitable minds, so that every unfavorable influence may be excluded, and every event of every hour may be salutary. Consent to this reasonable advice would be as uniformly and as willingly given as consent to change of air in any kind of illness requiring it ; but the strange necessity of legal formalities, demanded as a preliminary to this important treatment, throws suspicion over the proceeding, and threatens a publicity which cannot be reconciled

to the feelings of a mother, whose hope is, and that not an unreasonable hope, that before the next season her daughter will be restored to society. She cannot persuade herself to sign a document pronouncing her daughter a lunatic; the sight of certificates alarms her; vague fears of a residence so suspiciously dealt with as the residence recommended is by these awful papers arise in her mind; the step is delayed, and precious opportunities are lost. A few months later, the advice is followed, for the supervention of worse symptoms has shown that such a measure, however painful, must be submitted to.

Examples of this kind might be added to an extent almost incredible; and the subsequent history of many such is full of affliction.

Every observer of what is passing in families around him must know, whether he is a physician or not, how many cases there are in which, under domestic mismanagement, and from a dread of exposure to the forms now demanded as preliminary to proper treatment, mental peculiarities and habits indicative of mental infirmity, in children and young persons, are allowed to grow up and gain strength; and irregularities of temper, and morbid selfishness, are submitted to, until they assume a character decidedly maniacal. In all these cases the law, as it at present stands, presents obstacles to proper treatment, and prevents it. Whoever attempts to provide a residence even for juvenile patients, will be embarrassed by finding that the consent of parents is not sufficient to protect him from pains and penalties. The young people, if they do not become manifestly insane, usually live to be a torment to all about them. It is not at any time legal to place them under the control which would be salutary or perhaps curative. Medical men do not consider such cases as justificatory of certificates of insanity; and whether they are controlled from home under certificates, or without certificates, the person taking care of them is placed in jeopardy.

Many young men to whom gentle control, and conformity to regular life, under the superintendence of physicians well acquainted with mental disorders, would have been most beneficial in the beginning of moral disorder, become madly drunken and extravagant, and by degrees insensible to shame and disreputable, and finally violent and dangerous, by being denied that preservative treatment in consequence of the requirement of certificates, and although eventually sent to asylums, are sent there too late, when no control can do more than mitigate symptoms which might have been entirely remedied but for that obstacle to medical and moral treatment by persons competent to conduct it.

The instances of men of various professions and business, overworked, and threatened with insanity, or melancholia, or paralysis, persons not yet insane, but quite conscious that they require at-

tention, and rest and tranquillity, and not unwilling to reside for a time in a private asylum, but who are deprived of that resource in the same manner, are numerous. The number of ladies also, who, having once recovered in an asylum, would willingly return when they have warnings of a recurrent attack, provided asylums were places to which they might go for medical treatment without calling in two medical men to write them down as lunatics, or making it necessary for their friends to sign a very superfluous order and statement, is very great; and much injury is incurred by them in consequence of their being deprived of what would be a consolation to them, and enable them to return into the world as if they were convalescent from any other illness.

In all these cases, and in many more which might be cited, the required certificates afford no kind of protection to the patients, and give no kind of security to the public; they simply impede the prompt and proper treatment of insanity, increase the reluctance to attend to it, and strengthen prejudices which operate widely and very hurtfully. The present time may be favorable to obtaining attention to these facts, and to the possibility of dispensing with certificates in many cases, and to making only one certificate required in all cases; the immediate report of every case to the commissioners being strictly enforced, and their visits in every case not permitted only, but invited. Neither patients nor the friends of patients object to such visits; but their feelings are wounded by the filling up of printed forms, which seem to make them the publishers of family affliction, and accusers of the capacity of their afflicted friend or relative. No pain would be occasioned to them by the communications passing between the physician of the asylum and the commissioners; no protection would be withdrawn; and the early treatment of the insane would be as earnestly sought for as it is now anxiously postponed or evaded. Many an unhappy patient now languishing in foreign asylums, where all the abuses of old days yet linger, and who are forgotten and without hope, would be brought, as it were, to life, by being permitted to return to the land of their birth; and doubtless, of these some would recover, and all would be made happier.

Supposing these things, of which we who constantly see the insane, live with them, and know their feelings, can have no doubt, should happily occupy the thoughts of those who are to make the new laws, there is still one other point to which their attention may be beneficially extended. It is a point intimately connected with the treatment and cure of the insane, to which the Acts of Parliament now existing show little regard. The present law, I cannot but repeat, deals with things as they were, not as they are. Their useful modification can only result from a reasonable consideration of the improved state of medical practice in cases of insanity within

the last thirty or forty years. Of this improvement, the reformed condition of asylums, private and public, is a most important part. Full credit is given to the officers of public asylums for the poor, and much honour has often been done to them. But the proprietors and physicians of private asylums, following these public examples, and at great expense modifying their houses so as to afford the rich all the advantages happily enjoyed by the pauper lunatic, have been treated with no consideration whatever. They are simply regarded as the keepers of boarding-houses, eager for gain, and careless as to the means. Although the majority of them are men of liberal education, and many of them of rank in their profession, they are regarded by the law as dishonest tradesmen, and have to apply for a licence, to be renewed yearly, after the manner of public-house keepers, and proprietors of tea-gardens and dancing-rooms; a degradation that is very generally complained of, and might most easily be removed.

The necessity of having private asylums seems to be unavoidable. Families of a certain station in society will never be persuaded to send their relations to large asylums of a public character, governed by Boards of miscellaneous composition. The advantages of such an arrangement are purely visionary. Large asylums, like large hospitals, will continue to be places of treatment for those who cannot afford to pay for private attendance. The richer will always seek for treatment separately; but as in mental disorders the patients cannot always be treated separately, there must continue to be small hospitals for them, and private asylums are really such hospitals. The general treatment of a case of insanity—a malady affecting the mind as well as the body—demands a regulation of the mental functions and habits, as much as an attention to the bodily functions and habits. Direct medical instructions are often limited to the restoration of the general health, in the hope that nature, unembarrassed, may work her salutary masteries in the mind. The obstacles to the restoration of the mind's health have a wider extent, and are only to be removed by careful attention to every mental influence. When drugs have done their rude office, the regulation of habits and daily thoughts, the warding off of all the great and all the little irritations of daily life, protection from the anxieties, and toils, and excitement of business or of pleasure, from injudicious opposition, disturbing visits, perplexing studies, disorderly habits as to dress, food, exercise and sleep,—these are the important agents of cure, and these can only be commanded in houses systematically and specially arranged, and conducted by persons of superior education and of high character. Yet, I believe, there is no physician who is the proprietor of an establishment of this kind, who does not feel that his position is injured by the nature of the licence he is compelled to apply for, and by the

perpetual disposition manifested to characterise him as unworthy of trust. He may be liberal in his house, kind, forbearing, and judicious in his management of those committed to his charge, generous to his patients' friends, and to those in straitened circumstances most humane and considerate; but the law is always directed against him, and he is pronounced unworthy of any appointment of trust and honour in his own department of medicine, and even unfit to be permitted to certify to the necessity of treatment for any insane person, if he is himself the physician applied to for the care and treatment required. None of these circumstances confer any advantage on the public. If they have any effect beyond creating personal mortification, it is that of making those most in need of an asylum reluctant to apply to one.

The remedies for all the evils enumerated would appear to be easy. A registration of every house, instead of a licence obtained in the present manner (as suggested in a letter recently published by Dr. Nesbitt, and addressed to Lord Shaftesbury), might be practicable, and the previous inspection of the house and premises enforced; and even without a diminution of the annual payment now made for licences: and certainly professional respectability would be thus better acknowledged. The certificate of a qualified medical practitioner, accompanied with the signature of the person now required to fill up the order and statement, instead of two medical certificates from persons who have not attended the case, when an asylum is resorted to, and the same kind of certificate from the medical man in attendance when a patient is placed in a private family; the permission of patients voluntarily to resort to asylums, without a certificate, and, in all cases, an immediate return of the patient's name, residence, &c., to the commissioners, whose inspection might be immediate, would relieve medical men from unmerited dishonour, and the friends of patients from much mental pain; and would cause many patients to be submitted at once to necessary treatment, and prevent many from being concealed in neglected abodes with incompetent guardians, or transferred to most objectionable asylums abroad, to be hidden there for life. And if security against too prolonged and improper detention is of importance, as it must be, as well as protection from neglect or any kind of improper treatment, it would in no respects be diminished by these modifications of the law, but really and considerably increased.

The Commissioners in Lunacy would find their duties less obstructed, and their influence much extended by these changes. They have strongly represented the unsatisfactory condition of single patients, many of whom, but for the objections which I have spoken of, would be comfortably and far more advantageously placed in asylums, and thus brought more directly within their efficient su-

pervision. They have expressed their belief that "a very large number of insane persons are taken charge of by medical men and others, without any legal authority," of which there cannot be a question; and the instances of this kind would be far less frequent if the lunacy laws were adapted to the necessities and habits of the present time. The whole character of the present laws also places the commissioners and physicians attending insane patients in an unnatural state of opposition. Every communication from the commissioners' office is made unwelcome; their visits, and the entries made by them in asylum books, too often produce agitation, and frequent and irritating remonstrances. A licensed housekeeper scarcely feels at liberty to make observations which would prevent misconception; he is not himself honoured with any. By an improvement of his position, confidence would be created, every suggestion of the commissioners more willingly received, their true objects more efficiently and far more cheerfully promoted, and their injunctions and wishes more strictly carried into effect.

I have confined my observations to points which chiefly occupy the attention of medical men, and which are especially interesting in relation to the treatment of insanity, and to the satisfaction of those devoting their lives to so arduous and peculiar a duty. Those conscientiously so occupied have no desire to avoid supervision, but they deprecate a publicity hurtful to the insane, and regulations derogatory to their own professional character.

My personal interest in these matters is now inconsiderable. But it has been my happiness to witness, and my privilege to have opportunities of promoting, important changes in the general treatment of the insane; changes now firmly established in England and Scotland; and which, although but slowly taking place on the continent of Europe, have been received with more favour, and adopted widely in the vast United States of America. I now fervently desire the aid of the enlightened physicians, who are still in all the provinces of our country furthering progressive amendments, to improve the condition of all who are engaged in similar efforts, or devoted to the same duties. Unity of purpose and temperance in action will render their success certain, although it may not be immediate.

At the last annual meeting of our Association, a committee was appointed, with the entire confidence of those present on that occasion, to watch the parliamentary proceedings in relation to the lunacy laws. The committee, still in existence, might perhaps usefully draw up a statement of the actual position of medical men engaged in the special practice of medicine in mental disorders, and, at least, respectfully request attention to it, when new laws are under consideration. They might with great truth represent that the existing laws are not adapted to the existing state of things;

that they are unjust to medical men, and unfavorable to the interests of the insane. The disadvantageous circumstances connected with the system of licences, and the objectionable requirement of certificates, might be shown to be ineffective for any good purpose, and the modification of both fairly represented to be compatible with the fullest security for the insane, and even productive of extended advantages to persons so afflicted. There are other points worthy of notice by the committee, and which must some day obtain public consideration: as the neglect of medical opinions, and of all sanitary principles, in the construction of county asylums; and the incredible disregard of mental disorders in the course of study in our English medical schools. These are only defects arising from the unregarded position of our specialty, but the time has arrived when they ought to be removed.

QUARTERLY PSYCHOLOGICAL REVIEW.

NOTES ON BOOKS, ETC.

What's in a name?

THE name of our Journal has been the subject of some cavil, as if it were too ambitious for the practical objects of our association. As the members are aware, it is not the name originally selected by ourselves, but is one which was selected and adopted at a general meeting of the association, and is therefore stamped with an authority which we do not think within the scope of our editorial powers to alter. But as it has been made the theme of somewhat vehement protest, by those whose opinions we respect, it will be worth while to inquire whether the name is fitting to our work and becoming to our purpose.

“What's in a name?”

That which we call a rose by any other name would smell as sweet,”

says the fair Juliet, arguing, as it must be owned, rather sophistically in the heat of her passion; for in very truth, there is much in a name, a fact which poets are not slow to recognise when it suits their purpose.

“O, Amos Cottle! Phœbus, what a name!

To fill the speaking-trump of future fame!”

And who will assert that Byron's sarcasm was not weighed with logic, though it was pointed with malice. “He well knew that

mere names exercise a mighty influence on the public mind," observes Lord Macaulay, of Somers. "Give a dog a bad name and hang him," says the proverb, which some of our associates seem to have thought might have been verified if we had retained the modest but intelligible title of 'The Asylum Journal.'

Periodicals appear to flourish under names which may generally be classified as local, or proprietary, or as descriptive. Journals of general literature, mainly affect one of the two former classes of name—'Fraser's,' and 'Blackwood's,' and 'Macmillan's,' magazines, the 'Edinburgh,' 'Westminster,' 'Cornhill,' &c. The obvious reason of this is that the variety of subject matter which they embrace does not easily permit the limitation of a descriptive title.

Scientific journals, on the other hand, have generally affected names so far descriptive as to indicate the kind of science with which they have to deal. Every one knows, for instance, what he may expect to find in the pages of the 'Pharmaceutical Journal,' or the 'Microscopic Journal,' or in the wider field of the 'Medico-Chirurgical Review;' and such an attempt to designate the particular science which it is proposed to cultivate would appear to be both honest and modest, since it is an engagement to deal with a certain defined article of literary commerce, and to limit the enterprise within specified bounds.

In adopting our title of the 'Journal of Mental Science,' published by authority of the medical officers of the asylums and hospitals for the insane, we profess that we cultivate in our pages mental science of a particular kind, namely, such mental science as appertains to medical men who are engaged in the treatment of the insane. But it has been objected that the term mental science is inapplicable, and that the terms, mental physiology, or mental pathology, or psychology, or psychiatry (a term much affected by our German brethren), would have been more correct and appropriate; and that, moreover, we do not deal in mental science, which is properly the sphere of the aspiring metaphysical intellect. If mental science is strictly synonymous with metaphysics, these objections are certainly valid, for although we do not eschew metaphysical discussion, the aim of this Journal is certainly bent upon more attainable objects than the pursuit of those recondite inquiries which have occupied the most ambitious intellects from the time of Plato to the present, with so much labour and so little result. But while we admit that metaphysics may be called one department of mental science, we maintain that mental physiology and mental pathology are also mental science under a different aspect. While metaphysics may be called speculative mental science, mental physiology and pathology, with their vast range of inquiry into insanity, education, crime, and all things which tend to preserve mental health or to produce mental disease,

are not less questions of mental science in its practical, that is, in its sociological, point of view. If it were not unjust to high mathematics to compare it in any way with abstruse metaphysics, it would illustrate our meaning to say, that our practical mental science would fairly bear the same relation to the mental science of the metaphysicians, as applied mathematics bears to the pure science. In both instances the aim of the pure science is the attainment of abstract truth; its utility, however, frequently going no further than to serve as a gymnasium for the intellect. In both instances the mixed science aims at, and, to a certain extent, attains, immediate practical results of the greatest utility to the welfare of mankind; we therefore maintain that our Journal is not inaptly called the 'Journal of Mental Science,' although the science may only attempt to deal with sociological and medical inquiries, relating either to the preservation of the health of the mind or to the amelioration or cure of its diseases; and although not soaring to the height of abstruse metaphysics, we only aim at such metaphysical knowledge as may be available to our purposes as the mechanician uses the formularies of mathematics. This is our view of the kind of mental science which physicians engaged in the grave responsibility of caring for the mental health of their fellow-men may, in all modesty, pretend to cultivate; and while we cannot doubt that all additions to our certain knowledge in the speculative department of the science will be great gain, the necessities of duty and of danger must ever compel us to pursue that knowledge which is to be obtained in the practical departments of science, with the earnestness of real workmen. The captain of a ship would be none the worse for being well acquainted with the higher branches of astronomical science, but it is the practical part of that science as it is applicable to navigation which he is compelled to study.

If we are right in our interpretation of the term mental science, there can be no question that we are fully entitled to the use we have made of it in these pages. The question, however, of "what is mental science?" is a more comprehensive one than we can on the present occasion attempt fully to examine. What is the bond of alliance between cerebral physiology and metaphysics? is another question which must be solved before we can approach to the answer of the former one, and it is one upon which much learning and ingenuity have been fruitlessly expended. What is mental science? is therefore no vain question; it is, perhaps, even one which in competent hands may hereafter serve to illustrate Mills's remark, that "some of the most profound and most valuable investigations which philosophy presents to us have been introduced by, and have offered themselves under the guise of, inquiries into the definition of a name."

Medical Certificates of Insanity.

The somewhat paradoxical opinion has recently been mooted, that that part of the law which especially subjects the insane to the authority of the members of the medical profession is inimical to the dignity and interest of the medical profession.

A person of unsound mind cannot be admitted into an asylum, nor kept for profit as a single patient, except under the authority of certificates of insanity signed by duly qualified medical men. Hitherto this law, as it relates to single patients, has been allowed to slumber; but recently the Commissioners of Lunacy have instituted a prosecution and obtained a conviction for its infringement; and however much we may regret that this first penalty has fallen upon a medical man, we cannot doubt that the enforcement of the law will be to the advantage of the profession at large.

A leading article in the 'Lancet' for February 16th concludes with the following sentence:—"It is, at any rate, of the highest interest and importance to the medical profession, who must be the ultimate arbiters in questions of health, whether mental or physical, that this legal and moral right to treat sick persons who put themselves in their hands be not wantonly or arbitrarily infringed."

Now, surely in this paragraph, which sums up the argument of our usually strong-minded contemporary, the great difference between a sane patient, who, with free will and sound judgment, places himself in the hands of his medical man, and the insane patient, who, unable to exercise free will and sound judgment, is placed by others under care and treatment, is entirely overlooked.

Dr. Kelly's case has no reference to the legal and moral right of medical men to treat sick persons who put themselves in their hands, for Dr. Kelly's patient had by the fact of his insanity lost the power to place himself in his hands, or to perform any other important action to which reasonable and responsible persons can alone be held to be competent. The main premise of our argument, so obvious in its truth that it seems almost to be needless to state it, is that the care and treatment of the insane must be decided upon for them by others.

Occasionally, no doubt, a person of unsound mind might himself select the best place and the best persons for this purpose, but such cases would necessarily be the exceptions, and the vast majority of the insane, if left to themselves, would undoubtedly place themselves in the very worst circumstances for their own and for the public welfare. The place of their residence, therefore, and the persons under whose control they shall be placed, must necessarily be decided upon by others. And the law says that this interference with the freedom of the subject shall not take place wheresoever profit is to be made out of the patient's maintenance, except under

the direct sanction of the medical profession, formally given in medical certificates of insanity. Now, we maintain that this law is directly advantageous to the medical profession, both from the fees it brings and the power which it bestows; it is indeed both profitable and honorable, and the Commissioners in Lunacy, in enforcing this law, although no doubt they are actuated by the desire to watch over the welfare of the insane, do in fact confer a benefit upon the medical profession, for which we ought to be grateful. Granting that persons of unsound mind may not be taken from their homes and placed to reside either in private asylums or in private houses without some authority, what would be said by our medical journals if it were attempted to withdraw this authority from our own profession to some other—to the clergy, or to the lawyers? Would not such a change be very loudly and very truly called an injury and an insult? Let us, therefore, having this great responsibility placed upon us by the law of the land, endeavour to exercise it in all faithfulness.

Dr. Kelly's case has been commented on as if the Commissioners in Lunacy had prosecuted him as a medical man. But this is not so; he was prosecuted for keeping a lunatic in his house for the purpose of gaining a profit, without having protected himself by the sanctions required by the law. If Dr. Kelly had merely given the lunatic his professional services, there is no law to prevent him from receiving the fullest remuneration for those services; and this consideration we conceive entirely forbids Dr. Kelly's prosecution from being considered a professional question, except on the ground which we have taken, namely, whether it is or is not to the advantage of the profession to receive the fees and to exercise the power which pertains to medical certificates of insanity. If the relatives of lunatics were permitted to place them wherever they chose, without the sanction of medical certificates, a considerable amount of fees would annually be damned back from the purse of the profession; and although the *argumentum ad crumenam* is of course a low and vulgar motive, let it go for what it is worth, which is certainly more than the hardship inflicted upon Dr. Kelly.

The 'Lancet' argues that the Commissioners in Lunacy are putting the law in force with regard to single patients, kept for profit, in order that, for their own convenience, they may complete the system of herding the insane in asylums. We should rather have drawn the opposite inference. If an active government enforces the law, so that a single traveller may roam "frae Maidenkirke to John o'Groats" under its protection, the effect of its activity would scarcely be to make men herd together in companies for security of travel, as men used to do in the perilous passage of the five fields between London and Chelsea.

Our esteemed associate, Dr. Nesbitt, has published a letter to

Lord Shaftesbury, urging the abrogation of that dire necessity of medical certificates which is required to legalise the admission of lunatics into asylums. Dr. Nesbitt thinks that "The causes that lead to the present fertile violation of the law, or to a reluctance to comply with its provisions, may be referred to the following heads :

"1. The exclusiveness of the licensing system.

"2. The vigorous exaction of certificates in all cases."

He complains that patients can only be admitted into asylums for the insane on the condition that "they are properly branded." That is to say, on condition that they are properly certified to be insane ; and he asks—

"Why not extend the privilege of residence in an asylum to all sorts and conditions of men? A change of this kind would enhance the securities now supposed to be in the possession of the public ; for what could be greater than those afforded by the proprietor of an asylum, who, being registered to receive six inmates, can show that one third of that number were voluntary boarders, without certificates? These invaluable witnesses would, by their very presence, disarm the whisperings of prejudice by demonstrating that all was above board—that, whilst some were restrained for their own good, others voluntarily shared their fate. . . . Why should not the invalid, whether a real or imaginary sufferer, fatigued with the *ennui* of the outside world, or dissatisfied with his own fireside, have the privilege of selecting and adopting a home for himself? And if he believes that an asylum offers him advantages which he cannot obtain elsewhere, what is that liberty which would prevent his enjoyment of it? The answer is, 'The order and the certificates.' That there are many hysterical, nervous, and eccentric persons who would desire the boon, but who would shrink from forced residence in an asylum and from certificates, is an unquestionable fact, familiar to all who practise in this department of the profession."

It is not clearly stated whether Dr. Nesbitt proposes that private asylums should thus be opened to accommodate voluntary boarders of sound mind, or voluntary boarders who are insane. If the former is meant, they might indeed be considered "invaluable witnesses" of the management of the asylum, but the existing law scarcely forbids any sane person to reside in an asylum, public or private, who desires and is permitted to do so ; although if the proprietor of a licensed house used it partly as an ordinary boarding house, the Commissioners might object as a matter of management, because by so doing he would expose his real patients to undue publicity, and to influences which he would find it difficult to control.

This, however, would not appear to be Dr. Nesbitt's proposition, which we take to be that insane patients should be admitted into asylums without certificates of insanity, on the supposition that it is their own will and pleasure to be so admitted. Dr. Nesbitt observes, "that if the phenomena of insanity inevitably presented themselves under aspects so precise and fixed as to defy cavil," there would be grounds for maintaining a distinction between an asylum and any other domestic residence. But we apprehend that it would be only

under such impossible conditions that his proposed classes of asylum inmates (namely, two thirds of certified patients detained against their free will, and one third of uncertified patients residing by their free will) could be distinguished. Practically, the conditions and the volitions of the insane vary from day to day; so that patients brought to the asylum by force, and under the sanction of medical certificates, may very probably, through the influence of kind treatment, become happy and contented residents; while, on the other hand, patients who, in a state of discontent with home and friends, may have placed themselves in asylums as voluntary inmates, are exceedingly likely to become discontented with the residence they have thus chosen, and to claim to leave it at a time when they are in a state of mind which would place a heavier responsibility on the physician if he were to comply with their demand than if, in absence of all legal sanction, he were to compel the prolongation of their stay. If this proposition were acceded to, what is a more probable or more disagreeable occurrence than that the Commissioners in Lunacy should, from time to time, discover, in the innermost seclusion of asylums, patients bitterly complaining of coercive detention and boiling over with more or less mendacious accusations, yet for whose presence in the asylum the perplexed proprietor would not be able to show one scrap of sanction. The explanation, of course, would be that such patients were voluntary boarders, and had at first been delighted with the asylum and everything therein, but unfortunately the state of mind had not been "so precise and fixed as to defy cavil;" there had been an access of suicidal melancholia, or of maniacal excitement, and the proprietor believed that to accede to the demand for discharge would result in disaster, and had refused to grant it. That a class of half-mad or half-cured patients exists, who need some degree of surveillance and control, intermediate between the liberty of the insane and the restraint of the certified lunatic, is very certain; but Dr. Nesbitt's proposition by no means meets the want. An asylum for uncertified lunatics is said to exist in London, but in the present state of the law it must be as dangerous as rotten ice; for supposing that the Commissioners in Lunacy should prefer to see a useful, although illegal, experiment carried to its issue, there is yet the danger of some ill-conditioned half madman bringing an action for false imprisonment, if the proprietor should humanely turn the key upon him when his propensities, warming into dangerous activity, have made him clamorous for free action; or, on the other hand, if the key is not turned, there is the danger of being accessory to mad riot and debauchery, or to worse. The only safety in dealings with the insane is to walk strictly under the shadow of the law.

In pleading for any alteration of the law we cannot indorse Dr. Nesbitt's demand that patients should be admitted and detained in private asylums without the sanction of medical certificates; but

we think that, to meet the case of voluntary refugees, a modification of the law would be useful to this extent, namely, to permit both the medical certificates to be founded upon examinations of the patient made after admission, instead of only one of them as at present in cases of emergency. Instances would not be unfrequent, in which persons who feel the hidden tortures of mental disease would voluntarily seek for the protection of an asylum, if it could be afforded; indeed, within the last few weeks, two ladies, having escaped from their friends, have voluntarily sought for care and treatment in the pauper lunatic asylum from which we write. Now, although we maintain that such patients ought not to be detained without the sanction of certificates, we cannot see any valid reason why the certificates should not be granted upon interviews in the asylum, and (wanting the consent of relatives, who may be indifferent, ignorant, or hostile) such patients be detained under the order of the Commissioners in Lunacy. To give a case in illustration—one of the above-named ladies, having for months felt desperate impulses to suicide, fled from her home, and walking twenty miles presented herself to the physician of the county asylum, begging for care and treatment. Her wealthy friends, summoned by telegraph, refuse, as they have before done, to recognise the existence of the hateful disease; “There never was anything of the sort in their family,” &c.; and the poor lady, overwhelmed with remorse and fear, is led back to the uncongenial influences of what is called her home, from which the probable escape will be another voluntary journey, ending in that bourne from which no traveller returns. What just reason is there why the law should not permit such a patient as this to seek for and obtain refuge in a private asylum; the certificates of medical men, independent of the asylum, being given after admission, and the permission of the commissioners being substituted for the order of a relative?

And this reminds us to repeat the opinion which we expressed before the Select Parliamentary Committee [Question 1238], that the medical certificates of insanity ought to suffice without the order of the relative; the main reason why these single cases are not placed properly under certificate being the necessity which at present exists for accompanying the certificates with the order of a relative. According to all that we have been able to observe in this matter, the relatives of the insane do not object to the medical men in attendance, and in consultation, signing certificates of insanity. The real pinch is the necessity of accompanying these certificates by an order in which, under their own hands, they recognise the insanity of wife or parent. It is the “I, the undersigned, request you to receive A B, a lunatic, into your house,” &c. &c., to which relatives entertain a repugnance which is often not to be overcome. In the most urgent cases, such an order is not signed without reluctance.

“If he gets well, will he ever see this?” naturally asks the anxious and fearful wife or child: and we have yet to learn what good purpose this written order serves, which could not be equally obtained by verbal consent. In the case of a wife, for instance, what civil obligation does it impose? If it imposes none, it is a gratuitous infliction of moral pain, and should be superseded, not only as we have recommended in the instance of single patients, but also in those sent for treatment into asylums, public or private. The two medical certificates should still be demanded. The law insists upon them, from patients admitted even into county asylums, for all patients, not paupers [Asylum Act, sec. 74]. One of them may be given by the medical man in ordinary attendance, and the second may be looked upon as the certificate of the medical man called in consultation. A surgeon does not often decide upon an important operation without consultation; and the confinement of an insane patient may be considered a moral operation needing the same concurrence of opinion of two skilled witnesses.

After writing the above, we have had the benefit of perusing Dr. Conolly's paper on the same subject, distinguished, like all which comes from his pen, by the humanity of its sentiments, the justness of its views, and the classic elegance of its diction. It will cause no surprise that on such intricate questions independent opinions do not entirely correspond, and our revered associate would be himself the very first to encourage perfect freedom of discussion.

Ill treatment of a pauper lunatic.

The duty of promoting the prosecution of three of his attendants for a brutal assault upon a patient has fallen to the lot of Dr. Sherlock, of the Worcester Asylum, and we are glad to observe that it was mainly upon his evidence that one of the accused was convicted and punished; thus affording a valuable example of the readiness with which the medical superintendents of asylums are prepared to promote the just punishment of any of their subordinates who have violated the trust reposed in their humanity and care, and to demonstrate that they can have no interest in opposition to the welfare of their patients, can have no feelings but those of indignation and disgust towards such a miscreant as the man whose trial and conviction we report from the assize intelligence of the Oxford spring circuit for March 9.

CRIMINAL COURT.—(Before Mr. Justice BLACKBURN.)

Samuel Vick, 21, Joseph Lacey, 33, and James Thomas, 21, three attendants at the County Lunatic Asylum at Powick, were charged with inflicting grievous bodily harm upon Patrick M'Kenna, a patient in the asylum, on the 3d of February last.

Mr. E. V. Richards conducted the prosecution; Mr. Powell defended Lacey and Thomas; Vick was not defended by counsel.

The case for the prosecution was that M'Kenna, who was afflicted with melancholia, had been brought into the asylum after making an attempt to cut his throat. The next morning he refused to put on his neckcloth, though repeatedly advised by Vick to do so, and in consequence a struggle ensued between him and Vick, in the course of which M'Kenna, the patient, was thrown on the ground. Lacey and Thomas, who were in an adjoining room, hearing the noise, went into the gallery where Vick and M'Kenna and about twenty-three other patients were, and it was alleged that all three prisoners kicked the unfortunate man and otherwise ill-treated him.

Dr. Sherlock, the medical superintendent of the asylum, stated that, being told by Vick that M'Kenna had had a bad fit, he went to the gallery, and found that he had suffered great injuries. There was a large wound in his armpit, his breastbone was broken, and also two or three of his ribs. In his opinion those injuries could only have been inflicted by kicks. At first the patient was in very great danger, but he had since rallied, and the doctor now thought he would recover. Before inquiry into the cause of those injuries, and stating that the man had been grossly treated, and it might be murder or manslaughter, Vick said it was no use denying it, that they had used the man very badly, and he was very sorry for it. Lacey denied that he had thrown the man down, but said, as the doctor understood, that he must acknowledge to having kicked him once. Thomas made no statement. The next day the three prisoners were examined before the Committee of Visitors, when Vick again admitted that he had treated the man brutally, and hoped the committee would deal with the matter at once; but Lacey and Thomas denied that they had been parties to any ill-treatment, and alleged that they were not present until the scuffle was over. Joseph Newman and George Gillett, two lunatic patients, who were in the gallery at the time the disturbance took place, deposed with great coherence and precision that Vick had assaulted M'Kenna, and thrown him down and kicked him before the other prisoners came in; but they added that, after Lacey and Thomas came in, they both joined in kicking M'Kenna. It appeared, however, that the former of these witnesses suffered from impaired memory, and made statements which were not correct, and that the other was subject to delusions as to things having happened which had not. They also slightly differed from each other, and from the statements which they had previously made on the subject. The medical officers of the asylum deposed that all three of the prisoners had previously borne good characters.

Mr. POWELL addressed the jury for the prisoners Lacey and Thomas, and contended that there was no evidence against them, except that of the two lunatics, which could not be relied on.

The prisoner Vick also addressed the jury, and endeavoured to show that M'Kenna had inflicted the injuries upon himself in his struggle with the attendants.

The jury *Acquitted* Lacey and Thomas, but *Convicted* Vick.

Mr. Justice BLACKBURN sentenced him to twelve months' imprisonment, with hard labour.

The Tragedy of Life: being Records of Remarkable Phases of Lunacy kept by a Physician. By JOHN H. BRENTEN. In 2 vols. London: Smith, Elder, & Co. 65 Cornhill.

The picturesque aspect of insanity is one which has long been
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diligently studied, and elaborately copied in drama, and romance. The inapproachable perfection of Shakespeare's insane characters make it, indeed, an arduous task to follow in his steps in the one department of literature; but in the field of the novelist there is nothing to intimidate imitation, for even Goëthe's representation of mental disease, in 'Wilhelm Meister,' admirable so far as it goes, is but sketchy and vague. Of modern works, the mad tales in the 'Diary of a late Physician,' written by the distinguished author who is now one of the Masters in Lunacy, are remarkable for the power with which insanity is described, and remind us that an able man of letters may write under the assumed character of a physician with eminent success. The work before us at once calls to mind the early production of Mr. Warren, for, like him, the author professes to reproduce his professional annotations; but in Mr. Brenten's work the subject is dealt with in a more strictly professional style than that which was assumed by his able predecessor. Many authors have introduced madness into their works of fiction in moderated proportions, as the greatest musical composers make use of discord; but Mr. Brenten's work is altogether on this subject—it is a whole opera in a minor key, or a whole gallery of Fuselli's paintings. There is great literary power in these volumes, or rather in one and a half of them; for the latter half of the second volume is by no means of equal merit to that which precedes. They exhibit a pure and lucid style, a vigorous faculty of mental analysis, and a command of incident and of dramatic effect of highest promise whenever the author thinks fit to write fiction on more attractive subject matter than the professional aspects of mental disease. Few subjects, indeed, afford more scope for the skill of the accomplished word-painter than the lights and shades of mental infirmity, as we may see in the 'Balthazar Claës' of Balzac, and 'La Tulip Noire' of Dumas, both exquisite delineations of monomania, with which we know of little in our own language to compare. But the ravings of acute mania, as they come under the notice of the physician, can scarcely, by any amount of skill, be toned down into a picture which is wholesome to look upon. Stern duty takes us into the mad-house, and into the dissecting-room; but it was a vitiated taste which induced the dandys of a former age to pay their twopences to see the poor lunatics in Bedlam, or which recently led lady visitors to Dr. Kahn's museum of anatomical obscenities.

Having said this much, we must add that the moral tone of Mr. Brenten's work is pure and good. The lessons he inculcates are those of honour and virtue; he affiliates shame and misery upon sin, and lovingly depicts the beauty of self-sacrifice. Now that he has completed the task he has set himself, we very heartily wish that he would undertake to supplement it, by producing its counterpart in a work aiming to demonstrate the psychology of goodness and of

virtue. We trust he would be able to give the dish flavour enough for healthy palates. It is a moral dyspepsia which ever craves for high-spiced food in literature, a craving which the modern modes of life ever render more and more difficult to satisfy. The great tendency of that which we call advancing civilization is to equalise the appearances of life, although it at the same time increases the struggle to maintain those appearances. The social army, no longer resplendent in barbaric purple and gold, no longer a crowd of men each one ornamented and armed according to his own fancy, has at last been drilled into an uniformity of appearance which is destructive of picturesque effect. Compare the difference in the outward belongings and modes of life of a noble, a scholar, and a tradesman, as they existed in the old feudal times, with the modes of life at the present day, when all outward distinction has been well nigh effaced. The nobleman may live in Belgravia, and the merchant at Bayswater, and skilful observers may indeed be able to indicate certain *nuances*, in everything they do, and by which their social class, order, and genus may be guessed; but, shades of difference apart, they practically dwell, dress, eat, and live in the same manner; so that, for the purpose of word-painting, all picturesque effect is lost. A French author has said, “N’y a-t-il plus de mœurs tranchées or de comique possible que chez les voleurs, chez les filles, et chez les forçats? Il n’y a plus d’énergie que dans les êtres séparées de la société?” (he might have added *chez les aliénés*), and it would seem that it is the uniformity in the appearance of life which drives authors to such subjects of interest as this which has been chosen by Mr. Brenten.

There is, however, something very much beyond all this in the volumes before us. No professional novels, not the naval romances of Marryatt, nor any others we know of, display so profound a knowledge of their subject; and the most accomplished specialist may read not for amusement only, but for instruction also. The story which occupies the first volume, which is the history of a life-long hereditary insanity, characterised by excess of moral perversion over intellectual disturbance, culminates in an admirably described account of an inquisition *de lunatico inquirendo*. The medical witnesses, being the supposed author and a conscientious but wavering physician, who has had charge of the supposed lunatic, are rehearsing the approaching inquisition, under the tutelage of an Irish barrister, who brings into relief what we may call the humours of the position.

All this is very clever and very true, and the description of the inquisition itself is equally good. It, however, contains one slip, which, with others of the same kind, puzzles us greatly as to the real authorship of these volumes. The opposing counsel is made to maintain that the supposed lunatic “must not only be of unsound

mind, but he must be incompetent and dangerous—dangerous to himself and others—before his liberty, the most precious boon of an Englishman, could be wrested from him.” This of course is quite wrong, for although this condition was insisted upon by Chief Justice Pollock, in a celebrated case, as the necessary justification of confinement in an asylum, his dictum even in that point was very properly resisted by the Commissioners in Lunacy; and such a condition has never been, and never could be maintained as needful to place a person of unsound mind under the care of the Court of Chancery.

Hints on Insanity. By JOHN MILLAR, L.R.C.P. Edin., &c.
Crown 8vo. London: Renshaw.

In these hints Dr. Millar has undertaken to write a little work much needed, addressed “to those medical men who have had no opportunity during their professional education to become practically acquainted with insanity, and whose time is too much occupied to permit them to make a special study of a disease which they are seldom called upon to treat.” Dr. Millar very properly lays the greatest stress upon the diagnosis of the disease; for no amount of hints will ever enable a medical man practically unacquainted with the study of insanity to undertake its treatment with any prospect of safety or benefit to his patient, or of satisfaction to himself. The best treatise on domestic medicine could be written in four words, “Send for the doctor,” and so the best hint to a medical man ignorant of insanity is a sentence pregnant with wisdom, “Send for the specially instructed physician.” Dr. Millar discriminates with judgment the cases which may properly be placed under treatment at their own homes, and those for whom the asylum is undoubtedly the best place. Professional men suffering under acute attacks of insanity, the successful treatment of which, without resort to the resources of an asylum, will be likely to feel the benefit of the former course in the prosperity of the future career. An attack of acute insanity, for which the patient is only treated in his own house and in some seaside residence, may pass with the world for anything which the medical man chooses to call it—the conventional six weeks of acute rheumatism for instance; but about a disease treated in a lunatic asylum there can be no doubt. For all incurable forms of insanity, Dr. Millar recommends the asylum without reserve. But it must be observed, that although acute cases may be thus treated as single cases, it is even more imperative that such a mode of treatment should be conducted by medical men practically conversant with the disease than if the treatment be

conducted in an asylum, and for the simple reason that it is more difficult among the varied attendants; and in the midst of the resources of a well-formed asylum even the uninstructed medical man might easily chance to succeed, but in treating a lunatic as a single patient, under an accumulation of difficulties, "the medical men who have had no opportunity of becoming practically acquainted with insanity," will, we venture to say, find no royal road or short cut to a *quantum sufficit* of a difficult knowledge and an arduous art. Doubtless there are many cases which are so treated, and doubtless, also, there are many cases of acute insanity treated in their own homes, which sink into a lifelong imbecility or the more charitable embrace of speedy decease. Therefore we say it is well that Dr. Millar's practical little work dwells principally upon the diagnosis of mental disease. If it were desired to give hints to persons ignorant of surgery, as to what they should do in emergencies, one would scarcely endeavour to impart instruction as to the mode of tying arteries or amputating limbs, though one might very properly show how a tourniquet should be employed, or a broken limb adjusted, so as to afford relief. Dr. Millar concludes his well-written little work with a chapter on the forms of admission to asylums, and with some excellent remarks on medical certificates, of which he gives, from his own experience, three kinds of examples, namely, those of facts stated by medical men to indicate insanity, but which offered no evidence whatever to the point; secondly, examples of vague and irrelevant facts; and thirdly, examples of good facts, and he appends the rules of admission of hospitals for the insane, for instance, Bedlam, St. Luke's, and into the asylums and licensed houses in England, Ireland, and Scotland; in the latter there is a "Certificate of Emergency," which might be usefully adopted here.

Suggestions concerning the Construction of Asylums for the Insane.

By Dr. FAIRLESS, M.D. Pamphlet, Sutherland and Knox.

This is an attempt to elucidate the detached block system of asylum arrangement. It will not be needful for us to observe how much we prefer this system to the old model of asylum architecture, founded upon the long galleries and gloomy cells of desecrated monasteries, which were the first asylums. Dr. Fairless recommends a central block for infirmary and refractory wards, and ten detached houses, two of them being infirmaries for 350 patients. The following is the estimate of the cost amounting to an average of £47 14s. per head.

The central hospital, for 78 patients	£4,560
The wash-house and laundry	824
The stables and workshops	650
Two infirmaries (each £412), for 30 patients	824
Eight houses (each £690), for 240 patients	5,520
Medical superintendent's house	1,000
The garden and court-walls	1,120
Drainage engine and boiler	1,000
	<hr/>
	£16,698

Of course rough estimates of this kind are of little value without specifications. A house may be built to sell or built to last; and a public institution should certainly be built for the latter purpose. Whether the estimates which Dr. Fairless has obtained from an architect are founded upon scantling of timber and thickness of walls which would be needful for a substantial and lasting building, there is nothing in the pamphlet to show. Dr. Fairless remarks that our county asylums have cost from £150 to £250 for each patient; the lowest of these being more than eight times as much as his estimate; and it is scarcely probable all county asylums have been such extravagant jobs as this contrast would indicate. With the principle of this detached block system we most fully concur.

Lunacy Legislation.

A short Bill, entitled the Lunacy Regulation Bill, has been introduced into the House of Lords by the Lord Chancellor. It is to be construed as part of the Lunacy Regulation Act, and its purpose may be gathered from the exposition of the Lord Chancellor, and the remarks of the Earl of Shaftesbury, on its second reading.

“LUNACY REGULATION BILL.

“The Lord Chancellor, in moving the second reading of this bill, said a great deal had been done to improve the position of lunatics by Lord Brougham, Lord Lyndhurst, and Lord St. Leonard's; but a great deal remains to be accomplished. There were many persons of unsound mind possessing a small amount of property, which a commission of lunacy would wholly absorb. But unless there was a commission the property could not be made available for the benefit of the owner. It was proposed by the Bill that if it were made out to the satisfaction of the Lord Chancellor that these persons, who had incomes under a fixed sum, were lunatic, and if after notice they made no objection, the Lord Chancellor should have the power to dispose of the property as if a commission had issued, and they had been regularly found insane. He admitted that it was a very stringent measure, and one which he should not propose if it were not absolutely necessary. Instances showing its necessity had been furnished by the commissioners. In 1858 a governess, at that time lunatic, became entitled to about £100, and it continued to this day to be held by a

joint-stock bank, who refused to pay it over without the authority of the Lord Chancellor. The Lord Chancellor could give no authority, unless a commission found her insane, and the expenses would wholly absorb the property. In September, 1858, A. B., then in a country asylum, became entitled to a legacy of £200. His own funds were exhausted, and the trustees refused to apply the legacy for his benefit, because they could receive no proper discharge. There was a patient in St. Luke's Hospital possessed of £100 in a savings-bank. His wife could not maintain him; she could scarcely maintain herself. She had repeatedly requested the commissioners to appropriate the money to his use, but they had no power to do so. There were other cases to the same effect, and he hoped that if the Lord Chancellor for the time being were intrusted with the power proposed, it would be always exercised for the benefit of the unhappy lunatics. (Hear, hear.) By the present law a person of whose lunacy there was not the smallest doubt could insist upon a second inquiry. Some years ago a Mrs. Cuming, after an inquiry which lasted sixteen days, was found lunatic on very satisfactory evidence. She insisted on another inquiry. Lord St. Leonard's saw her, and tried to dissuade her; but, whether from her want of understanding, or from her being prompted by others who might have had mercenary motives, she persisted, and another inquiry would have taken place had not Providence interfered and cut her life short. It was proposed by the Bill to give the Lord Chancellor a discretion to grant or refuse a second inquiry, after having seen the lunatic and taken the best means in his power to come to a right conclusion. It was also proposed to give power to grant retiring allowances to the visitors to the extent of two-thirds of their salary. Two of the present visitors had been in office about thirty years. He believed they had done their best to discharge the duties imposed on them; but they were now of a very advanced age, and physically unfitted to continue in office. It had been proposed that the Chancery visitors should be abolished, and that lunatics under the charge of the Lord Chancellor should be visited by the visitors of the General Lunacy Board. He was afraid, however, that this proposition could not be carried out. The General Board had already more to do than they could well get through, and if there were any increase to their numbers it must be at the public expense; whereas the Chancery visitors did not cost the public anything. It had been proposed, too, in order that the General Board might take charge of them, that the Chancery lunatics should be brought together, in the neighbourhood of some central railway station; but this was absolutely impracticable. They were scattered about the country in their own houses, among their friends, or in the charge of clergymen, physicians, and so on, so that it was impossible to bring them all together. It was most essential, too, that there should be direct communication between the lunatics and the Court, and this could only be done by releasing the Chancery visitors. The only other provisions of the Bill were one for declaring that Masters in Lunacy should not be able to sit in the House of Commons, about which a doubt had been raised a short time ago; and another to make the Registrar in Lunacy a permanent officer. The noble and learned lord concluded by moving the second reading of the Bill.

The Earl of Shaftesbury heartily concurred in the principle and details of the Bill, which he believed to be calculated to promote the welfare of this unhappy class of persons. The cases mentioned by the noble and learned lord were merely representative cases. Many others equally striking might have been brought forward. It was not the General Lunacy Commissioners who had proposed that the Chancery lunatics should be transferred to them, for they had already a great deal more work than they could do; but it was the wish and desire of the House of Commons, as the system of Chancery inspection was so imperfect and infrequent, that the visitation should be transferred to the General Board. The Board said they would be perfectly ready, provided

certain facilities were given to them. If the noble and learned lord desired to retain the visitation in the hands of the Court, he hoped that the visitors would be required to devote themselves exclusively to the work. It would not do for them to devote one half of their time to visiting, and another part to the general duties of their profession. Their whole time, strength, and attention must be given to the visitation, otherwise the system would not attain that pitch of efficiency which the noble and learned lord desired.

The Bill was then read a second time."—*Times*, March 19th.

The purport of the clause having reference to the property of lunatics, has been greatly misunderstood by an influential contemporary, who expresses apprehension that it would endanger the liberty of the subject, by abrogating the right of a supposed lunatic to be tried by a jury. The writers we allude to, have obviously, without reading the Bill, jumped to the conclusion that the clause is intended to give to the Lord Chancellor the full powers of commitment of the custody of the person as well as the care of the estate, in the same manner as if an inquisition had been held. Now, the clause in question gives the Lord Chancellor no power whatever over the custody of the person. It merely enables him, when the property of a lunatic does not exceed £500 in value, "to make such order as he may consider expedient for the purpose of rendering the property of such person or the income thereof available for the maintenance or benefit of such person, or of him and his family;" and the clause concludes with the proviso "that the alleged lunatic shall have personal notice of the application for such order;" "and in case the alleged lunatic shall oppose such application, no such order as aforesaid shall be made."

Surely there is nothing in this which can be considered "to invalidate the entire system of juries in all its manifold relations to the protection of personal liberty." The clause, in fact, appears to give to the Lord-Chancellor very little power beyond that given by the 94th sec. of the Lunatic Asylums' Act to any two visiting justices of a county asylum, who, in the case of a lunatic in the asylum having an estate more than sufficient to maintain his family, may make an order, upon which so much of his goods and chattels, rents or profits, property under trustees or in the Bank of England, or any stock interest or annuity belonging to such lunatic, may be taken to defray the charges of his maintenance, &c. There is a curious anomaly as the law at present exists. A lunatic, say, has £500 in the bank; his relatives, by so conducting themselves that two justices of the peace may consider him to be "not under proper care and control," may obtain his admission into a county asylum; and two visitors of the asylum may then order his property to be applied to his maintenance, the receipt of the relieving officer or overseer being a good discharge; and in these proceedings the lunatic himself has no option or power of opposition. But if the relatives of a lunatic who has £500 in the bank treat him with all care and kind-

ness, and do not, either by manœuvre or neglect, obtain his admission into an asylum, there does not appear to be any legal power, except after an inquiry under the writ *de lunatico inquirendo*, by which his money can be made available for his uses.

Communication to the Academy of Sciences of Paris upon the establishment at the Abendberg, and the necessity for European statistics upon Crétinism and Idiocy. By M. LE DOCTEUR GUGGENBUHL. (Report made 2nd half year of 1860, vol. li, No. 24, committing MM. GEOFFREY SAINT HILAIRE, ANDRAL, RAYER.)

You are aware, gentlemen, how much the opinions of men of science have differed hitherto upon the nature of this pest, so widely diffused in all mountainous countries, and even, according to the latest researches, in some plains also. Whilst Ramond de Carbonières has considered cretins to be a distinct race, M. Baillarger has thought it proper to designate them as monsters, and Hufeland has called crétinism a scrofula of the whole of human nature. The observations made during the last twenty years in the establishment of Abindberg have evidently proved that it is a grave affection of the cerebro-spinal system, consisting of various pathological changes, which produce the irregular and tardy development of the body and the obtuseness of the senses and of the intellectual faculties, which characterise this deplorable malady.

1. The autopsy has most frequently demonstrated a cerebral œdema, with anomalies in the lateral ventricles, which are dilated, and either filled or not with serum. In a more advanced period, the softening of the contiguous circumvolutions manifests itself. The microscopic investigation of many cases has not discovered any visible pathological traces, neither in the cortical substance, nor in the nervous substance, nor in the elementary fibres.

2. After this comes the imperfect or retarded development of portions of the cerebral, especially of the anterior and posterior lobes; sometimes general atrophy of the brain; more rarely hypertrophy of this organ is the cause of the cerebral stupor.

3. Induration of the brain, or of some of its parts, in some exceptional cases.

4. Hypertrophy of the bones of the cranium, which comprises the cerebral substance, characterises the rachetic form of cretinism in a more advanced stage.

5. The premature closing of the sutures by inflammation frequently produces a deformity of the cranium among cretins and idiots; but having frequently found the same thing among persons

of perfect intelligence, I believe that it cannot be classed among the pathological causes of cretinism. Thus this word is only a collective name, expressing different pathological states, with a tendency to progressive degeneration and the annihilation of the intellectual faculties.

Observation of our alpine valleys shows that we must distinguish a group of precursory symptoms which afflict a great part of the inhabitants without injury to the intellectual faculties; these are—goître, stunted growth, disproportion between the body and the limbs, and impairment of the senses; above all, deafness and strabismus.

The pathognomonic symptom of cretinism is cerebral stupor; but this does not prevent isolated faculties from being well developed, as an extraordinary memory for learning languages, music, drawing, which we have often had occasion to observe at the Abindberg. Fodéré, in times past, has maintained the exclusive hereditary character of all these maladies; and it appears, in truth, that in the valley of Aosta, where he practised medicine, there are some villages where cretinism propagates itself from generation to generation. But more extended observation shows that it is rather a local phenomena, and that, moreover, its hereditary quality generally plays a very secondary part (at the Abendberg, in only one case in thirty where the parents have shown symptoms of cretinism); but it must be admitted *that the germ of the predisposition* develops itself in the mother, because one meets everywhere with families in which a part of the children become cretins, whilst others preserve their health and intelligence, although surrounded by the same external influences. Moreover, it is certain that the most attentive observation, after birth, cannot always recognise these germs with certainty, because these children differ in nothing from others who are well organized, but weakly. It is then, in the greater number of cases, under pernicious local influences that cretinism develops itself during the first three years of life; most frequently near the time of the first dentition, with symptoms of softening of the bones (the rachetic form), of hydrocephalus (the hydrocephalic form), of scrofula (the scrofulous form), of general atrophy (the atrophic form).

Authors have generally admitted three degrees of cretinism, according as it is more or less completely pronounced, and this division has a practical value; many authors also, especially M. Ferrus, have established, with reason, a distinction between cretinism and idiotism, which agrees with the experience at the Abendberg. Idiotism is much less curable, although idiot children are generally well formed, strong and robust; in this they are distinguished from the cretins, who suffer from muscular weakness and other symptoms of ill health. It is in early age, and especially in the first six years, that we must combat this great evil and arrest

the progress of intellectual, moral, and physical torpor. The documents which I have the honour to transmit to the Academy prove that our efforts are often completely successful in reconstituting the type of humanity, and to restore these people as useful members of society, or at least to obtain for them a marked amelioration.

We will instance one of our young cretins, admitted, the beginning of last year, into a school in France where they train masters (at Glay, department of the Doubs). He studied there with the intention of fulfilling the functions of schoolmaster in his village. At first he was seriously afflicted with cretinism; and his history might serve as an example for the Academy.

F. M—, born in a village in the Oberland, is the youngest of four cretin children, who represent the different degrees of this malady. The parents are of ordinary intelligence; the mother has *goître*, the father is addicted to spirituous liquors.

The birth of this boy was effected with difficulty; it was immediately remarked, that he had a large head of hydrocephalia form, with a weak and atrophied body. He was three years old before he could stand upright, and only knew how to pronounce two or three words when he was received at the Abendberg at the age of six years. Besides his large head, and the general atrophy, one also remarked the deformities which exist in all the forms and degrees of cerebral stupor, that is to say the deformity of the hard palate which is excessively arched, and which appears to be one cause of the difficulty of pronunciation among *crétins*.

The circumference of the head measures twenty inches (Paris); the transverse diameter, eleven and a half, and the longitudinal diameter, from the end of the nose to the *foramen magnum*, sixteen inches; the height of the body, thirty inches; the weight thirty-six pounds. The complexion is pale; the muscles soft; the tongue thick; the skin cold; the temperature low; the respiration four times slower than common; pulse feeble at sixty pulsations per minute, his appetite is voracious, but does not nourish him; the intellectual life null; it took him many months to learn to distinguish between the fingers of the hand; added to this, he was indomitably obstinate.

The fundamental principle in the treatment of *crétinism*, is to strengthen the physical development, before the development of the faculties of the senses; for experience has proved that every effort is dangerous whilst the physical forces are not established, the nutrition and the functions of the nervous system regulated; for this purpose, warm aromatic baths are used, frictions, remedies such as cod-liver oil, syrup of iodide of iron, electricity, &c.; strengthening diet, and plenty of exercise, and excursions in the bracing mountainous air, which is of itself, one of the most strengthening agents, because it regulates the nutrition and the hematosi. After three years of assiduous treatment, this young boy could read and write; but from

time to time, he relapsed into his former condition; thus, for many days he forgot the letters of the alphabet. Therefore the mechanism of elementary instruction ought to be continually seconded by questions upon the knowledge of objects in natural history, which, by strengthening the memory, and by giving the faculty of distinguishing, develops the judgment. It is by this method, continued for many years, that this young man has been able to speak many languages; the last few years he fulfilled the duties of my secretary, writing a regular autography under dictation, in French, in German, and in English.

Every asylum designed to young crétins, ought to be governed by a method of medical pedagogy; it ought to be both hospital and school, and to possess workshops, where they may learn various trades. Crétins already advanced in age, and incapable of receiving elementary instruction, have shewn a peculiar aptitude for mechanical or agricultural labour. Up to the present time, we have always attained a cure more or less complete among young crétins, that is to say, up to six years old, who were capable of pronouncing some words, and who were exempt from convulsions which is always a very serious complication. One class only has given us satisfactory results at an advanced age; it is that which the Sardinian commission has named cretinoids (crétineaux). The numerous individuals of this class can express in short phrases the commonplace things of life, but low and vicious inclinations are so developed among them, as almost to amount to a kind of insanity, for in the bosom of the family they give themselves up to debauchery and sexual excess. Amongst these our method has produced excellent results, even at the age of twenty or thirty, as many examples have actually shewn at the Abendberg, where they are employed in various household occupations. A large number of medical men, sent by various European governments, have been able from time to time to appreciate the method and its results. M. Le Docteur Nypce, on the part of France, has made an official report, and many other French medical men have published their observations upon the Abendberg, as well as M. M. Morel.* They have willingly recognised that establishments of this nature are a great benefit to the age in which we live. The establishment of the Abendberg is already imitated in Austria, in Bavaria, in Saxony, &c.; and it is with great delight, that I have just learned that S. M. the Emperor Napoleon has ordered the erection of a similar establishment for Savoy, Maurienne and Tarantaise, so terribly afflicted by this malady. Establishments

* (1) 'Annales médico-psychologiques,' 1846. (2) Gansse, "Lettres sur l'Abendberg." 'Bibliothèque universelle de Genève,' Mars, 1819. (3) F. Dufresne, "Du Crétinisme, de ces causes, du traitement et l'éducation des crétins dans l'établissement de l'Abendberg." 'Revue Médicale de Paris,' Juin, 1846. (4) Professor Seux, 'Visite aux enfants Crétins de l'Abendberg,' Marseille, 1852, 8vo. (5) Scoutetten, 'Une Visite à l'Abendberg,' 3me édition, Berne, 1860, 8vo.

of this nature are the first steps to the study and introduction, of perophylactic measures so needful in the many countries where crétinism degeneration is endemic.

An amelioration to this extent was my first idea; but it is needful that science should yet make progress in order to understand the causes which are so multiplied and variable according to the country. Public opinion is already sufficiently fixed upon this work of humanity to encourage, as I hope, an European statistics of cretinism, the first necessary condition for the attainment of this noble end.

For this purpose I have drawn up a series of questions as a uniform basis, which the Academy of Sciences of Vienna and of St. Petersburg have already adopted, in requesting statistical materials from their governments; in order to put them into the hands of a commission, who will endeavour to educe from them the required information, and, by a careful examination of these documents, to arrive at a final conclusion in this complicated and difficult question.

In addressing myself to the illustrious institution of France, I trust that this learned body will, by its eminent initiative, give the impulse to all other societies of natural science which in the civilised world have not yet associated themselves with this humanitarian movement.

The predisposing cause appears to me, as I have already explained in my various writings, to be a specific malaria, which impresses its mark on all the inhabitants of cretinous countries.

Endiometric researches, according to the actual condition of natural sciences, are appealed to, in order to solve the opinions which are so varied on this subject, and to elucidate the following propositions:

1. To seek for the existence of a malaria in the state of the atmosphere—iodine, electricity, humidity, in countries afflicted with cretinism.

2. Is the water surcharged with earthy salts (too hard), or, on the contrary, deprived of the necessary carbonic acid?

3. The geological formation: has it affinity with the frequency and intensity of cretinism? What influence is exercised by the limit of elevation above the sea and above the soil of the valley?

4. What are the precursory symptoms of cretinism in man and in animals?

5. What is the proportion of hereditary or acquired cretinism?

6. The causes which favour its development—(a) mechanical, (b) nutritive, (c) intellectual, (d) other deleterious influences (the abuse of opium, of spirituous liquors, &c.)?

7. Is there a fluctuation in any country as to diseases, and under what influence? (The necessity of including persons with goître, cretins, and idiots, in the periodical returns.)

8. Questions of race: are there races which are exempt from these maladies, or amongst whom the development of them is favoured by association? Is the admixture of different races a prophylactic means, or are there races which bastardize themselves by association?

"It is to be hoped," said Hirder, that illustrious friend of humanity, "that wherever men exist there will be found intelligent and happy beings—happy not only by their own reason, but by the general reunion of the intellectual lights of the whole human race." And as the history of cretinism shows us many localities where a generation full of life and intelligence has succeeded to the hideous and degraded types which these great evils create, this hope is no longer an illusion. In truth, experience has established that this malady, which ravages so many countries, is capable of being reduced to its sporadic form.

APPOINTMENTS.

JOHN FORSTER, Esq., late Secretary to the Commissioners in Lunacy, has been appointed by the Lord Chancellor the new Commissioner in Lunacy, in the place of W. B. Procter, Esq., who has retired. This appointment gives universal satisfaction. The great prose writer is a fitting successor to the charming poet; but more than this, the intimate knowledge of all matters relating to lunacy, which the late Secretary to the Commissioners possesses, offers an unquestionable assurance that he will be thoroughly acquainted with his new duties. The promotion of the Secretary to the legal Commissionerships appears to be establishing itself as a rule, and an excellent one it undoubtedly is.

MR. PROCTER verifies his own line, that—

"Leisure must by toil be bought,"

and takes with him into his well-earned retirement the sincere affection of all who have the happiness to know him personally, and the entire respect of all who know him only officially. All will concur in heartily wishing him the re-establishment of that health which has been much impaired by devotion to his public duties, and in hoping that he may long enjoy the repose of age, and of "all which should accompany" it—

"As honour, love, obedience, troops of friends,"

and which, in his case, does so fully accompany an age warmed by affections won by personal worth, and crowned by the bright chaplet of literary fame.

THE HONORABLE WILLIAM CECIL SPRING RICE has been appointed by the Lord Chancellor to succeed Mr. Forster as Secretary to the Commissioners in Lunacy.

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Croonian Lectures. On the Pathology, Morbid Anatomy, and Treatment of Insanity, delivered at the Royal College of Physicians, London, 1858. By ALEX. JOHN SUTHERLAND, M.D., F.R.S.

(Continued from Page 19.)

THE time allotted for the delivery of a lecture did not allow me to state, when we last met, the appearances found on dissection in the thorax and abdomen in cases of insanity.

I will now do so very briefly, and will afterwards speak of that which I had proposed more particularly to form the subject of my present lecture, viz. the treatment of insanity.

In 167 cases—where it is specially mentioned that the thorax was examined—there were adhesions of the pleuræ in 95, of these 22 were on the right, 15 on the left side, 58 on both sides of the chest.

There was pleuritic effusion	in 24 cases.
Inflammation of the lungs	in 30 „
Gangrene of the lungs	in 5 „
Tubercles and vomicae were found	in 46 „
Pulmonary apoplexy existed	in 1 „
Melanosis of the lung	in 2 „
Emphysema	in 4 „
Abscesses	in 2 „
Bronchitis	in 12 „

With respect to the diseased appearances of the heart, as Dr. Stevens, the resident medical officer of St. Luke's Hospital, has paid particular attention to this subject, I shall refer to those cases only which he has examined.

From March 10, 1853, to Aug. 6, 1856, the total number of post-mortem examinations was 42, and disease of the heart was

found in 34, so that only in 8 cases did the heart present a healthy appearance. This frequency of disease of the heart corresponds with the statement of M. Foville, that he found it diseased in 5-6, and of Romberg that it was diseased in 5-7 of the cases of insanity, which they had examined.

The preparations on the table show the atrophy of the walls of the heart, particularly of the right auricle, and the enlargement of the auriculo-ventricular orifice, which is well seen in some of the specimens.

In 167 cases where the abdomen was opened, the mucous membrane of the stomach was congested in 13. The stomach itself was contracted in 2 cases, it was displaced in 3; narrow and elongated in 1, very small in 2, twice its natural size in 2 cases, and hour-glass contraction was found in 1 case.

The mucous lining membrane of the intestines was congested in 27 cases. The intestines were contracted in size in 13 cases. The stricture of the bowel is sometimes very great, and of considerable extent. In a patient suffering under dementia, who laboured under symptoms of scirrhus of the stomach, I found the stomach collapsed, and on its mucous membrane were three clusters of ecchymosis of a livid colour: at the commencement of the ileum, one of the mesenteric glands was converted into a scirrhus mass the size of a chestnut. The ileum was contracted to half its natural size, there was no caput coli, and only half of the transverse arch of the colon presented the natural appearance; after which point the stricture of the bowel again commenced, and extended to the rectum: the size of the colon admitted only the finger to pass; and what it had lost in breadth it had gained in length. In another case, the colon was constricted to the size of a tobacco-pipe, and in 2 other cases there was stricture of the ileum to a considerable extent. There was ulceration of the mucous membrane of the intestines in 2 cases; inflammation of the ileum in 3; the results of peritonitis in 4 cases. There was displacement of the colon in 5 cases. Fluid in the cavity of the abdomen in 2, tubercular deposits in the mesenteric glands in 5 cases. The liver was congested or enlarged in 34 cases; it had assumed the nutmeg appearance in 9, it was granulated in 9; there was cirrhosis in 1; it was fatty in 5; there were abscesses in 2, and in one case it was filled with scirrhus deposits.

There is great variation in the colour and consistence of the bile; in three cases of melancholia, with refusal of food, it was of a dark colour and viscid, in one case appearing like treacle. In another case, where there was also refusal of food, the bile was thin, and of a reddish-brown colour.

There were gall-stones in 17 cases. One of them weighed 188 grains, another 70 grains.

The gall-bladder was nearly obliterated in 2 cases. The cystic

duct was imperforate in 2 cases, and the common duct was thickened in one case. The kidneys were congested, and larger than natural, in 70 cases. In one case one of the kidneys with its fat weighed 31 oz., in another the kidneys were twice the natural size.

They were granular, marbled and mottled in 27 cases. In one patient the right kidney was small, and slightly lobulated, with its pelvis turned in a remarkable manner away from the vertebræ, while its ordinary convexity was turned towards the spine: it was supplied by two arteries from the aorta: the ureter arose in three distinct branches from the pelvis on its exterior edge, and after running over the anterior surface united into one tube near its lower extremity. They were small and wasted in 2 cases, remarkably softened in one case, preternaturally dense in 2 cases, filled with cysts in 3; a calculus was found in one case; on section the cortical substance of the kidney was found to have undergone fatty degeneration, some lobules having their secreting structure quite destroyed.

The spleen is sometimes softer than natural, of a pulpy consistence, resembling a clot of blood: in one case only was it enlarged and hard, and in two cases firmer than natural.

The pancreas was in one case much enlarged by tubercular deposit, in another case it was enlarged, and of a brown-yellow colour; in two cases it was small, hard, and dense, and in one case infiltrated with large granules.

The mucous membrane of the bladder was extensively inflamed in one case.

In the uterus there was a fibrous tumour in one case, scirrhus in one case. The left ovary was enlarged in one case. The cervix uteri was much ulcerated, and there was a communication the size of a quill between the bladder and uterus. There was slight ulceration of the os uteri in two cases.

In the case of G. F. two large fibrous tumours and cysts were found in the ovaries.

The Treatment of Insanity.

In every case of insanity which is presented to us, we have a new problem to solve; and the best way of doing so is by ascertaining the cause of the disease. Experience is a much less fallible guide to us in arriving at our conclusion than the evidence of the friends of the patient. There are groups of symptoms which accompany the different species of insanity so constantly, that it is impossible to be mistaken; and it is necessary, in certain cases, more especially those which are the result of masturbation, at once to tell the patient what the cause of his disease is, and to warn him that unless he leaves off his fatal habit, that he is never likely to recover his reason.

Too much pains cannot be taken in endeavouring to ascertain the hidden cause of insanity, and where it is not obviously manifested by the symptoms, it is necessary to inquire into the previous habits, disposition, and disorders of the patient, and those he may have inherited; remembering always that the vices as well as the diseases of the parent are hereditary. In the sane patient we are greatly assisted by his description of the peculiarity, and position of the pain under which he labours; in the insane patient we have no such assistance, as he either cannot or will not describe it. We ought, therefore, to examine minutely into the general health of the patient; not only do we derive valuable hints for treatment from ascertaining the state of the pulse, that of the skin, tongue, bowels, and urine, and in female patients that of the catamenia; but also from ascertaining the temperature of the head, the peculiarity of the complexion, from the expression of the countenance, from the want of tonicity in the vessels of the conjunctiva and its general paleness on the inner eyelid, and especially from the action of the pupil. We must also investigate the sounds and impulse of the heart, the throbbing of the carotid and temporal arteries, the functions of the lungs and the other organs of the body, in order to ascertain whether the insanity be symptomatic, or whether it be complicated with functional or organic disease of some other viscus. We have sometimes the nicest points of diagnosis and the most delicate evidence to weigh, and to pronounce our judgment upon.

In former times all patients appear to have been subjected indiscriminately to the same treatment. They were bled largely, they were even bled periodically, when there does not appear to have been even the excuse for doing so from the presence of acute symptoms. This active method of treatment gave way to one which was perfectly inert, as far as medicine was concerned, and the recoveries were few; still later every patient's head was shaved, and leeches were applied with a view of subduing excitement. Lastly, I believe the sedative treatment has been quite as indiscriminately used by modern practitioners as hellebore was by the ancients.

The sedative plan of treatment is, however, a great improvement upon the lowering system of former days. Now, bloodletting is seldom prescribed in any form, we grudge every globule of red blood which is abstracted, as on it depends the reparative process which we wish to effect in the brain-substance; and there never has been an instance within my recollection where the head of a patient has been shaved in St. Luke's Hospital.

Cases of acute mania require the most vigilant attention, as the practitioner is so often tempted, in consequence of the violence of the symptoms, to employ heroic remedies. As in encephalitis there is a stage of excitement, and a stage of collapse, so in acute mania there is a stage of irritation, and a stage of exhaustion; the treat-

ment which is applicable to the one stage, is often inapplicable to the other. Nevertheless, we often anticipate the stage of exhaustion, and either endeavour to save our patient's strength by ordering nutritious food, and by abstaining from prescribing lowering remedies, or we give him stimulants with a view of carrying him over that which is the most perilous part of the illness, viz., the state of utter prostration which is so frequently the result of the paroxysm.

The treatment of acute mania is analogous to that of fever; but whereas we meet with congestion in the former disease, we never meet with it in the same degree as in the latter, when delirium occurs.

The symptoms which we are called upon to relieve in acute mania are, great heat of head, sleeplessness, paroxysms of excitement, thirst, constipation.

Ice, and cold lotions to the head, appear to relieve the patient, as if they are not applied he will sometimes endeavour to cool his head by means not the most desirable. At this period of the disease alkalies are indicated, for the same reasons that they are in fever, and because it is necessary to neutralize the irritating effects of the urine, which is frequently highly acid, and scanty, and brings away with it from the kidneys much epithelial debris, not unfrequently mixed with tube-casts. The cortical structure of the kidney is in many cases congested, and the blood becomes deteriorated as the due elimination of the urea is thereby prevented.

If the patient be dirty in his habits it is necessary to pay great attention to cleanliness, as the highly acid urine is apt to produce bed-sores.

The want of sleep, which is so common a symptom in the acute stage of insanity, must be relieved by those remedies which are employed in all cases of asthenic irritation. In delirium tremens, it is well known, that small doses of opium only add to the excitement, whereas a large dose often brings on sleep from which the patient wakes to a state of health.

Nothing is more difficult than to ascertain the length of time that a maniacal patient can exist without sleep. The attendants frequently report that the patient has not slept at all; but closer investigation will convince the medical man that his patient has had snatches of sleep during the day, and it is very curious how little amount of sleep will refresh the maniac.

I cannot discover any longer period of sleeplessness in my note books, on which I can rely, than that of a female patient in St. Luke's Hospital, who, according to her own account, after her recovery, and according to the evidence of the nightly watch and of the nurses, went five days and nights in succession without sleep.

I am aware that more extraordinary cases of insomnolence are recorded, extending to as many weeks as the days I have mentioned, but we must receive these with some caution, knowing how apt we are to be deceived by the testimony of patients upon this point.

I believe that many patients have been saved from an attack of mania, by the judicious prescription of a large dose of opium. A gentleman of gouty habit consulted me some time ago, because he had not been able to sleep for several nights, as his mind was constantly absorbed in his business: he told me that it was of no use to prescribe opium, as he could not take it in any form. I found from the prescriptions which he brought with him, that opium had been given in too small doses, I therefore ordered him to take half an ounce of compound tincture of camphor, with five grains of compound soap pill at bedtime, and a few days afterwards he called on me to say that he had recovered. This patient was on the verge of suicidal melancholy, as he thought he was ruined.

When I speak of large doses of opium, I wish it to be distinctly understood that I do not recommend heroic remedies. I know that extraordinary cures have, in one or two cases, been reported, but I believe that extraordinary deaths have also occurred after unusually large doses of opium.

In mania the patient often wakes from sound sleep to a state of more active excitement. If we continue large doses of opium in these cases, we must take into consideration the cumulative effects of the remedy; and allow a sufficient time for the plus quantity to be eliminated before we repeat the dose. We must remember, also, that the irritation of the brain is not to be subdued by sedatives alone, and that although sleep will, to a certain extent, supply the waste of nervous force, a proper amount of nourishment must be added. The greatest mistake a medical man can commit under such circumstances is to keep his patient upon low diet. Food is of more value than sedatives, and it is sometimes necessary to give nourishment every two hours, sometimes every hour; even to wake the patient from sleep, to prevent him sinking from exhaustion. As the injected conjunctiva, from the want of tonicity of the blood-vessels, is a sure symptom of want of proper nourishment, so the parched tongue is a sure indication of the necessity for the use of stimulants.

I need scarcely say that there are cases of mania which are dependent upon congestion with a tendency to apoplexy, which are totally distinct from cases of mania from asthenic irritation, which require a different mode of treatment; but these cases are easily recognised.

I have not unfrequently met with patients whose symptoms are decidedly aggravated by sedatives. In a case recently under my

care, a tendency to suicide followed the administration of morphia; I therefore made the patient tire himself with long walks, prescribed active purgatives, and he recovered.

If one form of sedative should not produce sleep, it is better to change it than to increase the dose to any great extent. The compound soap pill will often succeed where morphia has failed, and much good is sometimes derived from a combination of sedatives.

In cases where sedatives disagree, and increase rather than allay the excitement, a glass of Scotch ale or Burton ale given at bedtime will frequently procure sound sleep.

In the acute stage of the disease there is often tumultuous action of the heart, which is relieved by morphia and chloric ether at night, and by digitalis given twice or thrice daily.

Although purely chemical reasons for prescribing remedies are often at fault, and can never be set against practical reasons, it is not unimportant to remember that the vegetable alkaloids approach nearer to the composition of the brain than any other substances, and are therefore more readily assimilated.

The great problem to be solved is the best method of treating the paroxysm of insanity in all its forms. The old treatment used to be to strap the patient down to his bed, when owing to the accumulation of nerve-force, not worked off by a sufficient amount of exercise, the favouring the congestion of the brain by the horizontal position, whereby the excitement was increased, and by prescribing a lowering treatment, the patient very soon sank from exhaustion.

Depletion is now seldom employed in general practice, and therefore the maniacal patient has a better chance than in former days; and large blisters to the nape of the neck are now rarely prescribed, as fatuity sometimes followed their unwise application. I believe issues to the scalp in the direction of the sagittal suture, recommended not many years ago upon high authority, and the actual cautery to the nape of the neck, at one time prescribed in France, have been totally abandoned.

Ten years ago I prescribed chloroform at St. Luke's Hospital, with a view of arresting maniacal excitement. Dr. Parker, who was in the habit of administering it during the operations at the London Hospital, very kindly assisted me. It certainly arrested the paroxysm and procured sleep, but I was not satisfied that it produced any curative effect. It is, however, right to state, that Dr. Parker considered the recovery of two patients to have been accelerated by its exhibition.

In a case where large doses of morphia had failed to subdue the paroxysm after epilepsy, and to procure sleep, I requested Dr. Snow to exhibit chloroform. In the course of two hours Dr. Snow administered chloroform four times. The first inhalation was

followed by twelve minutes' sleep; the second and third by ten minutes' sleep; the fourth by sleep of half an hour's duration. The chloroform first subdued the maniacal excitement, this was followed by a calm, which was succeeded by the peculiar excitement of chloroform. After the effect of the chloroform had subsided, the maniacal paroxysm returned, and Dr. Snow again exhibited the chloroform, in the afternoon; ten minutes' sleep was produced by the first inhalation; twenty minutes, by the second; but again, after the effects of the chloroform had subsided, the paroxysm returned; and the patient died a week afterwards of exhaustion, after a succession of paroxysms.

Various remedies have been recommended in the treatment of the paroxysm; the most recent is one which I saw last year in France; it is a net, in which the patient is confined, and swung between two trees, after the manner of a hammock; it did not appear to be likely to be generally adopted. In our County Asylums, where mechanical restraint is not allowed, the medical man has to contend with many difficulties in the management of the paroxysm. Many methods of treatment have been invented in order to supersede the great abuse of mechanical restraint. M. Esquirol's baths have been replaced by those of M. Briere de Boismont. The use of the padded room, at one time so generally employed, is discountenanced, and large doses of morphia have given way to those of ipecacuanha and tartar emetic. Considering how difficult a question this is to determine, I think we ought to be careful to abstain from condemning any one who, from mistaken motives, and not from gross ignorance or cruelty, has resorted to some new method of treating the maniacal paroxysm. And this brings me to the question of the use and abuse of baths.

Our first rule in prescribing any remedy is to do good. Our second is not to do harm. The balance may hang even between doing nothing, and prescribing a new remedy. Indolence always throws her weight into the scale of the former. We must not forget that baths have a moral as well as physical effect upon the patient. When prescribed for its moral effect the excess of a remedy must always be considered as a punishment, sometimes as cruelty.

Warm-baths are useful in the treatment of various cases of insanity, and are prescribed for many reasons. They produce a soothing effect upon the patient, and subdue nervous irritation; this is frequently followed by refreshing sleep, by a less frequent pulse, by less accelerated breathing, and by an increased secretion of urine, which is often scanty in the acute stage of mania. They have also a beneficial effect in relaxing the capillaries, and in improving the secretion of the skin, which is defective in many cases, indeed altered to such an extent that it has led some to think that insane persons can be recognised by the peculiar smell of this secretion.

The influence of warm-baths upon the quality and quantity of the blood is well known ; but Dr. Wordsworth, in his work on 'Greece,' gives us a hint as to their moral effects ; he states that there is an inscription on the walls of Pompeii, which is a warning against the use of the calidi fontes, such as the neighbouring ones of Baiæ or Cumæ, to persons in peculiar circumstances ; it is this :

" Quisquis amat, calidis non debet fontibus uti
Nam nemo flammis ustus, amare potest.

Cold-baths are useful for the purpose of bracing the nervous system, and of giving tone to the relaxed capillaries, by which means the whole nervous and sanguineous systems are improved.

I was formerly in the habit of prescribing the plunge-bath at St. Luke's Hospital, in cases where every other remedy had failed, and in some instances with good effect. An eminent sculptor told me, after his recovery from an attack of mania, that he attributed his cure entirely to the plunge-bath ; he said that when he rose to the surface of the water he heard a noise like the sound of trumpets, and from that moment he began to improve.

The effect of the douche-bath in cases of acute dementia is sometimes very striking. Before the douche the patient is like a statue, he never speaks ; he is apparently (though not really) unconscious of all that passes around him, his movements are automatic, the limbs remain fixed, as in catalepsy, in the position in which they are placed ; the pulse is weak, sometimes scarcely perceptible ; the extremities are cold and livid ; the respiration is chiefly diaphragmatic, and slower than in health. After the douche the patient's energies of mind and body are roused into activity ; he appears like a person waking out of sleep ; he will sometimes talk sensibly for some time ; he will move his limbs as in health, and the circulation, respiration, and animal heat, are for a certain time restored to their normal state. There have been some few instances of a patient's waking up to permanent recovery.

The douche requires great caution in its use ; the first application should not exceed a quarter of a minute ; it may afterwards be gradually increased to three quarters of a minute. The modified douche can be continued longer, the time of the application depending upon the height of the fall, and the size of the pipe.

Cold water falling upon the head from a height has sometimes a very prejudicial effect. A patient of mine brought on an attack of insanity by standing too long under a waterfall, and I have attended two cases of dementia produced by the prolonged administration of cold affusions by a well-known empiric.

So careful are the French and German physicians to avoid the ill effects of the douche, and shower-bath, that the latter is never prescribed as it is in this country, and the douche in the German

asylums is applied to the spine, and very rarely to the head. When the prolonged tepid-bath is used, and a stream of water is allowed to flow over the body, the head is protected. One of the exceptions to this rule is at Vienna, where, according to Dr. B. Jones, there is a very powerful shower-bath, which delivered nearly 38 gallons of water in a minute, and upwards of 550 gallons in fifteen minutes; but the openings in the rose were very fine, and the shower much spread, so that the patient, instead of being confined in a small box, has free space to move.

It cannot be doubted that the ordinary shower-bath is a very valuable remedy in many cases of insanity, but I should be very sorry to think that the principle of the non-restraint system had so far failed as to render shower-baths of extraordinary duration and power in any case necessary.

Dr. B. Jones, who carefully tested the effect of the prolonged shower-bath, states that "it produces an immediate depression of the pulse. By the first shock of water between 64° and 68° Fahr., the pulse becomes weak and irregular, and may be reduced in rate even fifty beats in the minute. After the first shock the pulse recovers a little, but remains weak until the secondary effect, or shivering, comes on, when it becomes weaker and intermitting, and may be quite imperceptible. After ten to fifteen minutes the pulse remains very small and weak, and shivering continues whilst the experiment lasts."

"The Medical Jury," as it has been termed, was unanimous in the opinion it formed upon a late painful case.

As one of that jury I must say, that it seemed to me impossible, after reading the defence, to pronounce any other verdict than one of acquittal. I felt that a medical man ought not to be condemned because a case had terminated fatally, if he had conscientiously adopted a plan of treatment which had proved beneficial in fifty others, however much his treatment differed from my own and that of other medical men. But after the fatal termination of the case I have alluded to, and after the full investigation which this new method of treatment has received, he would be a bold man who would adopt it. I can find many excuses for its origin, none for its continuance.

The most common mistake which is made in practice is, to treat all the insane with precisely the same remedies. The same may be said of the paroxysm. But when we consider that this is common to all species of insanity, we have gone far to dispel the error of supposing that one remedy is always to be prescribed in its treatment.

Paroxysms are due on the one hand to moral causes alone, on the other hand they are the result of asthenic irritation, to a minus as well as a plus quantity of blood.

The treatment of the paroxysm by tartar emetic is too lowering,

and the only cases where its use appears to me to be indicated are those of paralysis of the insane, whose extreme violence is readily subdued by a combination of a quarter of a grain of the potassio tartrate of antimony with a drachm of tincture of henbane. The sedative plan of treatment is best adapted to cases of asthenic irritation, and here it is that morphia does so much good; but even in these cases there is much variety in its effects. Some patients get well very speedily under its use, much nausea and sickness is produced in others; while in some the tranquillising effect occurs soon after its exhibition, in others not till about twenty-four hours afterwards. In cases of oppression of the nervous centres from congestion bordering on apoplexy, it is necessary to warn the friends of the patient that after the abstraction of blood, by leeches or cupping, the patient will be roused from his state of lethargy to one of maniacal excitement; these paroxysms gradually subside after the circulation has recovered its proper balance. I need not dwell longer upon this subject, as it must be obvious that, in order to treat the paroxysm, we must be guided by the symptoms which give rise to it.

This would lead me to speak of the medical treatment to be adopted in the different forms of insanity, but as my remarks upon this subject have been published in the 'Medical Gazette,' and in one of the 'Reports of the Commissioners of Lunacy,' I hope you will allow me to condense what I have to say within the briefest possible limits.

First, with respect to the acute stage of the disease. Women after childbirth sometimes suffer under symptoms which are analogous to those of delirium tremens, but which do not amount to mania; in these cases opiates and stimulants given freely arrest the symptoms. In cases of puerperal mania, salines with excess of ammonia, brandy, and tincture of opium at night, should be administered during the first stage of the disease, and followed, as soon as the patient can bear it, with a light tonic. I was much interested in watching a case of puerperal mania admitted under my care into St. Luke's Hospital, in 1856. The patient had an abscess in both mammæ in succession; before the matter was discharged from the left breast there was incoherence, and while it was discharging there was a lucid interval. Inflammation afterwards occurred in the right mamma, and incoherence again showed itself, and when the matter began to be discharged it was succeeded, as before, by a lucid interval, but with this difference, that after talking for some time she became fatigued, and the mind again wandered. The patient was ordered to take a mixture with excess of ammonia, four ounces of brandy and two pints of porter in the day. I ordered the wine and porter after a time to be omitted, prematurely as it turned out, for the pulse rose to 100 in the minute, and she became

much excited. I therefore made her resume the wine and porter when she immediately improved, and left the hospital cured, about six weeks afterwards.

In hysterical mania local causes often produce a recurrence of excitement; this may be due to a variety of causes, *e. g.* to the return of the catamenia, to tumours of the uterus, to warts on the labia, and to bad habits. In such cases local is more efficacious than general treatment, and must vary according to the requirements of each particular case—as leeches where there is congestion, alum hip-baths where there is a flabby state of the os uteri, the excision of warts, and the allaying of local eruptions and discharges. Where the disease depends solely upon local irritation from masturbation, the most efficacious remedy is ice, or cold water. Ice protected by cambric applied to the vagina, or linen saturated with cold water applied externally. The most troublesome cases are those of unmarried women addicted to self-pollution, and of married women, who, on account of social rather than physical reasons, have failed to bear children. I have ordered bromide of potassium in these cases, but its use requires great care. It occasionally produces absorption of the mammæ, great emaciation, and an unsightly eruption resembling *ecthyma cachecticum*.

In male patients addicted to masturbation a seton to the nape of the neck, or the acetum lyttæ applied to the prepuce, are sometimes very efficacious. In these cases, which are often accompanied by involuntary seminal discharges upon the smallest excitement, my colleague, Mr. Luke, finds that the best method of treatment is to pass a catheter, at intervals of two or three days. As the instrument advances towards the prostatic portion of the urethra, the patient complains of great pain, as if a red-hot iron were being passed; and he does not often require a repetition of the operation.

In the acute stage of melancholia, with congestion and tenderness in the region of the liver, the different preparations of mercury and colchicum are indicated. I have known patients who have recovered from an attack of acute melancholy after salivation has occurred.

Cases of acute melancholy, accompanied with exhaustion from refusal of food, if they give the most anxiety, certainly reward that method of supplying nourishment which is most energetic. In these cases the inhalation of ether will sometimes overcome the repugnance to taking food. The refusal to take nourishment is often owing to a disordered state of the stomach and bowels, and if this be relieved the difficulty is overcome; but it is also the result of disease of the lungs, when we have to choose between the chances of aggravating the disease or of allowing the patient to sink from inanition. In the majority of instances, however, the refusal of food is the offspring of delusion, and, in such cases, all other means failing, it is absolutely necessary to have recourse to the stomach-

pump, otherwise the patient will die of exhaustion, of gangrene of the lungs, or of softening of the brain—as in the cases I quoted in my last lecture.

In acute melancholia the urine is often loaded with urate of ammonia, and the evacuations from the bowels are pale, and unhealthy; the specific gravity of the urine is also higher than in the other species of insanity; these symptoms, which are the result of the congestion of the liver, coupled with the mal-assimilation of the food, the obstinate constipation of the bowels, and, at the same time, the general state of nervous irritability and tendency to exhaustion, prove that while it is necessary to prescribe alteratives and purgatives, we must, at the same time, support and soothe the patient with ammoniated salines and opium.

Acute dementia is eminently a disease of nervous exhaustion. Although the term acute is used generally to express active symptoms, it is here employed solely to distinguish the disease from chronic dementia, where the functions of the intellect are obliterated, whereas in acute dementia they are merely suspended; it must not, therefore, be supposed that remedies applicable to the treatment of acute diseases are indicated in that of acute dementia.

The patient requires a generous diet, with tonics, stimulants, and minute doses of tincture of opium to stimulate the heart's action. I have already spoken of the use of the douche-bath in these cases, but there are patients labouring under this disease to whose treatment it would be wholly inapplicable, from the injurious effects of the reaction of the remedy. In these cases, the inhalation of ether as a stimulant sometimes has a beneficial effect. The pulse is raised, the tonicity of the vessels is improved, and the patient is roused from his lethargic state. Chlorate of potash is a useful adjunct to our tonic treatment, particularly when there is venous congestion with anasarca of the extremities. The inhalation of oxygen has been recommended for the relief of these symptoms, but I have not had sufficient experience of its effects in such cases, to be able to speak with confidence upon the subject.

I have employed electricity in these and other cases of insanity, but it does not appear to me to have any other physical effect than that of a powerful stimulant, and its moral effects are attended with great alarm in the mind of the patient.

In the acute stage of paralysis of the insane, if the disease be accompanied with hyperæmia, we must keep our patient upon a vegetable diet, and employ active purgatives. If there be much congestion with threatening of apoplexy, it is absolutely necessary to employ cupping or leeches; but the fulness of the vessels of the head is generally more safely removed by purging. The medicine upon which I most rely in the first stage of this form of paralysis of the insane, for equalising the circulation, modifying the hyperæmic

tendency, and checking the chronic inflammation of the membranes, which we know from our post-mortem examinations is almost always present, is the solution of the bichloride of mercury, which may be combined with cinchona, if, as is often the case, the patient should require support while he is taking the alterative; or we may prescribe blue pill, to be taken twice or three times a week, and a draught with sulphate of zinc, two or three times daily. In that form of paralysis of the insane which is complicated with a scrofulous habit, cod-liver oil is the best remedy. When the disease is one of modified delirium tremens, and incipient general paralysis, we must treat the case accordingly, and, of course, not think of lowering the patient by abstracting blood, or by hypercatharsis. When the disease is the result of syphilis, the patient requires a course of sarsaparilla with iodide of potassium. When it depends upon venereal excess, tonics and a generous diet must be administered, as the disease is apt to pass speedily into dementia. The progress of the symptoms is sometimes very rapid. I have seen the disease run through all its stages in a few days. On the contrary, I have seen the symptoms ebb and flow, between the first stage and the stage of incubation, for upwards of a year. When there is phagedænic ulceration in the last stage of the disease, Battley's solution of bark with a mineral acid, and tincture of opium, must be given in large doses, frequently repeated. The epileptic vertigo which so commonly occurs, is relieved by ether and stimulants, and the ulcers by a carrot poultice mixed with charcoal. With great care the life of the paralytic insane may be prolonged, even when the disease has advanced to its third stage, by regulating the temperature of his room, and not allowing the skin to get chilled in cold weather, which is always detrimental in these cases, and by strict attention to diet, for the functions of the pneumogastric are disordered, as well as those of the hypoglossal nerve, and the patient is apt to overload his stomach, and bolt his food.

In all cases of insanity, after the acute stage has passed, tonics are indicated; vegetable tonics, followed by preparations of iron, which must be persevered in for some time in anemic cases. In the second stage of melancholia, a combination of the compound decoction of scoparius with sarsa, or of quinine and nitric acid in full doses, are very beneficial in some cases.

When the disease appears to hover between the second and third stage in mania, and the patient becomes lost to what is passing around him, and, in short, sinking into dementia, it is useful to prescribe strychnine with tincture of lytta and cinchona. Also in hysterical mania, the valerianate of iron and zinc combined with compound galbanum pill; and where the disease is complicated with menorrhagia, it is necessary to moderate the discharge by giving from five to ten grains of gallic acid two or three times a day.

Cases of symptomatic insanity may be passed over without comment, as it is unnecessary to speak of the treatment before such an audience as this; for, by treating the fever, the phthisis, the disease of the heart, and so forth, the insanity is as likely to subside as the delirium, whose place it has taken.

But in order to show the importance of early attention to such cases, I will quote the following example of symptomatic mania, which was communicated to me by Mr. Standert, of Taunton. He attended a patient, aged fourteen, who, when a child, had suffered from scrofulous abscess of the elbow. One morning he was heard by his father making a great disturbance in his bed-room, and was found by him violently agitated, speaking incoherently, and breaking to pieces the furniture; he caught the lad in his arms, and threw him on the bed, when he at once became composed, but did not seem conscious of the mischief which he had done: he said that in getting out of bed he had felt something odd, but that he was very well; when Mr. Standert arrived, five hours afterwards, he found him in bed reading: his tongue clear, pulse regular, countenance calm and cheerful, and he said he was quite well, but that his father had ordered him to remain in bed till Mr. Standert had seen him. Upon being desired to get up, directly he put his feet to the floor his countenance changed, the jaw became violently convulsed, and he was about to rush forward, but he was seized and pushed back on his bed, when he at once became calm, looked surprised, and asked what was the matter with him. He said that he had no pain, that he had slept well, but that he felt odd when he stood up. It was found upon inquiry that he had been fishing on the preceding day, and having entangled his line, had taken off his shoes and stockings, and waded into the river to disengage it; but he said he had not cut or scratched his feet, or met with any accident. In order to ascertain this, his legs and feet were minutely examined, and not the slightest scratch or injury could be seen; but on holding up the right toe between the finger and thumb, to examine the sole of the foot, the leg was drawn up, and the muscles of the jaws were suddenly convulsed, and on releasing the toe these effects instantly ceased; the toe was then closely inspected, the nail was perfect, there was not the least swelling or redness in the surrounding parts, nor any tenderness or uneasiness felt when it was compressed laterally; but on the ball of the toe there was a very small elevation, less than the head of a small pin; there was not the least redness on this spot, nor any effect produced by passing the finger over its surface, but on compressing it with the finger and thumb against the nail very cautiously, a slight convulsion ensued; the patient, when asked whether anything pricked him, said no, but that something made him feel very odd. The part, when examined by a good pocket lens, exhibited no scratch or puncture of the cuticle; the

elevated part was then cut off by a pair of scissors, and in the cuticle thus severed no thorn or particle of sand was discovered; the toe was then pressed in every direction, and the strange sensation had passed away, and never returned.

This case will serve as a type of those in which excitement radiates from the circumference to the centre, so as to set up diseased action in the brain, and is followed by an attack of acute mania.

The Moral Treatment.

Almost every case of insanity requires moral, as well as medical treatment, and the moral cause of the disease is as necessary to be discovered as the physical, to enable us to prescribe the proper remedies.

I need not enter here into a particular description of the moral causes of insanity, as they must be well known to the audience I am addressing, and, indeed, we need not go far to discover causes. Insanity is the result of luxury as well as privation, of oversensitive refinement as well as of coarse brutality, of secret vice as well as of open crime.

No man can doubt that the present age is one which favours, if it does not cause insanity. We live in an age of excitement, where all is hurry and occupation. Vast schemes of enterprise, speculations on an enormous scale, frauds to an extent unknown in former years, dazzle and bewilder the mind. Little time is given to repose, less to contemplation. The giddy wheel of life runs on, throwing up some new project for amassing wealth at every turn.

The literature, the habits, the tastes of a people, have all their influence for good or evil. What we read has as much effect upon our habits of thought, as what we say or do has upon our habits of action.

The reflecting physician derives valuable information relative to those causes which are in constant operation in the production of insanity, from the tables of the increase in the consumption of tobacco, spirits, malt, and opium; from ascertaining the enormous amount of immoral publications which are at present in circulation; from being painfully convinced of the growing strength of infidelity; from certain data furnished by Porter's Tables of the progress of the nation, more particularly in reference to the vast sums of money raised and expended by railway and joint-stock companies.

I will say no more at present upon this part of my subject, but I will proceed at once to the consideration of the moral treatment.

This subject is a very wide one; it relates to the management of the intellect, the affections, and the passions. It refers to the cultivation of the minds of those who are predisposed to insanity from

hereditary taint, as well as to the treatment of the diseased mind, and also to the subject of the general management of asylums.

I shall be able in this lecture only very briefly to refer to some of these matters. I feel, indeed, that it is quite unnecessary for me to speak of the latter, as the subject has been exhausted by Dr. Conolly, in his able work on 'The Construction and Government of Lunatic Asylums.' With regard to prophylactics, I may be allowed to say that nothing can take the place of sound religious principles. There is nothing that can act in the same way as a safeguard against those influences which are liable to produce insanity. Inasmuch as the majority of cases of insanity proceed from moral causes, the chief danger is from within, and the remedy must come from within also. Purity and self-denial, humility and contentment, are the best safeguards against those contrary dispositions which are the fertile sources of the disease.

In the moral treatment of the insane the most important question is that of isolation. It is not necessary to remove every patient from home. There are some who suffer from slight attacks of the disease, and who only require rest and relaxation. There are others who suffer from symptomatic insanity, who ought not to be removed unless the disease shows itself in its secondary form. Some patients in the first stage of the disease, when medical treatment is of most avail, may be treated very well at their own houses by detaching them from the rest of the family. But the symptoms must be carefully watched, and if they do not abate in a short time, the patient ought to be removed.

The removal from home is always a painful struggle between duty and affection. To recommend this at a time when apparently the patient most needs the soothing influences of his family, to separate those who have never before been parted, nothing appears more harsh or more unnatural; and no one would be justified in prescribing such a remedy, if daily experience did not prove its importance.

There is another consideration: the energies of body and mind of the relations become exhausted by watching the patient, and it is not right to run the risk of sacrificing the healthy to the diseased mind—if I may so say, the living to the dead; of two evils surely it is the better to allow the patient to have the chance of ultimate recovery by having recourse to isolation.

Isolation acts in many ways upon the patient's mind—it sometimes startles him at once into health. I have had cases where the moral shock caused by removal to the hospital has produced immediate recovery. There is also not unfrequently a remission in the symptoms after admission, moments precious for the medical man to take advantage of in explaining to his patient the reasons for separating him from his family. Isolation acts also in this way—it excites in the patient a feeling superior to his morbid one; he soon begins to have a yearning for home, and when he is told that if he exercises self-control, and endeavours to co-operate with his physician in the

treatment of his case, he will be led to examine into those peculiarities of mind and conduct which are brought forward as proofs of his disease. It is always important that the medical man should inspire confidence and gain the affection of his patient, and this can only be done by kindness of manner and by showing that he is really interested about the patient's recovery, and by never disappointing his expectations. Isolation acts also in changing the associations of the patient, a matter of no small importance when we consider how powerful an instrument association is in creating delusion. It is essential to animate the patient with hope; and we often find that cheerful sights and sounds have a great effect upon the melancholic patient.

In considering the moral treatment by means of the feelings, it must be borne in mind that there is a complete perversion in some cases; but in others the ruling passion often becomes prominent, and that which has been kept under by the judgment, and by the usages of society, often shows itself when the mind is weakened and the restraints of society are no longer felt, so that we have to address ourselves to passions which have long been allowed to grow up into habits, before we can hope to subdue the delusion which has become engrafted upon it.

Common humanity will teach the practitioner to pay the same deference to the feelings of the insane that he would to the sane patient, and to avoid making any reference to his delusions in the presence of others which might wound him by causing ridicule, and which might sink him in his own estimation. The patients do this amongst themselves, and it is often beneficial; but the medical man loses his influence with the patient if he should attempt it. Indeed, insane patients require the greatest tenderness, and demand the deepest commiseration and forbearance. It is experience alone which can give the physician that tact which is requisite in answering his patient's questions, in cheering the depressed, in comforting the timid, in exhorting the dissolute, in being patient under abuse, firm under appeals to his feelings, self-possessed in danger, and just in giving and withholding indulgences.

The nature of the moral treatment depends upon the degree of severity of the symptoms. In acute cases of mania, where there is a superabundance of ideas ever present to the mind, the patient should be withdrawn from objects which favour this chaotic state, and should be kept as tranquil as possible. The excited brain requires rest, but the excess of nerve-force requires muscular exertion, and if a patient be constantly confined to his bed the excitement is increased, typhoid symptoms soon appear, and the patient sinks from exhaustion. The excitement in anæmic cases, on the contrary, is relieved by placing the patient in the horizontal position. I once succeeded in curing the convulsions of a patient who had been reduced to the

brink of starvation by lowering treatment and by refusal of food, by keeping him in a recumbent position for three weeks.

When the acute stage of the disease has passed off, the treatment of the intellect becomes of as much importance as that of the emotions, and we frequently effect changes in the former by means of the latter.

In mania we endeavour to restrain the ideas within the least possible limits; as the attention is arrested by the most trivial impression, or subdued by any fancy, which happens to be uppermost, our endeavour therefore should be to obtain repose of mind, by subjecting our patient to a monotonous life, and by withdrawing everything likely to excite the mind.

Much attention has been devoted to this subject by some authors, even the colour of the furniture and shape of the patient's room have not escaped their investigations.

Cases of monomania require a very different moral treatment. As the reflecting faculties are exercised at the expense of the observing faculties, our object should be to restore the proper balance of these antagonistic states of mind. We should endeavour to excite the patient's attention by presenting a variety of objects to his notice, in order to prevent him brooding over the one subject which fascinates all the powers of his mind. We should endeavour to make him avoid monotony as much as possible, and we should not permit him to seek that solitude which he so much desires in order that he may gratify with more abstraction his indulged grief or his fatal delusion.

Besides the exercise of the faculties of observation, the other faculties of the mind require our attention. The memory may be strengthened, if only not fatigued, by learning well chosen passages by heart; the judgment may be disciplined by studying the exact sciences, and the imagination may be corrected by analysing works of history or biography. In choosing the means of employing the mind in these cases care should be taken not to select any occupation which is purely mechanical; it is not of much use to advise a lady suffering under melancholia to apply herself to needlework or music. We must bear in mind the distinction, so well pointed out by Bishop Butler between active and passive habits, and not allow the mind to lose itself in reverie, as the undue exercise of the reflecting faculties causes great exhaustion of mind, accompanied with depression of spirits.

The most difficult cases to treat are those of religious melancholy. They are restless in solitude, sullen in society, beset with dark temptations from within and fears of impending evil from without; they have no bright star of hope to cheer their night, no beam of joy to brighten their day; before them despair sits brooding over the future, while conscience, with terrible minuteness, chronicles the past. These patients require the gentlest possible treatment and

the greatest encouragement we can give them. They are full of suspicion, and the least harshness crushes all their energies.

Daily experience proves that the insane are more capable of deriving benefit from amusement and occupation than was formerly supposed. The extent to which this has been carried at the Dumfries Asylum is an answer to all prejudice upon this subject. Even the latent powers in the mind of half-fatuous patients are called into play by occupation. It has often struck me that the labour of patients in asylums in our agricultural districts might be rendered more available than at present towards the support of the inmates, but of course their bodily strength, being often feeble, must not be overtaxed. At Sonnenstein, in Saxony, greater attention is paid to this subject than in any asylum I have visited, and, as I was informed, with the best results.

Paley, in his 'Moral Philosophy,' says—"There are falsehoods which are not lies; that is, which are not criminal, as when you tell a falsehood to a madman for his own advantage."

Under this head would come the fancy cures, recommended by Feuchtersleben, but this method of treatment is two-edged, and it is dangerous to handle. The test of delusion is truth, and our aim should be to root out the delusion by bringing it to this test.

I was called in to attend a lady, whose insanity had existed upwards of twenty years, and I found that the most extraordinary deceptions had been practised upon her during the whole time of her illness. By entirely discountenancing these, and by telling her the exact truth; by amusing her mind, and calling forth its latent energies, she was persuaded gradually to correct her mistakes and leave off amusing herself with trifles which a child would have been ashamed of, and she improved to such an extent that I at last succeeded in suspending the commission of lunacy.

I do not mean to say that we are always to be bringing delusions to this test whenever we visit our patient. We may begin by pointing out to him that we are not quite satisfied as to the truth of his assertions; we may afterwards infuse more and more doubt into the matter; if we find this to fail, we may call in the assistance of some friend in whom the patient places confidence.

Some years ago I attended a patient with Dr. F. Hawkins. We had in vain endeavoured to infuse doubts into the subject matter of his delusions, but it happened upon one occasion that a young lady of great personal attractions, dined and spent the evening at the house where he was residing, and having been previously instructed how to play her part, he was induced to speak to her without reserve upon the subject of his erroneous impressions, and we were rejoiced to find at our next visit that the eloquence of the lady had prevailed and that he had abandoned his delusions.

We must not be always probing the delusions to ascertain the

depth of the wound, but we must give them time to heal. It is very injurious to refer to them whenever we meet our patient; it is only necessary to do so when we wish to ascertain whether the patient has recovered or whether he is concealing his delusions. Nothing irritates a patient more than mentioning his fancies before others; it is therefore of advantage to speak to him when he is alone, and by attentively listening to what he says, sometimes without answering, or sometimes by postponing our decision as to the truth or otherwise of his assertions, we are enabled to leave him in good humour, and without having wounded his self-esteem.

We should endeavour in every way to elevate the minds of our patients. It is because the cases have not been well-selected that so much disappointment has been expressed as to the influence of religion upon the diseased mind. Formerly much prejudice existed upon this subject, and religious services were entirely excluded from the few asylums that then existed, by which means both patients and attendants became more and more brutalised.

We were far behind the French in the treatment of insanity. It is possible that the late war prevented us from sooner profiting by the humane treatment introduced by Pinel, and followed up and improved by his talented and amiable successor, M. Esquirol. When we consider the gross abuses which existed, the ignorance that prevailed, and the neglect with which our insane were treated at the period I refer to, we are forced to the conclusion that it was the Committee of the House of Commons, in 1815, which gave the first impulse to the more humane treatment of the insane in this country.

The Acts of Parliament which have passed subsequently, relating to the care and treatment of lunatics, have prevented any return to the gross abuses formerly practised. But the chief safety against any retrograde movement is to be found in the energy and ability of those whose minds have, in consequence of the passing of these acts, been directed to the subject.

From 1838 to 1840, Lincoln and Northampton, Hanwell and Lancaster, vied with each other in laying the foundation of the non-restraint system. But the chief merit is undoubtedly due to Dr. Conolly, for enlisting, by his eloquent writings, so many feelings of sympathy in its favour. And I perfectly agree with the opinion which was expressed by Lord Chancellor Campbell, in the trial of *D— v. F—*, viz., that “It is one of the greatest boons which has ever been conferred upon the lunatic.”

I hope that what I have said upon the subject of the pathology of insanity has a direct bearing upon practice. I have endeavoured to show that insanity is a very complicated disease, and that no theory which limits itself solely to the consideration of the state of the nervous system on the one hand, or of the blood on the other, is wide enough to embrace all its species.

I believe it to be a matter of great practical importance, that insanity should be recognised as a disease which is symptomatic as well as idiopathic; for I have known cases of symptomatic insanity where mental aberration had replaced delirium, and where the attention of the medical practitioner was solely occupied by the delusions which were prominent, and where the fever and phthisis (which were masked, and which had produced them) escaped notice.

It cannot be too often repeated, that we must take all the symptoms into account, the constitutional as well as the mental symptoms, before we are in a condition to prescribe the medical and moral treatment which may be applicable to each individual case.

*Third Annual Report of the Commissioners of Lunacy for Scotland,
presented to both Houses of Parliament by command of Her
Majesty, 1861.*

REPORTS of Lunacy Boards are becoming quite a literature. We have before us at the present time the admirable Report for Scotland of the present year, and the Belgian Report, and are expecting the Reports of the English and Irish Boards. Each of these carefully drawn documents not only affords most valuable information on the various questions affecting the insane, but serves in a great measure to illustrate and correct the others on the moot questions, and there are many, with which they are compelled to deal. Even the character of the work of the Commissioners in Lunacy appears from their reports to be by no means so identical as we might expect; the English Commissioners', for instance, appears to be mainly occupied in the visitation of public and private asylums, which, through the beneficial pressure of their influence, have been brought into a state of organization which, although it may leave much improvement to desire, is perhaps in that state of development in which any general change may be anticipated with some fear lest advantages obtained may be counterbalanced by advantages lost. The Scotch Commissioners, on the other hand, are at work in a field where any general change which they can effect is likely to be attended with advantage without any counterpoise; their visits are by no means confined to asylums more or less well conducted; they have to hunt the misery of insanity in its humblest retreats, in the wretched wynds of old burghs, in the shanties of the inhospitable mountain side, or the hovels of the bleak and desolate islands of the western coast. Of the total number of the insane in Scotland, two thirds of the private patients, and more

than one third of the pauper patients, are living in their homes, or are resident as single patients with strangers. In face of this startling fact the commissioners have indeed cause for congratulation in the announcement that active steps have at length been taken for the erection of new asylums, and that the prospect of amended legislation will no longer bar the obvious and necessary steps of practical reform. The erection of asylums, they well say, will not only be beneficial to the patients whom they contain, but will afford the best security for the provision of humane and appropriate treatment of those who are kept outside of their precincts, since the existence of an asylum will enable the commissioners to order the removal of a lunatic from the influence of unfavorable circumstances whenever, through the ignorance or callousness of parochial authorities, or the perverse conduct of relatives, the efforts of the commissioners for the improvement of their home condition are neutralised.

What the home condition of the insane in Scotland has been within quite a recent date will be remembered by those who studied the Report of the Royal Commission, the best result of whose labours was the establishment of the present Board of Lunacy. This report, painful as it must have been to the patriotic feelings of the Secretary of the Royal Commission by whom it was drawn up, was essential to pave the way to the costly improvements of which it indicated the necessity, but which have yet for the most part been delayed by the obstructive parsimony of the district lunacy boards availing itself of the feebleness of permissive legislation. In law-making on the discharge of social duties such as the care of the insane poor, there ought to be no such word as "may;" every sentence ought to be pointed with the imperative "must" or "shall;" anything which only may be done, as a rule had better be left to other motives than obedience to the authority of the ruler.

Up to the present time the district lunacy boards have not availed themselves of the power conferred upon them to construct the asylums so much needed in various parts of the country; but in the meanwhile the constant visitation of pauper lunatics *en domicile* effected by the commissioners and their assistants has been followed by the best results in the amelioration of their treatment. How much remains to be done is made clear to the densest understanding by graphic accounts of the condition in which many of these unfortunates still remain.

The commissioners fairly claim that, in forming a judgment upon the state of the insane poor of wild and barren districts, due allowance must be made according to the condition of the sane part of the population.

"It was the consideration of facts of this nature that led us to express an opinion, that an expensively constructed asylum, such as might be appropriate for a wealthy or metropolitan county, was not required for the accommodation of

the pauper lunatics of Argyllshire. The Highland peasantry, and more especially that of the western districts, are commonly very wretchedly lodged. The houses are generally without chimneys, and the smoke from the peat fire, which is placed on the middle of the floor, makes its reluctant escape through a hole left in the roof, or through accidental crevices. Glazed windows, or indeed windows of any kind, are often wanting; and it is not uncommon to find the family and their cattle occupying different ends of the same apartment. The furniture is scanty and rude, and male and female adult members of the family, not only habitually sleep in the same room, but frequently occupy the same bed. When such is the nature of the accommodation of the sane of the poorer classes, it will not appear surprising that the provision for the insane should be even more miserable; and, for abundant evidence of this fact, we refer to the general reports of the visiting commissioners in the appendices of this and our two preceding annual reports."

In parts of the country where the people habitually live in the most squalid wretchedness and poverty, it cannot be expected that the insane members of the community should be provided with the decencies or comforts which elsewhere it would be thought lamentable that they should be without. The results of neglect are, however, grievous to contemplate, and not the least so is the hereditary transmission of idiocy. The transmission of insanity from generation to generation we have become habituated to consider with less abhorrence than it really deserves; but the cohabitation of idiots and the continuance of their race is painfully shocking, from the novelty of our information respecting it.

"The force of the calamity, in all its aspects and ramifications, which insanity inflicts on society, can never be better seen than during the visitation of single patients. On this and on other points, a single parish is sometimes marvellously instructive. Take C—, for instance, in which there were found six pauper lunatics living singly.

"The first I saw was a poor woman labouring under melancholia, passing into fatuity. For seventeen of the eighteen years of her insanity she has been kept lying on a shake-down in a dark corner of a gloomy room, never seeing a brighter object than a dingy wall. There she has lain till permanent flexure of her legs has resulted, with complete inability to walk. I found her a pale, emaciated sufferer, weeping and moaning for the loss of her daughter, who had been for many years her nurse, and who had very recently died of consumption, exhibiting also symptoms of melancholia before her death. There is reason to believe that the early judicious treatment of this case would have led to recovery. As it is, nothing remained but to take from her life as much of its misery as possible; and steps were immediately adopted to brighten the atmosphere in which she lives, and surround her with the conditions of health.

"My next visit was to a poor orphan idiot, to whom had fallen the worst of all heritages. He was one of three idiots, the children of a father who died insane, and of whose relatives several were idiots.

"The third patient was an idiot woman, who, before she was fifteen years of age, bore an illegitimate child, also an idiot, but now dead.

"I next saw a young lad of twenty-four, a complete idiot, the bastard child of an idiot mother, not now alive. From the day of his birth he has been a pauper, and he will continue to be so till that of his death.

"My fifth visit was paid to a loathsome, slaving idiot, who, twelve years ago, bore an illegitimate child, still alive and sane.

"It has often occurred to me that distressing cases of this nature can only be

made to cease by making the administrators of the criminal law bound to investigate them, and by placing in their hands the power of punishment.

“The last of the six was a helpless, speechless idiot, the child of parents who were full cousins.”

A difficulty has arisen on the subject of medical certificates, and the definitions or rather descriptions of insanity therein contained. In the first place, there is a weak point in the definition of a lunatic made by the Scotch statute, according to which, a lunatic is a person so diseased or affected in mind as to be unfit to be at large; and as the commissioners are in the habit of granting dispensations from asylum detention, whereby more than 2000 insane persons are permitted to be at large, it has become a question whether such insane paupers belong to the category of pauper lunatics. Then, again, the sheriffs, who, in Scotland, have larger powers over the insane than our justices of the peace, sometimes object that patients who, for the sake of care and treatment, the commissioners are desirous to send to asylums, are not lunatics in the statutory sense, and the question arises of the sufficiency of the medical certificates to prove the existence of this statutory lunacy. The commissioners remark that, although the medical men may be thoroughly convinced of the insanity of a patient, they may nevertheless fail by any statement of facts to convey this opinion to others, especially in the incipient stages of the malady, during which stages, as they remind us, nearly all the suicides and murders committed by lunatics have taken place; and they propose that the sheriffs should accept the certificates of medical men as to the existence of insanity, without the statement of evidence.

“Experience has convinced us that it will be impossible to introduce a uniform procedure as regards orders, so long as the sheriff seeks, in his judicial capacity, to determine whether the medical certificates afford *sufficient* evidence of the existence of insanity. We would therefore suggest that the sheriff should, as a matter of course, grant his order for the admission of patients on the simple certificates of two qualified medical men that the patient is insane, and a proper person to be detained in an asylum; and that it should be the duty of the commissioners to examine the certificates, and to call for their amendment when defective, or to require the discharge of the patient when the evidence of insanity appeared imperfect and could not be substantiated. It must frequently happen that stringent statutory directions as to the disposal of lunatics cannot be adhered to without great risk of accidents, and we are therefore of opinion, that it is not advisable to administer the law of lunacy as stringently, or with as little latitude, as if it formed part of the criminal code.”

We cannot quite concur in this recommendation, and think that the better plan would be to adopt the middle course of the English statutes, namely, to require merely the statement of facts indicating insanity and observed by the certifying medical man, facts not sufficient to prove the existence of insanity to others, but merely to prove that the medical man had really formed his opinion upon his own observations, and not upon the testimony of others. A medical

man may be thoroughly convinced of the existence of insanity without having himself observed a single fact tending to its proof; but his certificate is not a judgment, but the evidence of a skilled witness, and as such it must testify, not to what he has ascertained from others, but to what he has observed for himself. The error of the sheriffs (and it is one into which the English commissioners were at one time in danger of falling) has been to require from the medical men evidence *sufficient* to prove the existence of insanity to themselves. All they could reasonably expect was evidence of insanity sufficient not to prove the existence of insanity, but the reality of the medical examination upon which the certificate was founded. They have, we think, a right to expect that the evidence shall be evidence, and direct evidence, of insanity, but not sufficient evidence.

The question of the detention of the insane in poor-houses is one which in Scotland, as in this country, presses upon the attention of the commissioners, and which they think should be decided not without full consideration of the results of treatment and the cost of maintenance in asylums and poor-houses respectively. With regard to the results of treatment, the commissioners think that a large proportion of recoveries may be expected in poor-houses on account of the number of cases admitted into them affected by temporary excitement from intemperance and other causes, which perhaps ought not strictly to be considered cases of insanity; such cases do not swell the lists of recoveries in asylums, and on this account the commissioners think that the percentage of cures asserted to take place in poor-houses is worthless as a test of treatment. The number of these slight cases of insanity in poor-houses makes the large mortality in these places all the more significant; for it is obvious, if a large proportion of the so-called insane inmates of poor-houses are persons suffering from the temporary excitement of intemperance, from which they speedily recover and are discharged, a large mortality must be an indication of fearful suffering among the remaining inmates, who are really insane. The mortality reckoned upon the whole numbers of the insane inmates of the asylum and of the poor-houses for Glasgow is, in the asylum, 8·5 per cent. males, and 9·9 per cent. females; in the poor-houses, 21 per cent. males, 19 per cent. females, of the average number resident.

The commissioners further show that it is not really to the interest of the rate-payers that the insane poor should be treated in poor-houses. They classify parishes into three groups. In the first of these the insane poor are placed only in asylums, and the annual average expenditure for each pauper is £17. 5s. 0 $\frac{3}{4}$ d. In the second group are parishes which make preferential use of the lunatic wards of poor-houses, and in these the annual cost of each lunatic has been £19. 18s. In the third group are those parishes which place the recent and unmanageable cases of insanity in asylums, and the chronic

and more tractable cases in poor-houses, and in these the average annual expenditure on each lunatic has been £19. 1s. 3 $\frac{3}{4}$ d.

Although the above methods of proof that asylums are so greatly preferable for the treatment of insane poor, when compared with poor-houses, may seem conclusive, we are not quite prepared to accept them, for we think that the answer might easily have been just the other way, while the preference to be given to asylum treatment remained as great as ever. In some counties in England, where no stint or limitation is made to the admission of patients, poor, diseased, helpless creatures, drawing towards the close of their wretched existence, are constantly sent from the workhouse to the asylum, if they are only suffering from a sufficient amount of mental infirmity to make them pass muster as insane patients. The number of the poor who in old age pass out of existence in this manner is considerable; and although, in the interests of humanity, one would rather encourage than object to the county asylum being thus made a central infirmary for the use of the poor-houses, it is obvious that under such circumstances the mortality of the asylum might be much larger than that of the poor-houses, notwithstanding all the influences of a more liberal dietary and more assiduous nursing and medical care. The argument addressed to the purse also might readily happen to speak on the other side. There is no doubt, as we have ourselves elsewhere attempted to show, that a small number of insane patients kept in a workhouse really cost the rate-payers more than they would do in an asylum; but if such a large number of insane paupers were collected in a workhouse as practically to convert it into a receptacle for the insane, while their food, clothing, and care, were metted out on the parsimonious principles native to the place, the annual expenditure on each patient must necessarily be greatly below that of the most economical care and treatment that would be tolerated in an asylum.

We are inclined, therefore, to think that the relative merits of the workhouse and the asylum for the care and treatment of the insane poor cannot be thus brought to the test of figures, and that they must really be permitted to rest upon the observation and judgment of competent authorities.

The Scotch commissioners ascribe the excessive male mortality in the poor-houses "to deficient means of occupation, exercise, and recreation, to want of comfort and internal arrangement of the houses, to the difficulty of preventing noisy patients disturbing the sleep of the other inmates, to the unequal and uncertain distribution of heat, and to insufficient bed-coverings." Now, if they, in the exercise of their skilful and practised observation, see these and other prejudicial influences in poor-houses, and the converse of them in asylums, we say that if both the mortality and the cost should be greater in the latter than in the former, the undoubted preference must yet be given

to them as places for the medical care and treatment of the insane poor.

The commissioners themselves will, on consideration, we feel sure, agree with these views, for their report shows them to be admirably free from foregone conclusions, and prepared to examine the bearings of all questions, and to see good and evil wherever they exist. It is in this manner that they face the important question of single patients, and although they with great justice complain of the ignorance in which they are kept of the condition of single patients, who are not paupers, so that in only twenty-four instances out of 1887 ascertained cases have the requirements of the law been complied with, still the commissioners broadly recognise the fact that segregation in asylums is neither needful nor desirable for all cases of lunacy, and that the judgment of the medical man should be habitually called upon to discriminate between those insane persons for whom residence in an asylum is needful, and those for whom home care is possible and safe. They observe :

“It is frequently extremely difficult to determine whether it is better that a patient should be placed in an asylum, or be left under private care at home. There can be no doubt, however, that the decision of the medical men granting the certificates for the transmission of patients to asylums should be determined by a consideration of the question whether such a step is necessary, either for recovery, or for ensuring proper care and treatment. But, without expressing an opinion whether patients are ever unnecessarily placed in asylums, we confess to entertaining a fear that there are, in most establishments, several patients whose discharge has been withheld, although all hope of recovery has ceased, and all symptoms of danger, either to themselves or others, have disappeared, simply from the difficulty of procuring for them a suitable home elsewhere. The features of insanity are so variable, and so dependent for their expression on the circumstances in which the patients may be placed, that it is extremely desirable that the law should afford every reasonable facility for varying the manner of their disposal.”

It would appear that the Scotch lunacy law does not contain provisions for the discharge of patients on trial like the useful provision in the English Asylums Act, the adoption of which, for absence of trial on six months, the commissioners strongly recommend.

One of the visiting commissioners expresses in the appendix a still more positive opinion on the advantage of home treatment in selected cases :

“I have an increasing conviction that a large number of the insane can, with propriety and advantage, be kept as single patients. In the counties of the south of Scotland embraced in this report, and in not a few of the parishes of Ross-shire, I have been able to report very favorably of the condition of many pauper lunatics found out of asylums. In many cases, a serious effort has been made to carry out the recommendations of the board, and it has fortunately been found that these have involved but a trifling outlay of money ; while the pleasing results which have followed have repaid that trouble and thought which local officials, as a rule, now willingly bestow. Fresh cases are all the more readily and promptly placed under asylum treatment at the expense of the

parish, since it begins to be felt that a saving can be effected by providing comfortable homes, good treatment, and efficient surveillance, for many incurable cases, in the parishes to which they belong. I am of opinion that, for the sake of the insane poor themselves and in the interest of the public, this feeling should be judiciously encouraged.

“I am inclined to think, indeed, that the time will come when it will be regarded as right, safe, and humane, to leave many insane persons at the firesides of private houses, whom at present we think it kind and judicious to confine in asylums, with those who more manifestly need their restraints and appliances. The diffusion of sounder views as to the management of single patients will chiefly lead to this.”

We omit the consideration of the voluminous and carefully drawn statistics of this report, in hope that we may be able to present them in a comparative view of the lunacy statistics of this and other countries. The following suggestive statement, however, of the relative proportions of private and pauper patients in the admissions and numbers resident in asylums may be given without forestalling future intentions :

“It is here seen, that while of the admissions 37·6 per cent. are private patients, and 62·4 per cent. paupers; of the numbers resident 23·3 per cent. are private patients, and 76·7 per cent. paupers. This discrepancy is so great, that it is evident some cause must be in operation which tends to keep down the number of private patients in asylums, in a much greater degree than that of paupers; and this appears to consist in the removal of a much larger proportion of non-recovered private patients than of non-recovered paupers. According to the present system, pauper patients, if not recovered, cannot be removed by inspectors without our sanction. Private patients, on the other hand, may be removed by relatives whenever it suits their convenience. The influence of this difference in practice is seen in the fact, that of 409 patients discharged not recovered, in 1858, only 59 were paupers, and of 372 discharged not recovered, in 1859, only 79 were paupers. But of these 138 patients discharged, not recovered in the two years, not less than 117 were previously taken off the poor roll; and having thus become private patients, were disposed of as such, by their relatives. This is a fact of very grave import, and is deserving of very serious consideration. It plainly denotes either that a large number of private patients are improperly removed from asylums, or else that many pauper patients are detained who might have been discharged under suitable arrangements for their proper care.”

The explanation of the fact is probably the simple one indicated, namely, that formalities are required for the discharge from an asylum of a non-recovered pauper, while the mere will of a relative is sufficient to obtain that of a private patient. Dr. Seymour, in his late pamphlet on the lunacy laws, stated that, when he was one of the commissioners in lunacy, he was struck with the frequency with which he saw the same patients in many of the different private asylums. The same private patient would make a tour of the asylums around London, according to the caprice of his relatives. Every one at all conversant with the history of insane members of the upper classes must know patients who have been in half a dozen different private asylums, from whence they have been discharged, recovered

or not recovered, as the case might be one of remittent or of chronic insanity. In county asylums, on the other hand, the formalities attending the discharge of a patient are really formidable. If the patient is to be discharged as cured, he has to be produced before the board of visitors, in itself no slight test of his sanity and self-possession as well as of the medical judgment which has submitted him to the ordeal. If he is to be discharged as not recovered, mutual consent and arrangements between visitors and guardians have to take place. If in either case the discharge prove unsuccessful, the patient has to be brought back to the same asylum, and is not passed on to some other establishment; and in some degree the superintendent becomes liable to the imputation of an opinion given which has not been justified by the event. Thus, there is a wide difference between the discharge of private and of public patients, and this ought to be carefully borne in mind in any attempt to compare the statistics of cure of different classes of asylums.

The above quotation from the report affords a singular comment upon the vulgar and stupid falsehood which has lately been rife, that private patients are habitually detained in asylums after they have recovered. If the public knew what a pest a recovered patient, who cannot be quickly discharged, always proves in an asylum, they would, on the lowest motives, exculpate the proprietors of asylums from any desire to detain sane people in their establishments.

On the subject of suitable material for the influence of idiot-schools, the commissioners make the following just remarks :

“The term idiot-school is an unfortunate one, as it is apt to suggest to the public that children of the lowest grade of mental capacity are capable of being elevated almost to a normal state. In medical language, however, the word ‘idiot’ embraces a wider range than in ordinary phraseology, and includes all children whose mental capacity is so limited as to make them unfit pupils for common schools. Such are the *enfants arriérés* of the French, and the backward children of the English. It is, therefore, necessary, in forming an estimate of the value of idiot-schools, to have a general knowledge of the mental type of the children under training. In most of the continental establishments for the education of idiots, the mental deficiency is of a less degraded character than is generally the case in the corresponding institutions of this country. Hence, in the former, greater success appears to attend the efforts to develop the mental powers, and even scholastic training may possibly bear some fruit. Equal results cannot be expected with children of a lower type; and the forgetfulness of this cannot fail to lead to disappointment.”

Strenuous efforts have been made to establish a national institution for the training and education of idiots, which have, however, failed, principally, as the commissioners think, “from want of faith in any *permanent* benefit resulting to the children,” and on this point they remark, in their report on the idiot asylum at Baldonan, that—

“It would be extremely interesting if the after-history of those that have already left the asylum could be ascertained, to see to what extent they retained

the training they had received. The commissioner is more and more convinced that scholastic education is useful to such children only as a means of awakening their mental faculties. It is almost hopeless to look forward to any of them reading for amusement or information; but the exercise of reading will prove useful, especially when the comprehension of the words is facilitated by presenting to their senses the objects themselves."

Whether or not idiots can be successfully educated, the commissioners express a strong opinion that an establishment is much needed for the reception of young idiots, in order that they may be rescued from the neglect and cruel usage they too frequently experience at home, and from the contaminating influence of associations with adult lunatics, in asylums, whose eccentricities and degraded habits they are prone to copy, and from whom they frequently experience maltreatment.

A kind of semi-asylum exists in Scotland and in America, which we are fain to believe that the more sober habits which during the last half century have prevailed among the upper classes in this country render less needful with ourselves. We allude to the asylums for habitual drunkards. The commissioners observe, under the heading of "Dipsomaniacs"—

"There is a class of establishments to which we consider it our duty to direct attention, as although frequently containing persons who are detained against their will, they are not subject to any official supervision. We refer to houses for the treatment of dipsomaniacs. The best known of these is the House of Refuge in Edinburgh. It contains a considerable number of patients of this class, about twelve of whom were stated to us to be compulsorily detained. These persons chiefly belong to the working-classes; but there are among them some members of the middle-class, such, for instance, as a clergyman's wife, a surgeon's wife, and a merchant's wife.

"We are aware that several smaller establishments for a like purpose exist throughout the country, but we have no means of knowing to what extent the patients received into them are voluntary, or are detained against their will.

"There is no doubt that houses for the reclamation of dipsomaniacs are calculated to be of much service to the community, but we are of opinion that they should be placed under official supervision, and that certain forms for the reception and detention of the inmates should be rigidly observed."

The recommendation of the commissioners, that such houses should be legally recognised, and the persons in charge of them should be empowered to detain habitual drunkards in them for periods not exceeding three months, or for periods not exceeding a year whenever the patients have already been inmates of a similar establishment, or of a lunatic asylum, on account of intemperance, would bear rather too stringently upon the liberty of the subject, unless such measures of restoration from a fatal vice were preceded by some form of inquiry, through which proper and sufficient authority should be able to establish that such detention was needful for the self-preservation of the patient. After all that has been written, there is yet much to learn respecting the natural history of drunkenness. We are not prepared to recommend special legislation for the merely vicious

drunkard, whose self-indulgence would break out in some other form if there were no such thing as alcohol in creation. Let him go to his degraded rest and make way for better men. But the drunkenness which is allied to and is indeed a symptom of mental disease deserves all our pity and all our help. We are inclined to believe that this form of drunkenness, which is the only form which really deserves the name of dipsomania, would more easily and fully be dealt with by recognising it as a form of insanity without delusion, like suicidal or homicidal mania, and for convenience sake only, by placing those who suffer from it in distinct asylums, in which they may be detained for care and treatment so long as the physician in charge encourages the hope that the care and treatment may be remedial, and the relatives and Commissioners in Lunacy consent. The distinction, however nice the discrimination needed may be, *must* be drawn between the vice and the crime. The kleptomaniac, who steals from the motiveless and irresistible impulse of disease, is the proper inmate of an asylum and object of medical care, but the common thief must be left to the tender mercies of the policeman and the magistrate; and so with the dipsomaniac and the drunkard.

If, however, asylums for dipsomaniacs are to be recognised and protected, it would seem needful that they should be placed in localities most favorable for the attainment of their object, without painful infringement of personal liberty. An asylum for dipsomaniacs, in a great city like Edinburgh, seems strangely out of place, unless on the tantalising principle of proximity to the object of temptation. The *beau ideal* of such an establishment we had the pleasure of visiting, in the autumn of 1858, in that grand island of the west coast, where the Cuchulin hills point their rocky pinnacles to heaven like a vast city of spired cathedrals. There, on the shores of Loch Scavaig, stands a pleasant homestead, like a large, scattered farm-house, surrounded by garden, shrubbery, and pastures green, a smiling oasis on the barren spur of the great mountain. There a medical man receives dipsomaniac patients, whose treatment is founded upon the fact that at no nearer distance than Strath, about twelve miles off, is there the possibility of obtaining anything more inspiring than the mountain air. They may indulge in the bitter waters of remorse, but they can get no bitter ale; they may roam for miles, fishing-rod in hand, over the glorious hills, but when thirsty, they must drink the flashing waters of the mountain stream undiluted. The asylum, in fact, appeared to consist of very pleasant country quarters, in which nature was de-alcoholized. This is the kind of place for a dipsomaniac asylum, especially if, as at Skye, the steamboats only ply in summer; so that if it should be in autumn that the voluntary refugee from the poison of the still should arrive, he must at least bide the winter months, in the virtuous exercise of helpless temperance and content.

But what is the curability of dipsomania, and the probability of its permanence? Does the cure remain only so long as there is nothing to drink; or will seclusion, for a period not exceeding a year, as recommended by the commissioners, be found sufficient to establish a healthy habit of temperance, which the smell of whisky will not overcome? The cautious suggestions in the report as to the permanence of the good results of idiot training may well be repeated in regard to this subject.

In conclusion, we have to thank the commissioners for a report, which not only indicates the strenuous and constant efforts which they are making to improve the condition of the insane, but which is full of interest and instruction.

J. C. B.

The Love of Life.

By HENRY MAUDSLEY, M.D.

WHAT a painfully distressing feeling must that be which one who has faith in the doctrines of phrenology, and experience in the art of it, is compelled continually to undergo! In his converse with men, the most disagreeable suspicions with regard to their feelings, their motives, their abilities, and their whole characters must ever be obtruding their dark shadows over the serenity of his mind. As a judge on the bench, a counsel at the bar, or the foreman of a jury, it will be to him an irresistible conviction that no reliance can be placed on the evidence of that witness in the box, forasmuch as, on the top of his head, in the place where should gently rise a veneration-swelling, there appears a most palpable pit, in which clearly all faith in the sanctity of oath may be hopelessly buried. What a cold sweat of agony, too, must ooze out over the phrenologist's body, when, prostrate on the bed of heavy sickness, he sees written on the forehead of the being into whose hands the event of his recovery seems placed, that there is no power there of tracing out the causes of his ill, no faculty there for comparing and judging the value of symptoms and remedies! And then to be so often obliged to feign an intimate intercourse or to transact confidential business with one whose cranial conformation proclaims that no intimacy, no confidence, no security can abide. Verily, if phrenological knowledge be true, it is a blessed want to be without it. Conceive, if possible, the angry consternation of a future mother-in-law, if, before definitely proposing for her daughter's hand, a polite but resolute claim was put forward to a careful phrenological examination of her daughter's head. And

yet that would be the bounden duty of a faithful phrenologist. Nor would accurate craniological knowledge be any great blessing to the individual, as regarded his personal welfare. For, inasmuch as the majority of men are foolish, and a great proportion of them very foolish, it is evident that a great many heads must be of indifferent conformation. What, then, would be the result of a general knowledge of this? Why, the vacillator would be surely confirmed in his vacillation, for he would fancy he saw his want of firmness to be in the purpose of the universe; the sensualist would wallow deeper in the mire of sensuality, for he would challenge the fate of a necessity in his acts; the thief would steal with greater abandonment and more industrious infamy, for he would consciously bow before the inexorable tyranny of organization; and the atheist might, with a scoff, silence for a moment his antagonist, by summoning in the effect the testimony of a cause in which he dreamed that he disbelieved. It appears to be the right fulfilment of an individual's destiny upon earth not to trouble himself greatly about deciding what he can do, but to do what he can. No advantage ever comes to any one from an excessive attention to the elements of his own character, or the phenomena of his own mind. Great self-consciousness is more or less of a disease; and that which is appointed to each one is to do with all his might that which lies before him to do—to work with earnest, sincere, moral, and intelligent labour in harmony with nature's laws. It is of such labour that it has been said, *laborare est orare*; and to one so working there need be no fear of failure, for the laws of the universe are his support; beneath him are "the everlasting arms."

Wer immer strebend sich bemüht
Den können wir erlösen.

Who ever striving labours well,
He never can be doomed to hell.

Notwithstanding the inevitable distress which the sincere phrenologist must so often experience, a moment's reflection may still enable him to draw some amount of consolation from his principles. It is painful to meet with individuals whom no consideration seems effectual to restrain from dishonorable actions—people who cannot crawl out of their own slime, for they carry the ever-active source of it with them; but it is often more painful and difficult to be able to accept them as they are without useless anger and disgust. And yet that is what must be done; for there is no ignoring an accomplished fact, however perplexing, disagreeable, or afflicting it may be, and no amending it by reviling or regret. Necessity is a hard and rugged teacher, sternly and inexorably insisting on acceptance. Perhaps, then, the conviction of their inevitable nature may be of service in enabling the phrenologist to accept with equanimity certain of those lying, vicious, malignant human abortions,

who are daily plying damnably on the "sounding loom of time." * Why give way to vain disgust or grief? All mankind, conspiring together in deepest, desperate determination, cannot for a moment refuse recognition of the inevitable; whatever is, is by nature's laws, and, being there, is most surely there rightly. So might reason to himself the philosophical phrenologist, were such a being in existence; and in such reflections, whatever their justice, there would at any rate be more wisdom than is exhibited by those philosophers who, blown up by the wind of their own conceit, have the vanity to suppose that they could improve upon the constitution of the universe.

Some time ago there was under care a patient, whose head was remarkable for its general angularity, but especially for a very marked projection in the region in front of the ear. On the brain this elevation would correspond to the anterior lower and outer part of the middle lobe, and perhaps, also, to the outer, lower, and posterior part of the anterior lobe. Evidently here was a case for testing the assertions of phrenology in one of its details, and a case so far favorable, inasmuch as it was impossible for any one to look at this patient's skull without observing the peculiarity. But first it will be well to establish definitely what was the particular, marked, absorbing feature in the mental disease, in order that, on reference to a phrenological chart, there may be a pure and simple test, without any even unconscious bias from foreknowledge. The case was one of deep melancholy—melancholy of the whining, moaning, selfish type; the melancholy which makes a man miserable without spoiling his appetite, and which renders him acutely sensible to his own lightest trouble, while utterly insensible to the profoundest calamities of others. The particular and persistent delusion was a gloomy fear of death, a fear which had no foundation in any recognisable bodily disease; and with it, when at its worst, was conjoined the dread of having committed the unpardonable sin. But the latter fear, unlike the haymakers' puppets which come out with their rakes only when the weather is to be fair, retiring when the storm threatens, seemed to disappear on sunshiny days, and to make its appearance again when there was extra gloom. The dread of death was, however, an ever-present horror; and for the most part it was only necessary to suggest the name of a disease, for the unhappy patient to fancy, before twenty-four hours were over,

* In place of exclaiming as they ought to do—

So schaff' ich am sausenden Webstuhl der Zeit
Und wirke der Gottheit lebendiges Kleid.

Thus I work the roaring loom of Time,
And weave the living robe of God,

Such creatures ought continually to cry—

So schaff' ich am sausenden Webstuhl der Zeit
Und wirke des Teufels lebendiges Kleid.

that he was afflicted with it. Nay, he would beg of you piteously to come and look at his eyes—they were certainly becoming glazed; to feel his heart—it was fluttering, feeble, actually stopping; to examine his legs—there was no circulation in them, and he was sure they were already dead. He walked along with cautious tread and bated breath, as though he were a Prince Rupert's drop, which the slightest scratch might precipitate in dust. Of course no reasoning was of any avail to shake his unfounded conviction; there would have been as good a hope of an attempt to talk down a gale of wind.

“ You may as well
 Forbid the sea for to obey the moon
 As, or by oath remove, or counsel shake,
 The fabric of his folly.”

And will not the end prove that the quotation might be continued?—

“ Whose foundation
 Is piled upon his faith, and will continue
 The standing of his body. (*Winter's Tale.*)

It is quite evident, then, that in the history of the patient there is a very notable matter, as well as in the appearance of his skull; and were it a legitimate conclusion to regard these two circumstances as cause and effect, phrenology might well cry out in exultation, for it so happens that the phrenologists locate the love of life precisely in that spot where the prominence in this death-fearing individual occurred. And an excessive fear of death, coming as it does from a consciousness of the object of the blind instinct of life, may be regarded justly as the evidence of an excessive love of life. A somewhat similar case, recorded by Dr. A. Combe, may be mentioned to show what was the cerebral seat of the mischief therein; it was that of a lady in whom the love of life was a ruling passion. On a post-mortem examination, there was found “an enormous development of one of the convolutions at the base of the middle lobe, so striking as to arrest immediate attention. The corresponding part of the skull showed a deep and extensively moulded cavity or lid, running longitudinally, with high and prominent sides, and presenting altogether an appearance much more striking than any I ever saw.” Two swallows, however, do not make a spring, that is certain; but it is certain also that two swallows darting and wheeling through the air, or rippling with rapid wings the quiet surface of the waters, would make most people suspect the approach of spring. But then the swallow does not make the spring—*una hirundo non facit ver*,—but comes as a coincident effect of a cause of which the spring also is an effect; and so it is quite possible that a particularly bossed head may be associated with an extreme love of life without having any direct causative relation thereto. It will be most satisfactory to appeal to facts for the elucidation of whatever connection, accidental or essential, there may be, or

appear to be. The head of the patient was measured in its antero-posterior diameter, from about middle of forehead to occipital protuberance, and transversely from a spot a little in front of upper part of ear to the corresponding point of the opposite side; and the dimensions were—

Antero-posterior diameter	7 $\frac{7}{8}$ inches.
Transverse diameter	6 $\frac{1}{4}$ „
Circumference	22 $\frac{1}{2}$ „

Now, the corresponding measurements of a phrenological model were—

Antero-posterior	8 $\frac{1}{8}$ inches.
Transverse	5 $\frac{3}{8}$ „
Circumference	22 $\frac{3}{4}$ „

So that, although the length of head in the model was one-fourth of an inch greater than in the death-fearing patient, the breadth was actually three-eighths of an inch less. The model head is, however, rather a large one; and the average dimensions of an ordinary male head may be more properly stated thus :

Antero-posterior	7 $\frac{7}{8}$ inches.
Transverse	5 $\frac{7}{8}$ „
Circumference	22 „

The transverse diameter of the death-fearing head is still three-eighths of an inch more than it should be, and in reality even more than three-eighths of an inch; for the transverse average has been established by measuring from a point above the ear, where, of course, the skull is broader considerably than it is in front of the ear. One conclusion may be considered certain, that, in an individual cursed with an inordinate love of life, there is a marked development of that part of the skull which the phrenologists look upon as covering the portion of brain in which such love is placed. Such a striking coincidence naturally raises the expectation of a like result in a like case, and of a quite different result in an unlike case. Here, then, is the head-measurement of a patient who evinces no love of life whatever, but a most decided desire for death. He is deplorably anxious to have a bath, and to be boiled to death; and has attempted suicide once by breaking a chamber-pot, and haggling at his throat with the fragments :

Antero-posterior measurement	7 $\frac{3}{8}$ inches.
Transverse measurement (in front of ear)	5 $\frac{3}{8}$ „
Circular measurement	22 „

Though in length the head of him is half an inch less than that of the fearful individual, the breadth is as much as one inch less, which is a striking difference; but yet, if we compare the dimensions with those of a model, the proportions are not unjust. A more striking

instance of an utter disdain of life is perhaps afforded by the following case of a patient who is subject to periodical attacks of mania. He may be considered to pass through four phases of existence in the course of five or six weeks. At the beginning of a maniacal attack, he is lively, brilliant, rapid, full of projects and fancies; in a few days he becomes noisy, violent, utterly incoherent, and dreadfully destructive; after a period of such life he is gloomy, silent, moody, desperate; and out of this stage he emerges into a calm and rational condition, in which he is notable for the vigour and originality of his thoughts, and the energy and precision of his language. Now, his disgust of life persists through all these stages; death is whimsically projected in one, violently attempted in another, desperately brooded over in the third, and calmly recognised as a desirable event in the fourth. He believes that life can bring no more joys to him; he has found such pleasures as he has had to be the bitterest vanity; nay, he would rather live through his sorrows and sufferings again, as of them there have been instruction and profit, than through a fancied happiness which has been as ashes in the mouth; his soul is weary of its tenement, and would most gladly leave it. But the death-desire is manifested in the strangest fashion at the commencement of a maniacal attack. "I am perfectly willing that you should make any experiment you like upon me; you may take a piece out of my forehead, and weigh some of my brain, or you may cut out my heart and weigh that; but I should prefer that you roasted me slowly, and if you will allow me I'll tell you how I should like it to be done. In the bottom room there is a grid; you might put me on that, and make a big fire under me, so that my skin might gradually peel off; that would be skin for skin, and I should be, as you may say, regularly *done*. I have an idea that would be the best experiment. Or you might tie me up before the fire, but I should like to be tied with my head downwards. I should wish to be bound with withs—I fancy they would be stronger than cords; and, if I roar out, you must not mind that. I should prefer being done slowly rather than being thrown right into the fire; for I should roast better like a fowl slowly; and I have an idea that when the fat began to ooze out of me, I should not suffer so much. I speak this quite calmly and deliberately." And so on, with other horribly ingenious devices. During the paroxysm of mania the death-desire sometimes takes a very obstinate form; on one occasion it was necessary to feed him night and morning for a fortnight with the stomach-pump, in order to prevent voluntary starvation. Well! the measurement of his head stands thus:

Antero-posterior	. . . . .	$7\frac{7}{8}$ inches.
Transverse	. . . . .	$5\frac{5}{8}$ "
Circumference	. . . . .	$22\frac{1}{2}$ "

Here then, if the phrenologists were correct in their details, we have an undoubted right to expect a narrowness of head in that part

which they regard as the seat of the love of life; we are as fairly entitled to such expectation as they are to any conclusion favorable to their view from the broad head. And yet no such narrowness exists, and the measurement, compared with that of the model, exhibits fair proportions. To accept one case and to ignore the other two, would be contrary to the plainest rule of philosophical investigation; though, without a doubt, phrenology would find some excuse for doing so. Spurzheim fancied that the celebrated calculating-boy, who afterwards became an eminent engineer, had no organ of number whatever; and in spite of so great a mistake, not a whit shaken thereby, went on to the end of his life believing in his system. But what possible excuse can there be for a so-called science which makes an assertion directly opposite to the fact? Why there is a compensation in bumps, and the minus good or plus evil of one bump is happily often modified by the plus good or minus evil of another bump. If a man be a murderer and have nevertheless the smallest possible organ of destructiveness, phrenology points out to you with unabashed front, nay with an actual brow of triumph, what a little benevolence or veneration he had; and so two negatives have made a desperate positive.* Should all compensatory excuses fail, and some perverse individual be quite the reverse of what phrenologically he should be, the faithful believer in an elastic system must confidently take refuge in the different qualities or nervous activity of different brains. And so with the eagerest possible desire to be somewhere, we are still nowhere. Most unlucky of all, the above-mentioned case of the death-fearing patient, with such an enormous bump of life-love, positively lands us in deeper difficulties; for he, at one period of his illness, evinced a marked suicidal propensity, and was put under care solely to prevent any painful catastrophe. It may be deemed a very moderate censure to apply to a system which presents us with such anomalies as a man with love of life immensely developed seeking death, a man with "causality" very large disbelieving in a first cause, or a man in deep thought scratching the back of his head, the remark that has been made of the individual given to excuses, that "a man who is good at excuses, is good at nothing else." Although phrenology has ranked among its supporters men as eminent as Prince Metternich, who asserted that, "since he became acquainted

* Lauvergne ('De l'Agonie et de la Mort') finds the organs of courage and destruction very small in professed duellists, and he is a phrenologist; but then he says that is exactly what it should be, as they are always the greatest cowards.

There is one philosophical doctrine which seems to have escaped the phrenologists, and which, as it may be very useful to them, is here presented gratis. Geoffery St. Hilaire, in his 'Philosophie Anatomique,' lays great stress on what he calls the *balancement des organes*, by which he desires to express that an excessive development of any one organ is always attended with a corresponding atrophy of some other. So that if nature has made a murderer *quoad* one bump, she must put the compensation in another. The miracle is that there should ever be a murderer.

with Gall's discoveries, he never employed any one confidentially or about his person without reference to the shape of his head," yet few who have been trained to scientific investigation will be found willing at the present day to enter into a serious discussion on its doctrines. Since the demolition of the system by Leuret,* real science has been content to leave it for the amusement of the pseudo-scientific and the profit of the designing. The latter will find some valuable advice in a recently published work. Having set up a shop, and spent a few pounds in brains, skulls, charts, &c., so as to make a great and learned show, he should advertise himself extensively as the celebrated Professor Brainey. "My first customer is a middle-aged man. I look at him, ask him a question or two, so as to hear him talk. When I have got the hang of him, I ask him to sit down, and proceed to fumble his skull, dictating as follows :

"SCALE FROM 1 TO 10.

<i>List of Faculties for Customer.</i>	<i>Private notes for my Pupil, each to be accompanied with a wink.</i>
Amativeness, 7.	Most men love the conflicting sex, and all men love to be told they do.
Alimentativeness, 8.	Don't you see that he has burst off his lowest waistcoat button with feeding—hey?
Acquisitiveness, 8.	Of course—a middle-aged Yankee.
Approbateness, 7.	Hat well brushed. Hair ditto. Mark the effect of that <i>plus</i> sign.
Self-esteem, 6.	His face shows that.
Benevolence, 9.	That 'll please him.
Conscientiousness, 8½.	That fraction looks first-rate.
Mirthfulness, 7.	Has laughed twice since he came in.
Ideality, 9.	That sounds well.
Form, Size, Weight, Colour,	Average everything that can't be
Locality, Eventuality, &c.,	guessed.
4 to 6	

And so of the other faculties."†

With regard to the particular love of life, the question naturally suggests itself whether there is any ground in philosophy for allowing it such a special location as that which the phrenologists assign it. When observation in one well-observed instance decidedly fails in supporting a theory, it is better at once to throw overboard the theory and to begin again; for, however we may flatter ourselves in the conduct of life that there is no rule without an exception, yet to a law of nature there never is, and never can be, an exception. "And what thinkest thou" said Socrates to Aristodemus, "of this continued love of life, this dread of dissolution, which takes possession of us from the moment we are conscious of existence?" "I think of it," answered he, "as the means employed by the same great and wise Artist, deliberately determined to preserve what He has made."

* 'Anatomie comparée du Système Nerveux,' 1839.

† 'The Professor at the Breakfast Table.' By O. W. Holmes.

It is, indeed, the fundamental instinct on which all others rest for their gratification; for without its continuance there could obviously be no efforts on the part of any animal to obtain what was agreeable, or to shun what was injurious. The instinct for life, *sensational self-love* (*Eigenliebe*), the struggle for existence, is the natural endowment of an organic being of any kind; prompts the plant to strive upwards with much patient endurance after light and air; gives force to the polype when it tugs and tugs at the disputed morsel till it has swallowed its opponent polype tugging at the other end, and is responsible for the obstinacy with which the latter persists in being swallowed rather than let go its hold; it is manifested in quiet action in the processes of repair, nutrition, and growth in man's body, and consciously in the operations of his mind; it is present in the anencephalic fœtus, which lives its few days, as well as in the most illustrious philosopher, for it is the *lex nostræ conservationis*—the law of organic being in consciousness and out of consciousness. The evidence then must be considered as quite opposed to any specialization of location for our instinctive love of life.* In making such an assertion, there is no forgetfulness of the fact that, as we ascend in the scale of animal existence, a differentiation of parts and consequent specialization of function replace the general tissue and general function which answer all demands in the lowest animals; indeed, as we know that in the mind of man many different so-called faculties supersede the general instinctive faculty which serves every purpose in some animals, we are fully prepared to expect a specialization of parts in the organ through which these are manifested. But even though a specialization of brain as ministering to certain manifestations of a one and indivisible mind be conceded, it may be fairly denied that the phrenologists have, it may be confidently asserted that they have not, philosophically analysed the mental phenomena, or even at all satisfactorily observed the coincidences between the different cranial developments and such faculties as they have most arbitrarily assumed. By such a process as that which they have actually followed it would be quite easy either to reduce the faculties to half the number, or to multiply them almost infinitely. The general instinct of life, which is coextensive with organic existence, has been cribbed and cabined into a spot which the finger end might almost cover, while an extensive tract is often marked out for a fancied faculty or propensity, which cannot be shown to have any independent existence in the mind, which can, in very truth, be proved, as far as proof is possible in such matter, to have no such existence.

Inasmuch, then, as candid observation fails to support the phrenological generalizations, it remains only to search for some wider generalization which shall, if possible, include the facts on which they claim to be founded, and the contradictory instances by which they

* Unzer und Prochaska, on the 'Nervous System,' Syd. Society's Trans.

have been discredited. Well, then, all broad-headed people are very selfish, that is to say, all who have the head broad in proportion to its length. Now, if an individual love himself very much, it is clear that, as a part of his self-love, he will love his own life; and, therefore, there is no necessity from the existence of that particular feeling, in the absence of other evidence, to appropriate a particular part of the brain as its special seat. But are we to look upon an exaggerated self-love as the sure accompaniment of a disproportionately broad head? If attention be given to the matter, it will be surprising what a number of observations support such a provisional generalization, for it is nothing more; but it is certain that, as a practical rule, it will be safer to repose faith in the long-headed man than in the broad-headed man. Such a conclusion may claim in part the support of the phrenologists, as about the love of life centre they group the various so-called animal propensities, which have all self as the object of their gratification. Near is placed that organ which is supposed to have for its gratification in a moderate degree the possession of such things as may be necessary or desirable, and which in immoderate measure evidences selfishness, avarice, or suchlike vice. Next neighbour to it is constructiveness, the design whereof is the construction of useful works of art, but the abuse or extravagant development of which is clearly manifested in the fabrication of injurious and destructive devices, for deceiving or injuring in the pursuit of selfish gratification. Secretiveness and destructiveness carry the breadth backwards above the ear; the former rightly an ingredient in prudence, unrighteously becomes the foundation of cunning, deceit, lying, and suchlike abominations; the latter displays itself in severity, cruelty, and a total disregard to the feelings and interests of others. Behind, again, combativeness and adhesiveness may represent in the selfish character the ferocity of selfish effort, and the tenacity with which the selfish being holds to that which he has unjustly obtained, or clings to the faithful implements of his vices. We may then accept the observations of the phrenologists so far as this, that an undue preponderance of breadth of head throughout the region in which they place the propensities, indicates with certainty an animal self-love, which can scarcely be trusted at all times to adopt only fair means for its gratification. Undue preponderance, be it observed, for it is justifiable to expect a favorable result, even with a rather broad head which has a proportionately good length, and which has, so to say, the power of its length placed in the anterior half thereof. And, why? Simply because there is in the front the greatest natural power, the force of intellect, which by exercise and development is able to control the objectionable propensities indicated in the animal broadness of skull. A man of intellect, even with a powerful selfish propensity, sees morality to be in the purpose of the universe, in that he sees that immorality is surely and inexorably punished,

and he resists, stifles, and overcomes his evil propensities as a matter of intellectual conviction. There is much more hope, therefore, of a broad skull heavy in the anterior portion of its length, than there is of a skull deficient in front and largely developed behind. Our death-fearing patient was not only unfortunate in an unusually broad head, but was unfortunate also, with a moderately good length, in the proportions thereof. While the back part of his head was large, his forehead receded and was remarkably flat, seemed for all the world as though it had been planed up and down slantingly backwards, and from side to side directly. There was no power of intellect, therefore, to compensate the propensities; the fates had been unpropitious.

There is one circumstance in the history of this man of fear, that might at first appear rather awkward for our generalization. He was at one time suicidal, and it may be objected that such a fact, which is so damaging to the phrenological special assertion, is none the less so, to the fancied safer and really more general one. But what does suicide come of but of self-love? It may be looked upon as the final development of selfishness, the culminating act of self-love gone mad; a pitiable proclamation to all the world on the part of a certain individual, that by too great consideration of himself and undue indulgence in the feeling of self, he has rendered himself unable to labour with and for his kind, therein to further nature's progress and fulfil the purposes of a human being's existence in time and space. Accordingly nature has compassion upon him, and takes the management of him out of his own hands. Surely Cato is one of the most unworthy of heroes, hero of Lucan though he be; was he pure and unselfish? If Cato had thought more of Rome and less of Cato, he had surely not killed himself.

Any poor creature from the gutter can put an end to itself; there is no nobility in the act, and no great amount of courage required for it. It is a deed rather of cowardice shirking duty, generated in a monstrous feeling of self, and accomplished in the most sinful, because wilful, ignorance. Even if the act of Cato did not speak for itself, there is other evidence to show that he was far too self-conscious. Montaigne tells us that he was given to drinking, and it is certain that the Catos as a race were noted for rigid severity of character, which mostly signifies narrowness of vision, self-love, and conceit. That he at any rate could not see very far out of himself is undeniable, else he surely had not failed to recognise one of the very greatest heroes that the world has seen. It has been said, "*Non video quid habeat in terris Jupiter pulchrius, quam ut spectat Catonem, jam partibus semel fractis, stantem nihilominus inter ruinas publicas rectum!*" Certainly there would have been a nobility in the spectacle had Cato stood firm; unfortunately he did not, but fell very helpless and prostrate indeed, and the spectacle is a

miserable one.* How painful and pitiable it is to hear of the wretched documents which a poor mortal who has put an end to himself so often leaves behind him! One man thinks that virtue and nobility are perishing off the face of the earth with him; and another feeble being, whom a housemaid or a needlewoman has jilted, leaves behind an explanatory document, as though it were of some consequence to the universe to be enlightened as to why he went the way of folly. Patient endurance of trials and afflictions never fails in life even to secure respect and honour, for it is in the purpose and of the nobility of human nature to suffer; suffering teaches and exalts—is in itself so great a good that the wisest have ever heartily blessed it. But it is only an extension of view which enables a man to regard himself as a small atom in a mighty scheme, and to feel that the works which he does, and not the feelings which he has, are of consequence in the universe; which makes him learn that egotism is only rightly such, as the expression of individual force labouring for the general good, labouring, and if need be, suffering and dying for that—it is only such wide and disinterested views that will render any one capable of enduring with resignation and in silence.

If it be true that an angular head is not to be desired, and that a broad head, or a head large behind are to be regarded with suspicion, it may be demanded with some impatience what description of head is the best. We shall not find that there has been any general agreement among mankind upon this point. Adair says that the northern savages “flatten their heads in divers forms; but it is chiefly the crown of the head they depress, in order to beautify themselves, as their wild fancy terms it; for they call us long-heads, by way of contempt.”† It might even be supposed that nature had no particular preference in the matter, and had contentedly left the form which a head might take very much at the mercy of accident or human design, were reliance placed on the credulous observations of Vesalius, who says “that the Germans had generally a flattened occiput and broad head, because the children are always laid on their backs in the cradles; and that the Belgians have a more oblong form, because the children are allowed to sleep on their sides.” To the confiding disciple of Gall and Spurzheim, who reflects on the small circumstances which so frequently determine great events, it may appear within the compass of possibility that we are indebted for the dark ages of the world to a prevailing epidemic for putting children on their backs in the cradle. Vesalius further observes that the crania of the Greeks and Turks are globular, that being a shape well

* The epigram of Varro, therefore, loses its force for us—

Marmoreo Licinus tumulo jacet, at Cato parvo;
Pompeius nullo. Credimus esse Deos?

† ‘History of North American Indians.’

adapted for wearing the turban, and one, therefore, often produced by the midwives at the request of the mothers. But there would really appear to be no limit to the number of deformities of the head artificially produced by different nations. M. Gosse enumerates no less than sixteen principal varieties.* These are: 1. the wedge-shaped head, produced by pressure in front, as among the Caribbees and others, and in another way by pressure principally applied to the occiput, as among the Natchez Indians. 2. This form is similar to the first except that the deformity is more symmetrically produced, so that the head becomes cylindrical rather than wedge-shaped. Such a form was beauty with the ancient Aymares of Bolivia. 3. This may be called oblique; it is produced by pressure applied in a diagonal from the frontal of one side to the parietal of the opposite side. 4. The square head. 5. A very singular form; the head is made *threelobed* by means of a complicated system of bands. This was the case in certain skulls found “dans l’île de los Sacrificios.” 6. Pressure exclusively frontal; the deformity thus made is said to be common in many parts of France. 7. This variety is produced by elongation or flattening of the nose. 8. In addition to the flattening of the nose, the head is pressed obliquely in front and on the sides, so as to give it a pyramidal form; this is the Mongol head. Besides these deformities, M. Gosse further admits: 9. The *prognathos* head, found among the Caribbees, and produced as before stated. 10. The head flattened on the sides; this has been found even among some modern Arabs. 11. The head deformed both in front and on the sides. 12. The spherical head of the Turks. 13. The head which has been strangled into an hour-glass shape by means of a tight hand—the annular deformity described by Foville. 14. A band tied under the chin has divided the upper part of the head into two lobes. 15. A particular pressure applied occipitally produces the deformed head of the Incas. 16. Sometimes the head is made to assume the appearance of a truncated cone; this form has been observed at Siam. A remarkable circumstance is that M. Gosse believes that the forms artificially impressed on the skull through successive generations tend to become hereditary, and that we must consequently assign less value than has been hitherto done to those characteristics of different nations derived from the forms of their skull. Herein he only agrees with Hippocrates, who observes that the seminal fluid comes from all parts of the body, sound as well as unsound. If, then, from bald parents there often spring bald children, from blue-eyed parents blue-eyed children, from squint-eyed parents squint-eyed children, and so with other varieties, what should hinder a long-headed person from begetting a long-headed child? There is, however, a fallacy to be guarded against in the observation

* ‘Essai sur les Déformations Artificielles du Crâne;’ also ‘Annales d’Hygiène publique,’ Paris, 1855.

of Gosse. It is almost certain that the deformity artificially produced by a nation will be an exaggeration of some natural peculiarity, which is itself considered beautiful; and it is evident that if a particular form of head be natural to a race, it will be transmitted without artificial influence. It is pride which, as Gratiolet observes, lies at the root of such follies, and the savage or civilized man loves his defects as well as his good qualities. If humps or big ears were deemed beautiful among a people, there would certainly be an attempt to exaggerate such peculiarities. Since Gall's time, some have tried for a noble forehead by shaving off their hair in front, and fools every day think to get a great man's genius by imitating his mannerism. On the whole, it seems probable that nature is much too wise to leave the destiny of man to the mercy of his own ignorance and superstition, and that she ever works faithfully to a type of her own. It is certainly of some importance that it should be so, for Gosse, whose opinion Gratiolet deems to be of great weight, thinks that the deformities artificially produced are not without influence on the moral qualities of the individual; and goes so far as to suppose that a slight deformity of the occiput may in some cases be advantageous.

Now if there be one nation which we should expect to have come up more closely than any other to nature's best type of the human head, that would surely be the Grecian—a nation which still maintains its pre-eminence above all others for the success with which it has discerned and represented the true in the beautiful and the beautiful in the true. The Grecian sculptors have made the heads of their gods on the best human model, but have purposely exaggerated the perfections, and have thus fashioned more than mortal foreheads. They are sometimes not content with a facial angle of less than 100° ; and all succeeding artists who have desired to represent a noble ideal being, have imitated their immortal productions. And yet a good head, as was not forgotten in Greece, should constitute a harmonious whole, without any sudden projection or striking disproportion between its different parts. The forehead should be high, broad and full, so that there may be no mistake about the skull falling forwards of its own weight when unsupported. Let it even drag the body forwards with it into a somewhat ungainly stoop, as it often does in thinking men; it is the head of natural intellectual superiority, the opposite of that which, fading in front, so often crowns the pipe-clay column. For a bad feature in a forehead, in addition to its lowness, is a narrowness thereof; in the negro and more markedly in the Bosjesman the anterior part of the hemispheres is narrower than is usually the case in Europeans, as Tiedemann observes; and the narrowing of the frontal lobes to an acute point is one character in which the brain of the monkey is distinguished from that of man. Observation shows also that a development of the

frontal vertebra contributes more to the actual size of the brain than a corresponding development of the occipital vertebra; for whilst a considerable relative increase of the latter adds but little to the capacity of the cranium, and particularly of its cerebral portion, the least increase of the former is entirely to the advantage of the cerebrum, and adds notably to the capacity of the cranium.*

From the forehead the passage backwards above should be through a lofty vault, a genuine dome, with no disturbing depressions or vile irregularities to mar its beauty; for the greater depth of the hemispheres is another point in which the human brain differs from that of the monkeys, and in which the brain of the European differs from that of the Bosjesman. After the size of the forehead there is no character of more importance, says Gratiolet, than the elevation of the cranium above its inter-auricular diameter, an elevation which signifies a simultaneous increase of the median *occipito-frontal* convolution, and of the *transverse inter-auricular* convolution. "The portion of this latter convolution measured by the interval between the centres of ossification of the two parietals is especially interesting, as it gives a very exact idea of the development of the cerebral regions comprised between the top of the fissure of Sylvius and the great median fissure which separates the two hemispheres." This is a region which is narrow in the Pithecus, more developed in the Orang and the Chimpanzee, but which acquires its largest proportions in man. "Its great size is therefore a human character, and every flattening of this convolution on each side of the median plane is a grievous sign. We instance particularly on this subject the Tasmanian."

Inasmuch as the posterior lobe of the brain is almost peculiar to man and the monkeys, we cannot but conclude that it has most important functions, and that a rightly proportioned human head will be fairly developed above and behind. The convexity of the head behind the points of ossification of the parietal bones is an indication of the appearance on the surface of the brain of certain convolutions peculiar to man. Gratiolet, who has given the greatest attention to the particular characters of the human brain, finds that this is a point in which the white race excels other races as much as it does in those characters before mentioned.†

That there should be no marked projections or irregularities on the human skull formed after the noblest type, but rather a general evenness of contour, would appear to be involved in its superiority over

* 'Anatomie comparée du Système Nerveux considérée dans ses rapports avec l'Intelligence,' par Leuret et Gratiolet, tome ii.

† There can be no doubt that the functions of the posterior lobes of the brain are of as much importance in the mental phenomena of man as those of the anterior; but the discussion of these would be out of place here, where the object is merely to give the general characters of a well-formed head. With reference to the brain of monkeys, see No. 1, 'Natural History Review,' Art. by Professor Huxley; also Gratiolet, *op. cit.*

the animal type, in which prominent ridges and rough irregularities are required for the attachment of very powerful muscles, and might perhaps be furthermore predicated as a result of the great complications of the secondary convolutions in the human brain. When the Greeks wished to express physical force as contrasted with moral force they made the head large, with the orbital cavities wide apart, the jaws massive, and the facial projections well marked, the forehead low and broad, with enormous frontal prominences, "Comme pour marquer la place des défenses d'un taureau." "Certainly the Farnese Hercules, with the head of a ruminant and the upper part of the cranium depressed into a smooth table, will never be confounded with one of the gods of the metaphysical order, one of those who govern the universe. We may conceive easily enough how he might struggle with a lion, but regarding the smallness of the noble protuberances of his head, who can be astonished to see him take an infant for his guide, and to surprise him spinning at the feet of Omphale."*

It is by the predominance or deficiency of those characters by which the human brain is distinguished from the brains of other animals, and especially from that of the monkey, as far as any opinion can be formed of such characters from the conformation of the cranium, that we may establish the beauty or defects of a human head. Mere size is by no means to be trusted to alone, as it forms but one element in a difficult problem; for while Napoleon, Talleyrand, Schiller, and Cuvier have had large heads, Descartes had but a very moderate one. Genius is indeed at times but humbly lodged, while even idiotcy has now and then a noble-looking habitation.† Conclusions in this matter must be general and not too positive; and perhaps all that can be justly said is, that an enumeration of the bad features of a badly-formed head would include a narrowness and lowness of the forehead, a flatness of the upper part of the head, a bulging of the sides towards the base, and a great development of the lower and posterior part; with those grievous characters might be associated a wideness of the zygomatic arch, as in the carnivorous animal, and massive jaws.‡ A man

* 'De l'Agonie et de la Mort.' Lauvergne.

† In the 'Annal. Françaises et étrangères d'anatomie et de Zoologie,' t. ii, is an account of an infant which lived four days, and which was so far anencephalic as that the whole of the anterior and upper parts of the cerebral hemispheres were wanting, together with the corpus callosum and the corpora striata; notwithstanding which the *cranium had quite its normal shape*.

‡ Disagreeable as it is to mention facts which seem to oppose a favorite theory, it is only right to add that Gratiolet looks upon a roundness of the sides of the head as an advantage—a distinction of the Caucasian skull from that of the negro, which, though small, is disproportionately long, being flattened on its sides. The Caucasian infant is also, as compared with the adult, dolicho-cephalic; whence we must conclude that the brain in development increases a little more in breadth than in length. G. Combe quoted the narrow-headed Ceylonese as remarkable for gentleness; but, says Gratiolet, the inhabitants of New Guinea are more narrow-headed still, and they are notorious for their ferocity. But as a matter of observation, if a European head be very broad it is scarcely ever rightly proportioned; it is, in fact, imperfectly de-

so formed might be expected with some confidence to be given over hopelessly to his brutal instincts.

Yes; whatever may be said of the power which an individual may exercise over circumstances, and whatever power some undoubtedly do exercise over them, it remains undeniable that every one is inexorably subjected to the tyranny of his organization. The circumstances of one generation make much of the fate of the next. How, then, can we hope that an individual with the weight of the universe upon him should rise? This, however, is not a sorrowful truth, but, rightly regarded, one really of glorious hope; for on it rest our just expectations of human advancement through the ages. Man has been constituted with an understanding by which he may learn the laws of nature, by which he may bring himself into harmony with them, and perceive his advantage therein. The brute can instinctively adapt itself to the outer world with a marked success, but it is the noble privilege of man to make his own highest instincts. By systematic exercise of reason, he so consciously forms himself that he unconsciously, after a time, acts rightly. And, intelligently obeying nature's laws, he is inevitably carried upwards, for he has the force of the universe behind him; but, ignorantly disobeying them, he is as surely carried downwards, and his posterity marks the degradation,—the sins and ignorance of one generation become the disease and degeneration of the next. The greatest blessing, almost, that any individual can have to be thankful for is that he has been well-born—that he has come of sound parentage, not physically sound only, but morally and intellectually so, also. "By purity of birth," says Ruskin, "the entire system of the human body and soul may be gradually elevated, or by recklessness of birth degraded, until there shall be as much difference between the well-bred and ill-bred human creature as between a wolf-hound and the vilest mongrel cur."* Such considerations should tend to produce a solemn conviction of the eternal duration of any act, good or ill, and should inspire a fervent desire in every mortal to form, as far as depends upon him, a good future. Schiller has somewhere said, "This is the peculiar curse of evil, that it must continually reproduce evil;" and one may confidently add, "This is the peculiar blessing of good, that it must continually reproduce good."

Unhappily, our death-fearing patient was unfortunate in the stock from which he sprung; for an uncle of his was wretched for many

veloped in other parts. Now the brain develops upwards from the parietal vertebra into the frontal and occipital vertebræ, so that a marked predominance of the parietal region below may to a certain extent be regarded as the sign of an imperfect, or rather moderate, development of brain. Besides, the parallel convolutions of the tempero-sphenoidal lobe of the brain predominate in the monkey; the marginal convolution which forms the lower border of the fissure of Sylvius is the first convolution to appear in the brain of the monkeys, and in some of them is the only one, the rest of the brain being quite smooth. There can, therefore, be no great mobility about these parts.

* 'Modern Painters,' vol. v, p. 267.

years, even to his death, and wretched also on account of the very same delusion—an unfounded, ever-present fear of death. The prognosis, then, in this case was as gloomy as prognosis well could be. Was there any hope of reforming in a few months that which nature had been forming, not only for some thirty or forty years of individual existence, but which she had been preparing through a former generation? The evil which has been forming through generations is not readily eradicated but with generations; and the prophylaxis against future evils is, in insanity as in other matters, a far more philosophical practice than the application of temporary expedients to present ills. It is undoubtedly true, that expediency is the best maxim where principles have not been attained, and necessary even when they have been seized; but the success of such provisional palliation must never render us unmindful of the positive duty to investigate those natural laws by which events come, to place ourselves in harmony with them, and thus to make, as far as in us lies, a happy result. Is a man, then, hopelessly chained down by the weight of his inheritance? -By no means entirely so; for there is something else besides inheritance which makes fate, and that is education. It is a physiological law, that the brain, throughout infancy, childhood, and youth, *grows to* the circumstances which it is placed among; and, therefore, the actual development of a brain may be much influenced by the sort of nutriment supplied to it as long as it grows. It would be rash, indeed, to venture to limit the effects which a right, reasonable, moral, physical, and intellectual education may have on the worst inheritance. Every one has in fact, as it were, two inheritances—that which he receives by transmission from his parents, and that which, after leaving his mother's womb, he receives when he enters the "womb of time;" together, these make his destiny. But given an individual at the meridian of life, with a bad inheritance and a bad education, the benevolent enthusiast may hope for his reformation, and, all honour to him, labour for it; but the careful observer will be prone to smile at his expectations, and, regarding them as a devout imagination, to compare them to those made to wash a blackamoor white. An unfavorable prognosis in any case should, nevertheless, make us feel deeply thankful that the laws which pervade nature are not suspended, rather than gloomy or fearful, because an apparent and temporary evil happens in obedience to their operations. In fact, just as he who reflects sees it to be far better that the man who falls from a scaffold should break his leg, or even his neck, in obedience to the law of gravitation, than that the law of gravitation should be suspended, and a world go to wreck; so it is quite possible to mingle a sincere compassion for the most hopelessly insane, with a joy at heart in the unfailing certainty of natural laws.

There seems to be a presumption that, had our broad-headed

patient been high-browed and full-browed in proportion, death would have lost its great horror to him. Perhaps he might not then have fallen into so deep a fear of it; for a knowledge of the impossibility of its coming without a sufficient cause would have restrained in moderation the dread of it; nay, he might even have awaited the possibility with resignation, seeing the gloomy event to be in the wise purpose of nature, and subjugating his self-love to the infinite wisdom that reigns throughout. Animals do not fear death, for they know not of its coming, they are unconscious of the object of the blind instinct of life; but the noblest earthly being, too much wrapped up in his own individuality, sometimes shivers pitifully before the dread event that he knows must come, and prostitutes his highest faculties to this ignoble slavery imposed by an animal instinct.* Of small advantage is it to point out to such a one that, as regards his earthly extinction, that which is his loss is nature's gain; that the end of earthly enjoyment to him is not the end of enjoyment upon earth, nor the end of existence to him the end of existence on earth; that enjoyment and existence are transferred to other beings who shall follow after, and live and laugh as he has done. This he cannot realise, for he has, through neglect, stunted those faculties which derive pleasure from contemplating the happiness of others, and he has, through indulgence, unduly developed those propensities which derive satisfaction from his own gratification. It is the purpose of the high intellectual and moral faculties which man has, and which exalt him so far above the rest of the animal kingdom, to make him feel that he lives for the good of mankind, for the good, in very truth, of nature generally, and therein to subjugate and hold in check those propensities by which he rates too highly and loves too much himself, and by which alone the animals are governed: To afford such exalted faculties their right exercise is to live a life moral, intelligent, and useful to his kind; and after such a life he may faithfully and fearlessly await the inevitable event, welcoming the gravedigger as the kindest of friends, who shall open to him the gates of his everlasting mansion.

"Inveni portum. Spes et Fortuna valet!
Nil mihi vobiscum: ludite nunc alios."

"Mine haven's found; Fortune and Hope, adieu!
Mock others now; for I have done with you."—BURTON.

* Whereby one is irresistibly reminded of Mephistopheles' scornful philosophy—

"Ein wenig besser würd' er leben,
Hätt'st du ihm nicht den Schein des Himmelslicht gegeben;
Er nennt's Vernunft und braucht's allein,
Nur thierischer als jedes Thier zu seyn."

"A little better would he live,
Could he no glimpse of Heaven's light e'er see;
He calls it Reason, and just uses it
Than every beast more animal to be."

The Eastern or Turkish Bath: its History, Revival in Britain, and Application to the Purposes of Health. By ERASMUS WILSON, F.R.S. Pp. 167, price 2s. 6d. Churchill, 1861. (*With a ground plan of the new Roman Bath erected at the Sussex Lunatic Asylum, Haywards' Heath.*)

THE revival of the Roman bath in England, after a disuse of so many centuries, is now an accomplished fact; and one of the first surgeons of the day, and perhaps the most popular living medical author,* has come forward to record his deliberate judgment and experience in its favour. In the pamphlet which we propose on this occasion bringing to the notice of our readers, Mr. Erasmus Wilson discourses most eloquently of the virtues and powers of the Roman bath. "It is," he says in his preface, "now about twelve months since, that my attention was first attracted to the Eastern (Roman) bath. I thought I knew as much of baths as most men: I knew the hot, the warm, the tepid, and the cold; the vapour, the air, the gaseous, the medicated, and the mud bath; the natural and the artificial; the shower, the firework, the needle, the douche, and the wave bath; the fresh-river bath and the salt-sea bath, and many more beside: I knew their slender virtues and their stout fallacies; they had my regard, but not my confidence; and I was not disposed to yield easily to any reputed advantages that might be represented to me in favour of baths."

"Such," he continues, "was the state of my opinion with regard to baths, when an earnest man, with truth flashing from his eyes, one day stood before me, and challenged me to the trial of the Eastern bath. I would, if no engagement occurred to prevent me. 'Let nothing stand in your way, for there are few things of common life of more importance!' was the appeal of my visitor. 'On Saturday, at four o'clock?' So be it; and on Saturday, at four o'clock, with the punctuality of Nelson, I stood in Mr. George Witt's thermæ."

Our own initiation into the mysteries of THE BATH also took place in Mr. Witt's private thermæ, in Princes Terrace, during the severe cold of last January, and while far from well in health. The burning zeal of our friend, Mr. Witt, has done more than all the conjoined efforts of its other advocates to extend a knowledge of the soothing and healing powers of the Roman bath among the influential of the

* Let any one compare the old Edinburgh or Dublin dissectors with Mr. Wilson's 'Manual of Anatomy,' who may wish to see how much indebted the profession are to his literary labours. Descriptive anatomy was a terrible thing to get up before Mr. Wilson set it in order.

land. Should, as we hope and believe, his exertions be crowned with all success, and our modern London come to have its baths vying in magnificence with the imperial baths of Rome, the pleasant memories of the Saturday afternoons at Princes Terrace will yet remain to many of us laden with the freshness of first knowledge. We cannot better introduce the subject of the Roman bath to our readers than in Mr. Wilson's account in his preface of his first visit to Mr. Witt's bath.

"When," he says, "I stepped into the Calidarium for the first time; when I experienced the soothing warmth of the atmosphere; when, afterwards, I perceived the gradual thaw of the rigid frame, the softening of the flesh, the moistening of the skin, the rest of the stretched cords of the nervous system, the abatement of aches and pains, the removal of fatigue, and the calm flow of imagination and thought, I understood the meaning of my friend's zeal, and I discovered that there was one bath that deserved to be set apart from the rest—that deserved, indeed, a careful study and investigation.

"The bath that cleanses the inward as well as the outward man, that is applicable to every age, that is adapted to make health healthier, and alleviate disease whatever its stage or severity, deserves to be regarded as a national institution, and merits the advocacy of all men, and particularly of medical men; of those whose especial duty it is to teach how health may be preserved, how disease may be averted. My own advocacy of the bath is directed mainly to its adoption as a social custom, as a cleanly habit; and, on this ground, I would press it upon the attention of every thinking man. But if, besides bestowing physical purity and enjoyment, it tend to preserve health, to prevent disease, and even to cure disease, the votary of the bath will receive a double reward."

Firmly convinced, as we are, of the national importance of the bath, and of its therapeutic value, and this in no disease more than in mental maladies, we feel that we shall be doing a personal favour to each of our members who may read this paper, by bringing before him, so far as our limits will admit of, the facts and history of the Roman bath. In so doing, we shall follow the course adopted by Mr. Wilson in his interesting pamphlet—the subject of this review. Mr. Wilson begins his first chapter by classifying the bath as *an instinct of man*. At least, as compared with other instincts, it requires a strange amount of education to bring it out, as shown by the present unwashed condition of the masses, and by the entire absence in the houses of our grandfathers, as of our continental contemporaries, of any means of bathing. Even now, how few houses in London boast of a bath, and what a struggle one has, visiting in strange houses and hotels, to get a due supply of water or towels for the morning tub. Paterfamilias in middle-class life has hardly yet learnt, we fear, the instinct of the bath.

To one versed in the uses of water, and a disciple of the hydrotherapeia, nothing can be more disgusting than the general national neglect of daily personal ablution which still exists, and which yet taints the air of every ball-room we have entered. Mr. Wilson asks, "Can it be doubted that our first parents bathed their newly created

limbs in the river that went out of Eden to water the garden?" Doubtless so, and the utter and filthy neglect of this practice by their descendants is an argument for the literal accuracy of the Fall, which we commend to the notice of some of the excited clerical pamphleteers now at work on the 'Essays and Reviews.'

Baths of ancient Rome.—Only once, in his thirty-first chapter, does Gibbon refer to the baths of ancient Rome. The stately sentence is worth transcribing, although his notions of the *thermæ* were limited by the habits of his own dirty, unwashed generation. "The stupendous aqueducts," he writes, "so justly celebrated by the praises of Augustus himself, replenished the *thermæ* or baths, which had been constructed in every part of the city with imperial magnificence. The Baths of Antoninus Caracalla, which were open at stated hours for the indiscriminate service of the senators and the people, contained about sixteen hundred seats of marble; and more than three thousand were reckoned in the Baths of Diocletian. The walls of the lofty apartments were covered with curious mosaics, that imitated the art of the pencil in the elegance of design and the variety of colours. The Egyptian granite was beautifully encrusted with the precious green marble of Numidia; the perpetual stream of hot water was poured into the capacious basins through so many wide mouths of bright and massy silver; and the meanest Roman could purchase with a small copper coin the daily enjoyment of a scene of pomp and luxury which might excite the envy of the kings of Asia. From these stately palaces issued a swarm of dirty and ragged plebeians, without shoes and without a mantle, who loitered away whole days in the street or forum to hear news and to hold disputes, who dissipated in extravagant gaming the miserable pittance of their wives and children, and spent hours of the night in obscene taverns and brothels, in the indulgence of gross and vulgar sensuality."

Gibbon thus had only a superficial and inaccurate idea of the Roman bath.

Dr. Smith's 'Dictionary of Antiquities' has a very careful and accurate article on the bath, which merits a perusal by any one investigating its history.

The essential parts of a Roman bath are thus clearly stated by Mr. Wilson :

1. The *APODYTERIUM*, *GYMNASTERIUM*, or *VESTIARIUM*: the undressing and dressing room.

2. The *TEPIDARIUM*, which is warmed to a moderate temperature, and is intended to prepare and season the body before entering the hotter apartment.

"3. The *CALDARIUM*, or *Calidarium*, sometimes called the *SUDATORIUM*, was a room of higher temperature, in which the perspiratory process was accomplished. In this apartment there was commonly a recess, of a higher temperature still, which was intended for special purposes, and was named *LACONICUM*, in compliment to the Spartans of Laconia.

"4. After the *Calidarium* followed a *LAVATORIUM* (*Lavatrina*, *Latrina*), in

which the body was washed after the process of perspiration was complete. The mode of washing was to sit on the everted edge or lip of a large marble trough—the *labrum*—and to be rinsed with warm water poured over the body by means of a cup or small basin (*pelvis*).

“5. The bather then went into the FRIGIDARIUM, where he received an affusion of cold water, and where he reclined, or sat, or walked about, until he was cool or dry.

“6. From the Frigidarium the bather passed into the ELAIOTHESIUM, or anointing-room, where he was smeared with fragrant oils previously to re-suming his dress in the VESTIARIUM.

“Besides these, which were the principal rooms, there were others devoted to additional processes, such as shaving, haircutting, depilation, and hair-plucking.”

Of these, the *Frigidarium*, or dressing-room, the *Calidarium*, or hot air room, with its *Laconicum*, or hottest portion, separated by a curtain, the *Lavatorium*, or washing-room, are the actually necessary parts to be adopted in any modern Roman bath. The *Frigidarium* is necessary both for dressing and undressing, for rest and cooling after the bath, and requires a free current of air from the open window, with sunshine when it can be had. It may be fitted from the most luxurious couches down to one or two wooden chairs like the *dureta*, or reclining-couch of the ancients, or like Dr. Bucknill's asylum arm-chair—an excellent substitute for the *dureta*.

The *Lavatorium*, or washing-room, may with advantage open from the dressing-room, and be the passage between it and the Calidarium, or hot-air chamber. It should be tiled, and supplied with a drain to carry off the waste water, and have douche-pipes of several diameters supplied with both hot and cold water. After the body has been well soaped, a couple of pails of water, one tepid and the other cold, thrown over the patient is an excellent substitute for the varied appliances of the *Lavatorium*.

The *Calidarium*, or hot-air chamber, may be divided, as at Mr. Urquhart's bath at Riverside, by a curtain suspended over the oven part, into the Calidarium and Laconicum, and a difference of twenty degrees of heat thus readily maintained.

The modern Turkish bath.—Mr. Wilson's description of the modern Turkish bath is worth quoting, although the extract is rather long.

“Let me now describe the Hamâm, or Turkish bath, as it exists at the present moment in Constantinople; and in this description I shall take as my groundwork the account given of it by Mr. Urquhart. It is a large building, with a doomed roof, a square massive body, from which minarets shoot up, and against which wings abut containing side-apartments. The essential apartments of the hâman are three in number—a great hall or *mustaby*, a *middle chamber*, and an *inner chamber*. We raise the curtain which covers the entrance to the street, and we find ourselves in the *mustaby*, a circular or octagonal hall, may be a hundred feet high, with a doomed roof, and open in the centre to the vault of heaven. In the middle of the floor is a basin of water four feet high, with a fountain playing in the centre, and around it are plants and trellises; and

resting against it, at some one point, the stall whence comes the supply of coffee and pipes or chibouques.

“Around the circumference of the hall is a low platform, from four to twelve feet in breadth and three feet high. This is divided by dwarf balustrades into small compartments, each containing one or more couches. These compartments are the dressing-rooms; and the couches, shaped like a straddling letter W, and adapted by their angles to the bends of the body, are the *couches of repose*. It is here that the bather disrobes; his clothes are folded and placed in a napkin, and the napkin is carefully tied up. He then assumes the bathing garb; a long Turkish towel (*peshtimal* or *futa*) is wound turban-wise around his head; a second around his hips, descending to the middle of the leg; and a third, disposed like a scarf over one or both shoulders. Two attendants shield him from view while changing his linen, by holding a napkin before him; and when he is ready, the same attendants help him to descend from the platform; they place wooden pattens (called *nalma* in Turkish, and *cob cob* in Arabic) on his feet, and taking each an arm, lead him to the middle apartment. The wooden pattens are intended to protect the feet from the heat of the inner rooms, and from the dirty water and slop of the passages.

“‘The slamming doors are pushed open, and you enter the region of steam;’ this is the *second chamber*, it is low, dark, and small; it feels warm without being hot or oppressive, and the air is moistened with a thin vapour. It is paved with white marble, and a marble platform, eighteen inches high, occupies its two sides, while the space between serves as the passage from the *mustaby* to the inner hall. A mattress and cushion are laid on the marble platform, and here the bather reclines; he smokes his chibouque, sips his coffee, and converses in subdued and measured tones with his neighbour. This is the *Tepidarium* of the Roman bath; here the bather courts a ‘natural and gentle flow of perspiration,’ and to this end are adapted the warm temperature, the bath coverings, the hot coffee, and the tranquil rest.

“‘The bath is essentially sociable, and this is the portion of it so appropriated; this is the time and place where a stranger makes acquaintance with a town or village. While so engaged, a boy kneels at your feet and chafes them, or behind your cushion, at times touching or tapping you on the neck, arm, or shoulder, in a manner that causes the perspiration to start.’

“After a while the bath attendant arrives; he passes his hand under the linen coverings of the bather; if he finds the skin sufficiently moist and softened, the bather is again taken by the arms, his feet are replaced in the wooden pattens, another slamming door is opened, and he is ushered into the *inner apartment*, ‘a space such as the centre dome of a cathedral,’ lighted by means of ‘stars of stained glass in the vault.’ The temperature of this apartment, the *Calidarium* or *Sudatorium* of the Romans, is considerably higher than that of the middle room; the atmosphere is filled with ‘curling mists of gauzy and mottled vapour,’ the steam being raised by throwing water on the floor. In the middle of the apartment is ‘an extensive platform of marble slabs,’ and on this the bather is laid on his back, his scarf being placed beneath him to protect his skin from the heated marble, and the napkin that served as his turban being rolled up as a pillow to his head.

“The bather is now subjected to the process of shampooing—that is, his muscles are pressed and squeezed, his joints are stretched until they snap, and they are forcibly bent in various directions. In the hands of the professional shampooer the process is elevated to an art, and words fail to convey other than a very imperfect idea of its nature.

“After the shampooing the bather is brought to the side of the hall—around which are placed marble basins two feet in diameter, supplied by means of taps with hot and cold water—and made to sit on a board near to one of these basins. The attendant draws on a camel’s-hair glove. ‘He stands over you; you bend

down to him, and he commences from the nape of the neck in long sweeps down the back till he has started the skin; he coaxes it into rolls, keeping them in and up till within his hand they gather volume and length; he then successively strikes and brushes them away, and they fall right and left as if spilt from a dish of macaroni. The dead matter which will accumulate in a week forms, when dry, a ball of the size of the fist.' In the course of his frictions he pours water from the basin over the skin by means of a copper cup, to rinse off the impurities.

"In the next place, a large wooden bowl is placed by the side of the bather; this bowl contains soap and a wisp of *lyf*, the woody fibre of the Mecca palm, and the body is thoroughly soaped and washed twice over from the head to the feet, and, as a *coup de grâce*, a bowl of warm water is dashed over the entire body.

"An attendant now approaches with warm napkins; the hip-cloth, or cummerbund, is dropped, and a warm dry napkin is selected to supply its place; another is thrown over the shoulders, and the bather is placed on a seat. The shoulder napkin is then raised, a fresh dry one put in its place, and the first over it; a fourth is wrapped around the head; 'your feet are already in the wooden pattens. You are wished health; you return the salute, rise, and are conducted by both arms to the outer hall.'"

Distinction between the Roman and Turkish bath.—Mr. Wilson generally uses the term Turkish bath in speaking of the hot-air bath. As used, however, in England, the hot-air bath resembles more the Roman than the Turkish, and for all sanitory and remedial purposes the more we approach the Roman usage of the bath, the better shall we fulfil its indications.

A very few words will show how materially the two processes differ. The Roman bath was a tonic and bracing agent, fitted for the use of the great people who invented it; the Turkish bath is an enervating process, just suited for the effeminate Turk. The bracing of the body by cold water was the end of the Roman process; the luxurious cooling of the body by the slow action of the air, the bather the while indulging in the use of narcotic stimulants, is the summary of the Turkish bath. It is important that the distinction between these two forms of the hot-air bath, the Roman and the Turkish, should be insisted on. Much of the popular prejudice against the use of the bath, and the contrasts drawn between its health-giving use and that of a good day's hunting or shooting, result from the popular and just notions of the effeminacy of the modern Eastern bath, with its abominable process of shampooing and its luxurious ease and enervating cooling process. Only let the English public know that the revival of the bath in England is accompanied with the tonic and bracing practices of the early Roman bath, and these prejudices will soon yield, and the bath become a national institution in our towns, a necessary in our country houses, and a therapeutic agent in every hospital and asylum in the land.

In the 'Medical Times' (Feb. 2d, 1861) there is a learned paper by Dr. Adams, on the distinction between the modern Turkish and

the ancient Roman bath, the method of using the bath in Rome is thus well described :

“The whole procedure connected with the taking of the public baths is divided by Galen into Four Acts, or parts, as follows (‘Meth. Med.’ x):—

“*First Act*.—This was performed in the Laconicum, or chamber filled with hot air, and appears in most respects to have resembled the Turkish bath as now practised in this country. It was certainly in general dry, heated air (*aridus vapor*) that was used; but whether or not steam, as represented by some modern authorities, may not sometimes have been used instead, we have never been able to decide positively, having not found any ancient authority for the latter. Every word in Galen’s description indicates that he considered this act as merely preliminary to the subsequent one. Many persons, he says, do not stand in need of evacuation by the pores of the skin; but on the contrary, being of a dry temperament, they require repletion rather than evacuation,—that is to say, in modern nomenclature, they stand in need of *endosmosis* rather than of *exosmosis*.

“The *Second Act* was an ordinary hot bath of fresh water; and in the great Metropolitan Therma^x was always taken in a large reservoir adjoining to the Laconicum, called the Caldarium, capable of containing a crowd of persons together. This was regarded as the main luxury of the process,* and was often protracted to an unreasonable length; and hence it came to be regarded by rigid philosophers and divines as tending to induce relaxation, both of body and of mind. The water was so shallow as to avoid any risk of accident by drowning, but still of such depth that experienced swimmers could skim along the surface of it.

“The *Third Act* was accomplished in the Frigidarium, which, like the last-mentioned, was a cistern or basin of large dimensions, and, as Galen inculcates, was taken for the purpose of bracing the body after the relaxation which it had necessarily undergone in the hot bath. The depth of the water would seem to have been more considerable than in the Caldarium, since it gets the names of *natatio* and *natatorium*; and even in the private bath of the younger Pliny, at his Laurentian villa, several persons could swim in his cold bath (Ep. ii, 17).†

“The *Fourth* and last *Act* consisted of certain processes gone through in the Tepidarium, an apartment filled with mild air, in which the bathers left their clothes at the commencement, and came thither again to resume them at the end; hence it was also called the Apodyterium. In it, further, as Galen explains, the sweat was wiped off and the body anointed with hot oil, so as to protect it on exposure to the weather. In a good many respects, it will be remarked that the Tepidarium pretty closely resembled the first apartment of the Turkish bath.

“The modern reader at first sight will be surprised to find that the process of sweating is described by Galen as being principally performed at the close of the procedure in the Frigidarium, and not in the hot-air bath. But Galen

* See Galen, loc. cit. The same opinion is strongly expressed by Paulus Ægineta, of the sixth or seventh century. “The warm bath is the safest and best, relieving lassitude, dispelling plethora, warming, soothing, softening, removing flatulence wherever it fixes, producing sleep, and inducing plumpness. It is expedient for all men and women, young and old, rich and poor.”—i, 51.

† The Frigidarium in the Therma of Diocletian was 200 feet long, and 100 feet wide. It is calculated that the Frigidarium of the therma described by Sidonius Apollinaris must have contained upwards of 150,000 pints of water. At certain times the Frigidarium was the department of the therma most in repute, as was the case in the reign of Augustus, who was supposed to have been greatly benefited by it, on the recommendation of his physician, Musa. (See Suetonius and Dio Cassius.)

explains his views distinctly in the following sentence :—‘ Some persons after the bath, wrap up their patients either in linen clothes or in cloaks and robes made of unwashed wool, and cover them up closely all around, so as to produce freer sweating. But’ [he adds, and we would direct attention to his words] ‘ there is not always any necessity to sweat the patient much after the bath; for frequently we visit the bath not in order to empty the body, but, on the contrary, that it imbibe moisture, and be softened when it is immoderately dried.’

“In this place it may be proper to remark, that Galen and his illustrious imitator express themselves, in general, as being anything but favorable to the process which now goes by the name of ‘shampooing.’

“When copious sweating is desired, we have already said that Galen had in reserve systematic packing in oily robes or blankets. Besides this means, the ancient physicians had several other contrivances for a similar purpose, such as the bath of heated sand, troughs filled with heated air, and many other devices of a like kind.* Now, we would not be understood to deny that the Laconicum may not in especial cases have been used to effect this purpose, but what we contend is made out by the most unquestionable authority is, that to produce copious perspiration in the hot-air bath was not the general scope and purpose of the Roman system of bathing; and that, however thus used by individuals, it was never the established practice of the million. The practice of using hot medicinal springs, or spas, especially those about Baiæ, in the Bay of Naples, was in great repute at all times. They are celebrated both by Virgil and Horace. There were many other hot springs in different parts of the world. But, we repeat, these had nothing to do with the usage in the public thermæ.

Mr. Wilson thus observes on this distinction :

“In reviewing,” he says, “the Turkish bath, and the process of bathing as pursued by the Turks, we are struck by several features which appertain especially to it; for example, its construction of three apartments only, instead of the numerous apartments of the Romans; the three apartments being the grand hall, corresponding with the Frigidarium of the Romans, and being at the same time the Apodyterium and Vestiarium. Secondly, the presence of vapour in the middle room, corresponding with the Tepidarium of the Romans. Thirdly, the existence of vapour in the third and inner room, the Caldarium and Sudatorium of the Romans. The presence of vapour betokens a low temperature, because watery vapour, as is well known, is scalding at one hundred and twenty degrees of heat; and we have fair grounds for concluding that there was no vapour in the Tepidarium and Caldarium of the Romans, and that the temperature of both was considerably higher. For Seneca, in his celebrated letter, speaks of the importance of maintaining the baths at a ‘proper and wholesome degree of temperature; not of heat like that of a furnace, such as has been lately found out, proper only for the punishment of slaves convicted of the highest misdemeanors. We now seem to make no distinction between being warm and burning.’ This criticism would have been unnecessary had the bath contained watery vapour, as the evil would then have corrected itself, and the vapour, being scalding, could not have been supported. Pliny, also, speaks of the ‘burning pavement of the floor’ in his narrative of an act of cruelty practised by the slaves of Largius Macedo on their master. After beating him and trampling upon him, they threw him on the floor of the hot bath, and pretended that ‘he had fainted away by the heat of the bath.’

“Another peculiarity of the Turkish bath relates to one of its processes—namely, the absence of the cold douche with which the Romans concluded

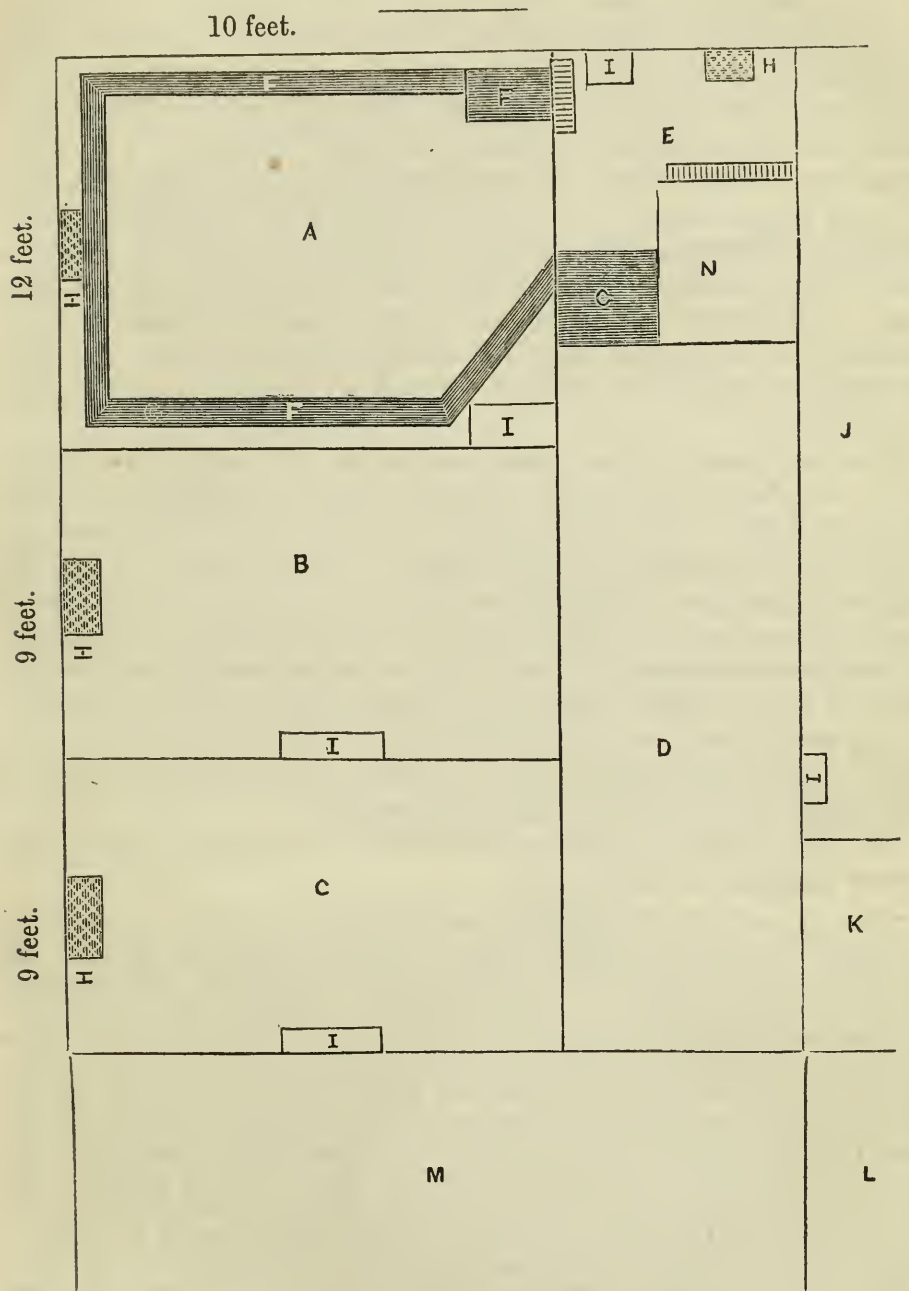
* See in particular the note of Schneider. Vitruv., V. 10, vol. ii, p. 388.

their bath. The Turks still dash cold water on the feet when the bath is at an end; but they allow the bather to enter the mustaby heated by the process and still perspiring—hence the necessity of a change of linen during the cooling, and the aid of an attendant with a fan to cool the body. Moreover, the process of cooling is in this way considerably lengthened, and we can comprehend how the bath may be prolonged to two, three, or four hours. In the Roman method—that is, concluding with a cold douche or a plunge in cold water—perspiration is immediately arrested by the closing of the pores, the body is cooled more quickly, no change of linen is needed, no fanning is required, and the cooling is accomplished equally well and in a shorter space of time.”

Construction of the modern Roman bath.—Some dozen baths have already been erected in London, and at least two joint-stock companies for the building of public baths on a large scale have been recently formed. We see by advertisements in the daily press that the Roman Bath Company, with Messrs. Wyatt as architects, are about to make a first effort at a public bath on a large scale at Cambridge. We most heartily wish them all success. In the University, above all other places, the regular use of the bath should be enjoined. It would relieve the wear of brain better than the daily Trumpington grind, or the boats, which require a stronger constitution than many men can boast of, and would, we are sure, do much to promote the power of study in the less robust members of the University. There are also two public baths at Brighton. The principles of the construction of the bath are, after all, not very difficult to master. We have recently constructed one at Haywards' Heath of the most simple and inexpensive kind. It was built as a lean-to to a new wash-house, so that the chimney-flue and stoke-hole were constructed to hand, and only two walls out of the four had to be built. The total cost, including laying on the water, douche-pipes, &c., was under £50. It is, we believe, the cheapest bath which has yet been built. The annexed ground plan will, with a few words of explanation, show the kind of arrangements necessary.

The entire building is thirty feet long by ten feet wide, and is divided into three compartments of nearly equal size (letters A, B, C), each being lighted with a window. In the hot-air chamber the window of thick ground glass is a fixture, and the fresh air is admitted by one of Sherringham's ventilators fixed in the upper part of the north wall. We are not acquainted with any ventilator so well suited for the admission into a room of the external air as that of Sherringham. The flue extends round the four sides of the room, passing under the door and up the wall across into the chimney of the new drying-closet. The flue is four feet high, and is built in a hollow air-channel, so as to give out as much heat as possible. The centre of the chamber is paved with tiles. The flue forms a good seat, with a board placed on it. By placing a curtain across the upper part of the chamber, and over the furnace (F), a *laconicum*, or

GROUND PLAN OF THE ROMAN BATH ERECTED AT THE SUSSEX LUNATIC ASYLUM, HAYWARDS' HEATH. *June, 1861.*



- A. Hot-air room. (*Calidarium.*)
- B. Washing-room, with hot and cold douche pipes. (*Lavatorium.*)
- C. Dressing-room. (*Frigidarium.*)
- D. New drying-closet.
- E. Stoke-room for furnaces of bath and drying-closet, with furnace mouth.
- F. Furnace and flue enclosed in hollow channel.

- G. Chimney.
- H. Windows.
- I. Doors.
- J. Washhouse.
- K. Old drying-closet.
- L. Laundry.
- M. Washhouse yard.
- N. Hot-air apparatus of drying-closet.

inner hot chamber, is at once procured. The outside walls are hollow and lined with sawdust. The roof is ceiled under the rafters, with a sheet of sawdust between. The height of the chamber—a lean-to—is at the highest twelve feet, and at the lowest nine feet. The extraction of the foul air is best, we believe, attained by opening a soot door in the ascending flue; this, with Sherringham's ventilator open, makes a ready, simple, and easily regulated change of air in the chamber. A copper tank in one corner both keeps a constant supply of water warm enough for the douche and also by evaporation aids in diffusing moisture in the chamber, which must further from time to time be increased by the use of a watering-pot on the heated floor tiles. We shall elsewhere allude to the vital importance of a due attention to the indications of the wet-bulb thermometer. This hot-air chamber can in four hours be heated, if desired, to a temperature of 200°.

The next room is the washing-room (B), or *lavatorium*, which is sunk a step lower than the level of the *calidarium* or *frigidarium*, and supplied with a drain to let the waste water off. In the washing-room we have introduced several pipes of a shower-rose with hot and cold-water, and two douche-pipes, one of two inches and the other of one inch diameter. A couple of pails of water, when an attendant is at hand, is more convenient, and to many insane patients less alarming, than the douche-pipe. The dressing-room (C), *frigidarium*, opens on to the wash-house yard, and is both the entrance-room and dressing-room. It is rather smaller than is desirable, but still large enough to cool oneself in by the aid of the open window.

Mr. Wilson gives the following sketch of a bath just erected at his private residence at Richmond :

“The plan of the bath at Riverside was not lost upon me in an undertaking on which I was then engaged—namely, building a bath for myself. My Apodyterium is at the back of my house; from this a Xystos, with a glazed roof, leads to the outer door of the Calidarium. Within the outer door is a vestibule, which upon occasion may serve as a Tepidarium. At the end of the vestibule is a second door, and this opened, we are in the Calidarium, an apartment more than ten feet high, fifteen feet long, and twelve wide. Along the side of the room runs a flue, with an area of four feet by nine inches; the flue crosses the end, and returns for a distance of two feet on the opposite side. At the point of return is the chimney. Two windows with thick glass let light into the room; and five circular openings, four inches in diameter, and closed by a telescopic lid (Looker's ventilator), supply an abundance of air; while a similar ventilator in the chimney-shaft secures its free circulation. The floor is a tessellated pavement of coloured octagonal tiles; and on the side corresponding with the door is a sunken Lavaterina, three feet six inches in length, two in breadth, and eighteen inches deep. Over the centre of the Lavaterina are two spouts, for cold and hot water; the latter being obtained from a galvanized iron tank, capable of holding twenty-five gallons, that stands on the returned flue, against the chimney-shaft. In this bath, as in Mr. Urquhart's, I expect to get various degrees of temperature, increasing in altitude from a temperate standard in the vestibule to the highest temperature that can be required, immediately over the furnace, where I have established my Laconicum.”

Mr. Witt's bath, to which reference has more than once been made, is thus described :

"On the ground-floor of his house in Prince's Terrace, Hyde Park, is a room twenty feet long by ten feet in breadth, and twelve feet high, with a window looking out upon a lead-flat. This room he divided by a partition into two compartments, two thirds of the room being devoted to the purposes of a cool room, and the remaining third to a hot room. The outer room being the *Mustaby* or *Frigidarium*; the inner room being the hot room of the Turkish *Hamâm*, the *Calidarium* and *Sudatorium* of the Romans; there was no space for a middle room, or *Tepidarium*.

"Piercing the wall of the *Calidarium* near its floor is a furnace of simple construction, opening on the lead-flat outside, and projecting for some distance inside into the room, where it is covered with a casing of fire-brick; the furnace ends in a flue, and the flue, which is one foot square, runs around the room, close to the floor, and close also to the wall, being separated from both the one and the other by a space of a few inches. Having completed the circuit of the room, the flue ascends the angle of the apartment to the ceiling, and terminates by opening into a chimney-shaft. The room is heated by the radiation of caloric from the casing of the furnace, and from the flue; and the flue, being thirty-five feet in length, presents a radiating surface of nearly fifty yards.

"The other features in the construction of the *Calidarium* are—a wooden seat, which runs round the room, immediately over the flue; a platform which supports a *dureta*, or couch of repose; a small tank holding ten gallons of water, kept warm by its position against the chimney-shaft, and two pipes which project into the room, at an elevation of six feet and a half, for supplying warm water from the tank, and cold water from the ordinary house-service; add to this a double door of entrance, a small window, and five circular holes in the wall for ventilation, and the *Calidarium* is complete."

The process of taking a bath.—We here present our readers with the benefit of Mr. Wilson's graphic description of the operation of the bath. We could not, without injury to the description, venture on a condensation of it.

"OPERATION OF THE BATH.

"We will now *take* a bath. We will endeavour to solve the question, WHAT IS THE BATH? We enter the *Apodyterium* or *Vestiarium*; we divest our body of its clothing; we hang our garments orderly on the apportioned pegs; we place our boots on the ground under our clothing, pushing the socks into the boots; we fold the *cummerbund*, a scarf of the Turkish red twilled cotton, eight feet long and eighteen inches broad, around our hips, or we may prefer a kilt of the same material, or a pair of short drawers, and we are ready to enter the *Tepidarium*, if such there be; or, in the absence of a *Tepidarium*, the *Calidarium*. This is the costume of the bath, and a costume is indispensable. Without a costume in the presence of others, the bath is not the bath—it is an evil, and as an evil it should be suppressed with the utmost severity. But I am not describing the bath for those who would abuse it, but for those only who have the intelligence to apply it to the high and noble purposes of which it is capable. An addition to the above simple costume is sometimes made by folding a cotton scarf around the head—a kind of turban; and the turban has its advantages as a protection of the bare head against the extreme heat of the apartment. The turban, when used by the gentler sex, protects and supports the hair, and the *cummerbund* gives place to a loose cotton chemise, that of the Turkish red twill being the most becoming and appropriate.

"We now enter the *Calidarium*; we are impressed with the sensation of a most agreeable warmth; we look at the thermometer, we find the temperature

to be 135° of Fahrenheit; we take our position on one of the seats, or we ascend upon the platform above, and we discover that a hard wooden couch, the *dureta*, may be the pleasantest couch in the universe. We look around us; the atmosphere is clear, there is no haze upon the window, the floor, the seats, and the walls are dry, and yet there is no oppression to the breathing organs; we breathe as agreeably as in the open air—nay, those who are ordinarily oppressed in the air from chronic bronchitis or asthma breathe more lightly and pleasantly here. But I must explain: I am now describing the sensations experienced in Mr. Witt's bath, and the freshness of the atmosphere of Mr. Witt's bath has always been praised by the most experienced bathers, and by those who have been accustomed to the bath in the East. Mr. Witt attributes this virtue of his bath, and with apparent reason, partly to sufficient ventilation, and partly to the presence of his warm-water tank in the upper portion of the apartment; the water of this tank, evaporated by the heat of the flue, descends into the apartment, and pervades the atmosphere as an invisible vapour—a vapour which is felt, but not seen; and he further remarks that a similar effect is not attainable by the introduction of water on the floor of the bath.

“If, after our first entrance into the Calidarium, we place the hand on any part of our skin, it gives the sensation of coldness, as compared with the temperature of the apartment. Soon, however, the skin becomes warm and dry; shortly afterwards it is moist and clammy; and later still, the perspiration begins to flow with greater or less activity. The freedom of perspiration follows the known structure of the skin in reference to the sudatory organs; it is first perceptible and most abundant on the face and hands, where the sudatory glands are most numerous and most developed; it succeeds on the chest and shoulders, then on the rest of the body, and lastly, on the legs below the knees. The perspiration at first issues from the pores in minute drops, the drops swell to the size of peas, and the skin looks as if it were garnished with crystal beads; the beads run into little rills, and the rills trickle down the hollow ways of the surface in small streams. It is at this period that the whole body admits of being washed by means of the water that issues from itself, and that the secret of the small quantity of water provided for the baths by the Romans is discovered.

“It is when the perspiration commences to flow in abundance, that the beginner in the use of the bath, or the owner of a susceptible constitution, becomes aware of an increase of rapidity of the heart's pulsations; and this sensation is commonly associated with a feeling of oppression, something approaching to faintness. On the first hint of this sensation, the bather should retire to the Tepidarium or to the Frigidarium, and sit there for a few minutes, or until the sensation has ceased; he may then return to the Calidarium, and upon each recurrence of the sense of oppression always quit the Calidarium for the cooler temperature without. The sensation which I am now describing is the only disagreeable one attendant upon the use of the bath; it is unknown to the practised bather, and to the strong or callous constitution, and may be effectually obviated, even in the most sensitive, by the simple precaution which I have just suggested. Strange to say, these passages from the hot to the cold temperature are not attended with a check to the perspiration, they only moderate it, while the stimulus of the fresh air provides more ample chest-room for the oxygenization of the lungs.

“One of the most curious, and at the same time impressive, of the phenomena of the bath is the relative freedom of perspiration of the educated and the uneducated skin; in other words, of the practised and the unpractised bather. There are certain persons who have never perspired, and these persons require a long training in lower temperatures before they can be admitted with safety to the higher temperatures; they are also much assisted by the addition of watery vapour to the hot air, converting it, in fact, into a vapour-bath. But of the

rest of mankind, who present every facility for active perspiration, but who have never had, or but seldom have, the skin aroused to its normal activity, the variety in the energy of perspiration is very remarkable. The practised bather is enveloped in a sheet of perspiration, while the skin of the beginner is hardly moist; if the practised bather but raise his arm, the water drips from his elbows and finger-ends in continuous drops; his cummerbund is saturated, and the water may be wrung from it as from a soddened cloth, while the cummerbund of the neophyte is still dry. If the beginner rest his back for an instant against the wall of the Calidarium, he shrinks away from it, because of the intensity of its heat; but the practised bather presses against it with all his force, and receives only the sensation of an agreeable warmth, because the abundant moisture of his skin is sufficient to keep the wall cool. The beginner loses the moisture only of the surface of the body, and feels no resulting internal sensation; but, in the practised bather, the skin sucks up the watery fluids from the deeper streams of the sanguine flood, and the bather thirsts in the operation. He drinks water from time to time to replenish the waste; pint upon pint is taken into his stomach, and finds its way firstly into the blood, and then into the sudatory system of the skin; surely an apparatus of organs and a current of blood so rinsed by the transit of pure water must undergo an important purification. To the practised bather the drinking of water during the perspiration of the body is reviving and necessary, because his blood has need of water to supply the place of that which has been withdrawn by the skin, and the amount of need is expressed by his thirst. But the beginner has no thirst, and he will do well to avoid drinking, as calculated to increase the labour of perspiration, and likely therefore to be followed by oppression and faintness.

“The time passed in the Calidarium, with the occasional retirements already mentioned, may vary between twenty minutes and an hour; *a continuous, moderate perspiration of a certain duration* being the object which should be kept in view. Besides causing an active perspiration, the warmth and moisture of the bath soften the epiderm or scarf-skin, and by gentle friction with the hand the softened epiderm is rubbed off in small elliptical cylinders. At the conclusion of the bath the skin should be gently rubbed over with soap, applied either with the kheesah or goat-hair glove, or with a wisp of lyf—the white woody fibre of the Mecca palm, commonly used for the purpose in the East. After the friction with soap, the body should be thoroughly rinsed by means of the warm shower-bath; and after the warm shower-bath follows a shower of cold water, or a cold douche. The idea of a douse of cold water upon a fully perspiring skin suggests a feeling of alarm in the minds of those who have not experienced it, or have not thought upon the matter; but in practice it is inexpressibly grateful to the sensations, and wholly free from the shadow of danger.

“The purpose of the cold douche is to cause a sudden shrinking or contraction of the skin, and this contraction closes all the pores, and tightens and braces the cutaneous vessels. The process is necessarily accompanied with a trifling amount of cooling of the surface, and the bather remains in the Calidarium for a few minutes longer, until this coolness has passed away, and the skin is everywhere warm to the touch. He then leaves the Calidarium, and enters the Frigidarium. When the bather possesses a separate Lavatorium, the process of soaping, with the subsequent ablutions, is performed in that apartment; and, being accomplished, he returns to the Calidarium to recover his warmth, and is then ready for the Frigidarium. The warming of the body after the cold douche is thus shown to be an important part of the bath—as, in fact, is every process, howsoever trivial each may seem when considered separately and by itself.

“On entering the Frigidarium the bather is enveloped in a large cotton sheet or mantle, which covers him from the head to below the feet; he lies or sits down, inclosing each limb in a separate fold of the sheet, and he wipes his face

and head with a dry napkin, or with a corner of the sheet. He then remains perfectly tranquil and quiescent, the sheet absorbs any excess of moisture, and the accumulated heat of the body disperses the rest. After fifteen or twenty minutes he exposes an arm to the air; then both arms and the upper part of the trunk of the body; then the lower limbs; bringing every part of the skin in succession into relation with the cool air or cool breeze of the apartment. Of course, where an attendant is attached to the bath, the investiture with the mantle, the wiping of the head and face, the wrapping of the separate limbs, and the packing of the body, are performed by such attendant, or one bather performs the office for another; but where the bather is alone, he finds no difficulty in doing it all for himself.

“The cooling and drying process, which is the special use of the Frigidarium, is regarded by experts as not the least important part of the curriculum of the bath. It is here that the moisture is dissipated from the skin by the heat of the body, that the bather recovers from any little physical exhaustion that the processes of the Lavatorium may have occasioned, that the skin is brought into contact with the open air, and imbibes its oxygen; that the man becomes sensible of a delicious repose of the nervous system, and an equally agreeable restoration of his powers. If the quiet impassibility of the Roman, or the listlessness of the Turk, is to be imitated in the preceding stages of the bath, it is doubly deserving of imitation here; calm, repose, dignity, thankfulness, should fill the soul of the bather while in the Frigidarium. When his skin is perfectly dry, but still warm, smooth, and satiny to the touch, then, and then only, slowly and leisurely, he should begin to resume his usual clothing. If he dress too soon, he will be apt to break out into a perspiration while putting on his clothes, or after quitting the bath; in which case he will be in danger of taking cold, and frustrating the benefits of the bath.”

Temperature and degree of dryness of the bath.—The most important practical points in the use of the bath are the temperature, with the amount of ventilation, and the degree of dryness.

There is no doubt that the human body can stand, without apparent injury, a very high temperature of dry heat. Mr. Wilson states that he sat for at least ten minutes in Mr. Urquhart's bath at Riverside, at a temperature 240° , namely, 28° above the boiling point of water, without the slightest inconvenience. Again, the workmen in Mr. Magnus's slate works at Pimlico habitually enter ovens at a temperature of 350° . This has, however, little to do with the question of *what is the best temperature of bath for the purposes of health?*

This subject has been carefully studied by a friend of ours, who has built a very pretty bath attached to his residence at Lewes, and in which we have on several occasions discussed with him this very point. Its most important element is the degree of dryness—a question which has not hitherto received sufficient attention.

The result of his experiments at Lewes was that, for the ordinary use of the bath, a temperature of 118° to 122° on the dry thermometer, and 98° to 102° on the wet bulb, gave the most perfect and least disturbing bath. The wet bulb, of course, indicates the amount of evaporation taking place in the chamber, and its height must be regulated by the occasional supply of water poured from a watering-pot over

the floor. The two extremes of excessive dry air, as is found in most of the London, so-called Turkish, baths and of the moist vapoury atmosphere of the real Eastern bath, are alike to be avoided. A little attention to the relative temperature of the moist and dry thermometer is a safe guide.

Mr. Wilson, while taking every opportunity of protesting against the extreme high temperature of the London public baths, places the mean temperature higher than we have done, viz. at 120° to 140°.

Therapeutic actions of the Roman bath.—So short a time has elapsed since the application of the Roman bath to the practice of medicine, that no clinical facts of any value have as yet been established as to its therapeutic uses. We are of opinion, from the little personal experience we have had of its use, that the presence of acute disease contra-indicates its employment. We should be very unwilling to sanction its use in pneumonia, pleurisy, or gastritis. It would, we believe, be as fallacious in practice to attempt to cut short inflammation by the forced action of the skin, as to follow the traditional practice of administering venesection, calomel, or opium, with a similar object.

Disease is not, we believe, to be cut short by any process whatsoever. Holding, as we do, that the only rational treatment of disease is to support the system under the morbid process, while carefully guarding against complications, we cannot, of course, sanction the substitution of one derivative action for another, or believe that a forced action of the skin will accomplish what a forced action of the liver or absorbents fails to produce. In Dr. Adams's paper, in the 'Medical Times,' on the ancient Roman bath, to which we have already referred, we find the following judicious remarks on this very subject :

"I feel called upon," he says, "to avow my fears, founded on a lengthened experience in the treatment of pleurisy and pneumonia in the human subject, that the use of the hot-air bath in the early stages of pleuro-pneumonia in cattle may not turn out so successful as has been anticipated. We have seen that the great Roman authority on medicine decidedly condemns the practice, as being most prejudicial at the commencement of all such febrile and inflammatory diseases, and, if I am not much mistaken, the highest medical authorities of the present day would concur in his views. Would a physician of established character in London or Edinburgh order a patient, in an attack of pleurisy or pneumonia, to be put into a hot-air or a hot-water bath? In the present state of our knowledge we can scarcely think he would risk the experiment, more especially having no better directed object than the hope of cutting short the disease by inducing copious perspiration. This leads me to add a few words on a fallacious principle in the treatment of diseases, which is apt to lead the young and inexperienced into error. It being a well-ascertained fact in derangements of the animal economy, that febrile and other acute complaints, when at the crisis, are often accompanied by sweats, it has been assumed that the sweat is the cause of the convalescence, and it has been supposed that, by inducing a proper perspiration artificially, the disease will at once be brought to a close. Nothing seems more feasible, and yet I am sure all physicians of experience will join in saying, nothing can be more fallacious. On this subject

I would beg to refer the reader to a very able essay by Sir Henry Holland." (*Medical Notes*, chap. iv.)

It is in the treatment of *Chronic Disease* that the therapeutic actions of the Roman bath are to be sought for. Mr. Wilson has the following well-put remarks on this use of the bath :

"The medical properties," he says, "of the bath are based upon its powers of altering the chemical and electrical conditions of the organic structures of the body, and abstracting its fluids. The whole of these changes take place simultaneously, and no doubt harmoniously ; but in certain instances we may rely upon a greater activity of one of these processes over the other two ; for example, in neuralgia the electrical power should preponderate ; in the destruction of miasma and poisonous ferments, the chemical power ; and in the slow removal of accumulated morbid deposits, as in chronic gout and rheumatism, the fluid abstracting power. The required greater activity of one or other of these powers would also be our guide to those physical conditions of the bath which are calculated to effect these objects—for example, temperature and moisture. The temperature and degree of moisture for the treatment of disease must be different from that which is suitable to health. It may be necessary to have recourse to very high temperatures ; or it may be requisite to fall below the healthy standard. Moreover, the healthy standard itself may require variation for different individuals and different constitutions. The physician is perfectly conversant with this necessity of adapting his means to the special constitution or idiosyncrasy of his patient.

"One of the most important properties of the bath is its power of preserving that balance of the nutritive functions of the body which in its essence is health ; in other words, preserving the *condition* of the body. The healthy condition implies an exact equipoise of the fluids and the solids, of the muscular and the fatty tissues, of the waste and the supply. This state of the body is normally preserved by a proportionate amount of air, exercise or labour, and food ; but even the air, the exercise, the labour, and the food must be apportioned, in its kind and in its order, to the peculiar constitution of the individual. Those who have ever had occasion to reflect on this subject must have felt the difficulties which surround it, and have been aware how extremely difficult it is to say what may be faulty in our mode of using these necessaries of our existence. If I were asked to select an example as a standard of the just equipoise of these conditions, I should take the ploughman ; intellect at the standard of day-to-day existence, moderate food, vigorous but not over-strained labour, plenty of air, and plentiful exposure. But who would care to accept existence on such terms as these ? Give us brain, give us mind, however ungovernable, however preponderant its overweight to the physical powers, however destructive to the powers of the body. In a word, we select a morbid condition : our meals, our air, our exercise, our indoor and outdoor habits are all unsound ; we prefer that they should be unsound ; the necessities of our life, of our position, require that they should be unsound. How grand, therefore, the boon that will correct these evils without the necessity for making any inconvenient alteration in our habits !

"THAT BOON IS THE BATH. The bath promotes those changes in the blood for which fresh air is otherwise needful. The bath gives us appetite, and strengthens digestion. The bath serves us in lieu of exercise. 'The people who use it,' writes Mr. Urquhart, 'do not require exercise for health, and can pass from the extreme of indolence to that of toil.' How glorious a panacea for those home-loving matrons whom no inducement can draw forth from their *lares* and *penates*, to enjoy a daily wholesome exercise, and who, as a consequence, become large, and full, and fat, and bilious, and wheezy ; and who, in

their breach of Heaven's law, lay the foundation of heart disease. 'A nation without the bath is deprived of a large portion of the health and inoffensive enjoyment within man's reach; it therefore increases the value of a people to itself, and its power as a nation over other people.'*"

To pass to the special therapeutic uses of the Roman bath. In a lecture by Mr. Spencer Wells, we find the following facts:

"I shall say nothing," he says, "of what I have *read* or *heard*, but confine myself strictly to what I have *seen* among patients whom I have recommended to take the bath.

"I have advised three of my gout patients to take a course of these baths. One of the cases I alluded to, a nobleman who had formerly been in the habit of taking the lamp bath, has quite given it up, and has derived so much benefit from the air bath that he is erecting one at his country seat. In a second case, it has also been useful in prolonging the interval between the attacks. In a third, the patient, although he perspires freely, continues to prefer the vapour bath; but I cannot help thinking that this is because the bath he went to is small and imperfectly ventilated. I have also watched the effects in two ladies, members of gouty families, who suffer from defective circulation in the skin, deranged action of the kidneys, and many of those curious nervous symptoms which in the female are the manifestation of an abnormal amount of uric acid in the blood, just as the joint symptoms are characteristic of the same condition in the male. Both these patients have derived great advantage from the bath.

"In three cases of chronic rheumatic arthritis, two affecting the knee-joint only, and one the knee, ankle, and other joints, great benefit has been derived; the least in the last case, the patient being very pale and feeble, and disposed to faint in the bath.

"In two cases of sciatica, the one rheumatic, and the other the result of an injury, great relief was obtained, which I hope may prove permanent.

"In one case of internal tumour surrounded by a quantity of acetic fluid, the patient was convinced that the fluid was diminished, but other circumstances prevented her from going on with the bath.

"In one case of prurigo senilis, the itching completely disappeared after a single bath. Two cases of obstinate chronic eczema are still under treatment. In both the general health has improved, but there has not been any very marked effect on the eruption. One patient, who had had a succession of boils, has had none since he began the baths twice a week. Another has only taken two baths, and has still an open boil. One gentleman, with specific lichen, who had taken several mercurial vapour baths with some little good effect, has also taken some Turkish baths, but still (he writes) without much effect. This is a very obstinate case—the first I remember to have seen which has resisted the bichloride of mercury lotion. Another gentleman, who had specific psoriasis, got quite well while taking biniodide of mercury and a Turkish bath twice a week. The biniodide would have cured him alone, but I think the bath hastened the cure very much, and he got well with less of the medicine than he would otherwise have required.

"In two cases of obstinate acne—one the acne punctata, the other acne rosacea—the face has been cleared wonderfully. We know very well that acne may be cured easily enough, as a general rule, by clearing away, with a rough towel and hot water, the sebaceous matter which obstructs the ducts, and then using some local application of sulphur or mercury, or better still, a combination of the two; but every now and then you meet with a case which resists everything—which may yield for a time, but always returns sooner or later.

* 'The Pillars of Hercules.'

Two of these I have sent to the bath, and both are well pleased with the result. Whether the good effect will be permanent, time alone can show.

“In one case of cystorrhœa dependent on the presence of ammoniacal secretion, the general health has improved very much. The free action of the skin kept up by the bath has certainly tended to relieve the kidneys, and assisted in the treatment. In another somewhat similar case co-existing with imperfect paraplegia, the patient has derived undoubted benefit from the bath and shampooing. The atrophied lower limbs are becoming decidedly more muscular, and there is unquestionably a steadier gait in walking, and more power of balance.

“I have recommended the bath to several friends and patients who, although not suffering from any special disease, have still felt ‘out of order,’—have been getting too fat, have lost their appetite, become pallid and flabby, have suffered more or less from the common result of modern life in large cities, where men exercise the mind too much and the body too little, live in close hot rooms, eat and drink too much, and take a great deal too much medicine—in a word, have suffered from the ‘cachexia Londinensis,’ as it has been called. These are just the cases where the bath is likely to be of the greatest advantage. Those who can take sufficient exercise to keep the sweat-ducts free, who keep the skin perfectly clean and healthy by a daily sponge-bath, and wear porous clothing, do not stand in much need of anything more. But when we have to treat the ‘cachexia Londinensis,’ depend upon it the bath is the remedy from which the greatest good can be expected.”

The therapeutic action of the bath with which we are more nearly concerned is in the treatment of chronic mental disease. We entertain a very strong opinion of the results likely to follow its use in cases of chronic melancholia. In a former part of this paper, we have given a description of the bath just erected at the asylum at Hayward’s Heath. As yet, we have had no practical experience in its use in the treatment of insanity. A member of this association in Ireland, Dr. Power, of the Cork District Asylum, has, while this review was in hand, favoured us with the result of his experience of the use of the bath, in a report recently addressed to the Board of Governors, and which we here subjoin.

“REPORT ON THE EFFECTS OF THE TURKISH BATH IN THE TREATMENT OF
INSANITY, FOR THE BOARD OF GOVERNORS.

“Gentlemen,—The Turkish bath established in this institution on my recommendation, aided by the inspectors, Doctors Nugent and Hatchell, approved of by the Board of Governors, and sanctioned by the Privy Council, having now been some months in operation, it is time I should report to the governors my experience of its value as an agent in the treatment of the insane.

“It may be well, however, to introduce the report by stating a few particulars in explanation of the motives which actuated me in recommending it so confidently as a remedy likely to prove efficacious in the treatment of a malady so difficult of management and so afflicting in its nature.

“Any one conversant with those suffering under this disease cannot fail to perceive that there is a peculiar odour of a most disgusting character emanating from their persons, and most probably exhaled from the skin and its minute glands and follicles. Now, this must arise from an unhealthy state of the blood, which must exercise a deleterious influence on the system generally, and on the organs connected with operations of the mind in particular, and any

means which effect the removal of the vitiated humours and other secretions must benefit the disordered intellect, and probably cure the diseased and tainted system where other means have failed. I have found that active and even violent exercise, powerful sudorifics, and hot baths have failed in correcting this unhealthy action of the skin and its glands.

“When I saw the Turkish bath got up by Dr. Barter at St. Anne’s Hill, and experienced its power, its applicability to the production of the result I required at once struck me, and I have not been disappointed; but in all cases where the patients’ state required it, the digestive organs were put in healthy action before commencing the use of so powerful an agent, and in consequence of this precautionary measure no untoward results of any kind have taken place from its use, except occasional faintness and slight headache, and these slight inconveniences have ceased to recur persevering in the use of the remedy. The natural secretions and excretions are occasionally excited during the action of the bath, which demonstrate the varied extent of its action and power.

“In the great majority of cases, even those on whom the remedy has failed to make an impression on their mental disorder, signs of improved bodily health soon become apparent, such as clearness of complexion and skin, keen appetite, and increase of weight. One girl, a timid, frightened creature, refused to go into the bath a second time, saying it was hell; another refused in dread of getting a return of vomiting and headache, which she experienced on the first occasion. With these two exceptions, all who have once tried it express the greatest satisfaction at the result, and are loud in praise of the pleasing languor and tranquillity they experienced while in the bath, and for the day, sometimes two days after, the same calm tranquillity of mind continued to be felt. The justness of expression and correctness of language used by some of the commonest and most illiterate of them while describing their sensations of comfort and enjoyment was truly surprising, and indicates the strength of the impression produced upon them.

“Since the opening of the bath, in January last, 124 patients have been submitted to its action. Out of these, 8 are discharged cured; 2 to be sent out cured to-day; 2 cured and relapsed; improved and improving, 52; unchanged, 60; the latter being all cases of many years’ standing in the house. Having shown so very favorable a result from the use of the Turkish bath, which far exceeds what I could have anticipated when I first directed your attention to the matter, I feel fully justified in calling on you to provide additional attendants to enable me to extend its use, and allow those who have not hitherto had the benefit of it to be placed on an equality with their more fortunate companions. Up to the present it could be used only two days in each week, being about eighty patients a week, forty males and forty females. Now, if used the six days, its advantage would be extended to 240 per week, at little additional cost, as the furnace is always kept heated. Hot and cold water, independent of the laundry, should also be plentifully provided.

“I cannot conclude this report without stating as the result of my limited experience, that such a provision should constitute an appendage to every institution where many persons are congregated for a lengthened period within a confined space. It seems to me to possess a power of compensating in a degree for the absence of pure air and exercise; and it seems to me a Turkish bath should form a part of every union workhouse and government prison, and all similar establishments.”

With the following extract from Mr. Wilson’s ‘Observations on the Use of the Bath,’* we must conclude this present notice of the subject:

* These observations and rules for the bath were drawn up by a gentleman of much practical experience on the subject, and I have thought that I should be doing

“A bath is an aggregate of many parts, all more or less essential in forming the whole. To single out, therefore, any particular chamber, or any special contrivance used therein, and to call it *the* bath, is the same as singling out any room in a house, and calling it *the* house.

“Bathing is a process; and that process is an elaborate one. It comes without thought to those accustomed to it, and no form of words can convey it to those who are not. The bath being the practice of a cleanly and polite people, habits of cleanliness and politeness must be observed by those who frequent it. No code of rules and instructions can teach the use of the bath: strangers must learn from the attendants how they are to conduct themselves, and not speculate upon what they do not understand. The following injunctions, however, may perhaps be of some service:

“1. The bath should be taken (especially by the uninitiated) before dinner: but if in the evening, a light repast may be taken in the middle of the day.

“2. Habits of cleanliness, decorum, and repose are imperative. The floors of the inner chambers of the bath must never be trodden with shoes; these, and all other ordinary articles of dress, are to be left in the outer room. The bathing dress is to be strictly worn throughout, and never laid aside, except when the bather may be the sole occupant of an apartment. To ensure the necessary quiet and repose, all noisy and exciting conversation is prohibited.

“3. Where there is a tepid chamber, the bather is to remain therein for a short time, or until a gentle moisture appears on the surface of the skin.

“4. He is then to proceed to the hot chamber (having first twisted a piece of linen around the head, in the form of a turban), and if, at any time, the heat be found oppressive, the head may be wetted with warm, and the feet with cold water; and he should pass to and from a cooler room, until the system becomes habituated to the heat. When the skin shall hereafter acquire a more healthy condition, and copious perspiration speedily results from every bath, the feeling of oppression will cease.

“5. Water may be drunk, if desired; but to drink without the desire sometimes produces sickness.

“6. Shampooing (where attainable) necessarily precedes the processes of ablution, for which object the bather returns for a time to the tepid chamber. In the absence of better means, rough linen or hair gloves may be used to remove the softened cuticle.

“7. From the hot chamber he proceeds to the washing-room, if this should form a separate apartment. After the whole surface of the body has been well soaped and rubbed, it is to be exposed to a shower of warm water; and this soaping and cleansing is to be repeated as often as may be required. In all washings care must be taken that the same water shall never touch the body twice.

“8. Immediately following the final ablution with warm water, the whole body should be subjected for a few seconds to a stream of cold water; or the bather may take a plunge into a pool of cold water, where such convenience forms a part of the bath.

“9. If this application of cold be long continued, or if it take place in too cool a room, the bather should return to the hot chamber for a few minutes, in order that the skin may regain its previous degree of warmth; generally, however (after having thrown aside the wet bathing garb), it will be sufficient to envelope the whole body quickly with a dry sheet, and to proceed at once to the—

“10. Cooling-room, where the recumbent posture and perfect quietude are enjoined for a few minutes, until the accelerated action of the heart shall have

a service to the reader to reprint them in this place. They are peculiarly suggestive of self-management in the bath.—*Note by Mr. Wilson.*

quite subsided: the sheet is to be cast off by degrees, and its place supplied with a fresh bath garment.

“11. Plenty of time is to be devoted to this important department of the bath; the skin is to be exposed, as much as possible, to the vivifying action of the sun and air, and opportunity thus afforded to the newly opened pores to absorb oxygen from the atmosphere. Where the cooling-room opens into a retired court, or garden, the open air is preferable.

“12. Before dressing, the whole surface of the body must be dry to the touch. If the cooling stage be hurried over, a secondary perspiration may break out; this may give cold, and this alone; but this is the result of mismanagement, not of the bath. Finally; the bather should ‘dress deliberately, walk away slowly, and reflect properly on the blessing that he has enjoyed.’”

C. LOCKHART ROBERTSON.

OBJECTIONS TO THE BATH CONSIDERED AND REFUTED.

(From a Pamphlet on the Turkish Bath, by Edward Houghton, M.D.)

“1. *It is enervating.* This objection arises from persons confounding an excessive amount of bathing, with its use in moderation; and also not distinguishing between properly constructed thermæ and those whose temperature is too high.

“2. *It is a luxury,* and therefore tends to draw away men’s minds from the more serious business of life.

“Were it possible to make men give up luxuries, this would be all very well, but as they are determined to have some kind of enjoyment, why not choose the most harmless? What are we to substitute for it? The pleasures of the table,—the intoxication of the wine-cup,—the pernicious influences of tobacco, opium, haschish, green tea, and black coffee.—These are men’s present luxuries:—we offer them a better!

“3. *It is unsuitable to this climate.* Can the objector offer one scientific reason why it should be considered unsuitable? If not, why does he make the objection? He cannot appeal to experience, for all experience is against him. The bath is now daily used in similar climates, colder climates, and more variable climates, and was formerly used in this very country, in *many* different localities, and for a great length of time.

“4. *The benefits of the thermal bath may be obtained in other ways,* as by exercise, the cold bath, &c. We admit that this is possible, but deny that men generally either can or will carry it out efficiently. If the cold bath could be always obtained at the right time, *just when free perspiration is established,* it would answer the main purpose for which the bath is designed; but we know that men now cover up their reeking bodies with porous clothing, whose object is to absorb the perspiration, and that such clothing is worn for a considerable time afterwards. There is, therefore, no analogy or comparison between the cases.

“5. *It is a loss of time.* What is the object or use of time, if it be not to enable us to ‘set our house in order’ (bodily and spiritually), so as to arrive at the highest perfection of which we are capable? Can anything be accounted a loss of time which enables us to go through more work,—to do that work better,—and which gives that contented mind which is ‘a continual feast’? We do not ask much, when we advise the reader to give up, once a week, one of the hours now devoted to vanity and spend it in *The Bath.*”

Notes on Idiocy.

By P. MARTIN DUNCAN, M.B. Lond., &c., Essex Hall Asylum.

It is remarkable, considering the advance which has been made in the study of the diseases of the mind during this century, that so little is still known concerning idiocy and idiots. With an increasing population, there is no decrease in the numbers of these helpless beings; their origin is connected with the, apparently, inevitable results of our social system; their very existence is, in most instances, a natural protest against vexatious and unreasonable interference with those great laws which govern the well-being of communities; and, both in a scientific sense as well as in a philanthropical, they have great claims for consideration.

Yet the literature of idiocy is scanty.

It consists of one admirable volume by Seguin, many reports of American origin, by Dr. Howe, of English, by the projectors of idiot asylums, and of pamphlets and speeches.

The few valuable pages on idiocy, left by the great alienist physicians of the early part of this century, and the work by Seguin, constitute, however, the foundation of nearly all these last; but the medical attendants of our large asylums have, of late, had the opportunity of bringing forward many reliable facts, and of correcting many errors, in connection with their speciality.

Seguin has been unmercifully quoted, or rather his able pages have been plagiarized, by those who have commenced the practice of the education of idiots with pamphlets, explanatory of what they intended to do; but experience, the result of a year or two devoted to the question, determines that this standard work is too theoretical, and that it has been based upon the very careful study of but a comparatively few cases.

In fact, as regards idiocy, science has been left behind by charity, and philanthropists, rather than philosophers, have offered instruction; the platform has taken the place of the quiet study, and well-intended exaggerations and very exciting but equally baseless statements, have influenced the public mind, rather than carefully collected facts and logical inductions.

To prove the correctness of these assertions, it is simply requisite to turn to our text-books on insanity and to read in the public journals, speeches made for the benefit of some noble charities within the last ten years.

Much good, however, has arisen from the efforts of the founders of Earlswood and Essex Hall, and, as years roll on, the subject will be divested of much that rather reflects upon it, and will take its place amongst those worthy of scientific study.

As yet, it has not received great attention from any one who has had the advantage of that education which qualifies the alienist physician for his career, and theory has put practice to the blush.

The principal efforts of the few writers on the theory of idiocy, have been directed to the relation between the size of the head, or of certain parts of it, and the amount of mental deficiency; in fact, phrenology has been put on its trial by those who had a leaning towards its dogmas: others have referred to the definition of the word, and of those terms which are used in the classification of the feeble-minded, and to the classification itself also.

In America, the causes and statistics of idiocy have received attention, but only enough to prove that much greater research is requisite before a satisfactory conclusion can be attempted; and in the Old World as well as the New, a few post-mortem examinations, a few measurements of the head, and a few cases of idiocy, have been from time to time published.

This state of things is not surprising, for the subject is distasteful; idiots are rarely of any legal importance, and therefore their cause is not often before the public, and their parents, as a rule, will do anything rather than let it be known that they are even in being. There are few incentives to the study; success in the educational department requires patience, knowledge, tact, and experience; and the commercial considerations which more or less influence men, are not of importance: there is not much dross hanging to their skirts. Their study had been almost impossible, to even a few, until the formation of the large asylums in Europe and America; and even now, experience and knowledge are attained with difficulty.

There are many of the same difficulties to be overcome, which are met with, in the study of insanity, and it is evident that a knowledge of medicine and of the accessory sciences is requisite.

It may readily be imagined, from the paucity of reliable and trustworthy information on idiocy, that hasty generalizations, baseless assertions, and captivating theories should abound; nor is it likely to be doubted that the first steps of the truthful inquirer, when brought into contact with the objects of his study, are retrogressive. To unlearn is to take a great step in this, as in many other pursuits.

Bright hopes of success, the product of excited sympathy, fade away; preconceived notions concerning the relation of the expression of the face and the form of the head, to the amount of mental deficiency turn out to be fallacious guides in diagnosis; ideas about the effects of arrested nervous development become less definite, and the value of the best classification diminishes before the test of practical experience. It may be safely asserted, that any one determined to study the subject of idiocy in a manner consistent with the rules of science, and not merely with a view of sinking into the successful teacher of the feeble-minded, has much to unlearn at the commence-

ment of his researches ; and also that any one possessing the opportunities offered by an asylum, abundance of cases, occasional post-mortem examinations, and the command of all the appliances supposed to be requisite for the training of the patients, will own, after a few months' labour, that the subject is bewildering from its complications and extent. Facts are collected carefully, and reasonable theories are induced from them, to hold ground, however, but for a while—until one or two recent cases completely set them aside. Of course, this is a necessary condition in the progress of all scientific inquiry, and is most frequent in its early stages. Much time is, of course, lost in classifying the grades of idiocy, in determining the definition of terms, and even in identifying the proper objects for study.

There are numerous varieties of idiots, to whom the appellation is not applicable ; others have been given, and must be considered ; and moreover, every inmate of an idiot asylum is not, of necessity, idiotic.

The complications of the subject are principally the result of the general ignorance of the public ; charity does not infer wisdom, and sympathy, as a rule, discriminates badly. To all intents and purposes, the public idea of idiocy and of the proper inmates of idiot asylums, refers to all those who cannot be educated by the ordinary methods of schools—who are unusually stupid, dull, perverse, and obstinate, and who cannot be rendered cleanly and proper in their habits. Age and the presence of evident disease of the brain, and even the knowledge of mania having occurred, do not enter into consideration. The object is a good one, and care is taken to shut the door upon no one. Our profession, influenced by the same charitable feelings that prompt the public, and not well informed upon idiocy, gives its sanction to the admission of cases into idiot asylums which are certainly objects of charity, but not idiots. Certificates of lunacy are written, and extraordinary reasons for considering the subject a fit case for an asylum, are often given.

At the commencement then, there arises a complication ; a rough classification must be made, to be generally altered hereafter, and a great number of so-called idiots, have to be separated and distinguished from the rest.

It becomes manifest that, besides those considered the proper objects of study, there are found in asylums—1. Children who have been badly treated and taught, during early childhood, in whom an artificial hebetude is rendered most difficult of eradication, by the presence of constitutional irritability and a physical ailment or deformity. 2. Children born with ordinary intelligence, and who have been exposed to excessive fright, to direct injury, or who have had some brain-disease during dentition. 3. Those in whom epilepsy and mental dulness and inertia have been induced by solitary vice. 4. Those who have attained the age of puberty with perfect intelligence, yet have been brought down to the level of the idiot by the

results of active disease of the brain, typhus, or concussion. 5. Cases of dementia. 6. Sufferers from the advanced stage of the general paralysis of the insane.

All these are, of course, as helpless and as much in want of careful supervision as many idiots, but they are not the immediate objects of our study. The consideration of their mental and physical peculiarities, morbid anatomy, and previous history, must fall more or less under notice, for it affords many links in the chain of explanation when the difficulties of the investigation of the phenomena of true idiocy are encountered.

Those of the first class are termed "backward children:" the empirical method of schools will not bring them forward; but a judicious training, akin to that adopted in idiocy, soon develops mental powers never possessed by those for whom they are mistaken. Their progress determines the propriety of their separation from the idiot class; but it happens that these cases are not separated as much as is possible, and thus the wonderful (?) result of education is paraded to advantage. The diagnosis is, however, excessively difficult, and will be considered in a future page.

The members of the second class, afford many of the mental peculiarities of idiots; they possess often great personal attractions, but their epilepsy or other evidence of chronic affection of the brain, renders many symptoms apparent which are not found in the idiot. Many of them, as age progresses, become insane, or evince a maniacal fury before or after their periodical seizures. The reason for their separation is as evident as is that of all the other classes.

When this classification is complete, and these "accessory cases" are separated, the congenitally deficient in mind and aberrant in physical form and function, the idiots, stand forth more clearly.

Not to be mistaken in the most aggravated forms, distinguished with difficulty when slightly endowed, from some of the "accessory forms," they merge gradually, as intelligence and physical power increase, into the condition of those who may be considered as representing the lowest types of normal human capacity.

When free from the complications caused by charity, those peculiar to the subject commence, and that hinted at, in the last sentence, is not easily overcome. The approximation of idiots to the dull and stupid amongst our lowest types, infers that the term idiot (*solitarius*) is not very specific, and that its possible application may be questioned in many cases. It may be imagined that there are some narrow and distinctive lines of demarcation between the two, such as a physical defect, an abnormal shape of head, an inability to utter perfectly, or the impossibility of the comprehension of an abstract idea; such is not the case. There is, as far as my observation goes, a constant difference: it is of no great value in some cases, but it will receive attention in the course of these pages. There is then at the onset, a diffi-

culty in diagnosis, which increases when the lowest types of different social classes are placed in contact with a presumed "idiot" of high class.

It is admitted that social position and external physical influences, have a great effect upon determining the various intellectual standards. The intellectual standard of a plough-boy in a remote district, where want, ignorance, dirt, and mental inertia are ever acting upon the results of intermarriage, is infinitely below that of the city Arab or the young sailor. It is superior in many cases to that of its corresponding social state, in other countries.

The dulness and mental inertness of the peasants of Spain, Poland, and Russia, is greater than that of ours; their intellectual standard is lower; and, singularly enough, the lowest types of those debased people, approximate more distinctly to the highest amongst their "simpletons" than do the lowest types of our most ignorant peasantry.

There is a difference between the evidences of idiocy, in different social classes, and in the same social classes in various countries, and the highest idiots of a nation like ours, are higher than those of a nation with a lower standard of intelligence; they are moreover less vicious and brutal than those of the countries where violence, ignorance, vice, and drunkenness are more open to the public gaze than they are with us.

When the idiot of this higher class has been educated, he will often hold his own with those who are outside, and who are considered perfect in mind. But, as a rule, the inability to contend with those troubles of this world, which are particularly felt by the social class to which they belong, will ever render the educated idiots objects of attention and of derision by those of their years. An adult blessed with fortune, and its kind friends and admirers, may be merely a high idiot who has been carefully trained. He may pass muster, may dress in black and hold his tongue, and may deceive multitudes; but the same individual shorn of his externals, and lowered to a class dependent upon labour and skill for its bread, would speedily find his level. The consideration of class and of age must, therefore, enter into the first thoughts of our subject, as these naturally relate to the classification of the idiots, after the separation of the "accessory" cases.

The terms used in the literature of idiocy, complicate the first steps of practical inquiry greatly, and different writers, regardless of the necessity for unanimity, use the same words to identify various classes of idiots. It soon becomes manifest, that a total revision is necessary, and that when the subject has been studied for years, and its theoretical portion becomes advanced, the word "idiot" itself will have to give place to some other, more expressive of the cases to which it is now applied. A very small per-centage of those termed idiots, even after the accessory cases are separated, really merit the appellation. To be solitaires, special sense and the lowest instincts must be

denied in a great measure ; yet the various grades of the feeble-minded, up to those emerging into the lowest types amongst the normal-minded, are thus called.

Many have used "idiot" as the generic term, and have employed as specific, the words fool, imbecile, and simpleton ; others consider the word idiot in its proper sense, and restrict its employment to those cases which are really solitary, the term remaining with its generic value still.

The term imbecile, which is of course applicable to all the feeble-minded, is restricted by some to the highest class of idiots, by others to the intermediate class, and is only applied properly to those cases which have been born with normal intelligence, but which have been rendered feeble in mind by subsequent disease of the brain—the members of the second class of accessory cases.

The word fool is applied, by Howe, to the class just above the true solitaries ; but why append a word of reproach, when a number will do as well as a term ?

Simpletons, to my mind, are the highest class of so-called idiots, yet the term has been used quite as extensively as that of imbecile.

Upon examining into the definitions of these terms, they will all be found wanting ; and it will appear, from the reports of cases, that idiocy is capable of practical definition in a negative sense, but that it is no more to be positively defined than insanity.

The necessity for a new classification, and for new terms, becomes more evident, as idiocy is gradually found to be quite as much a physical as a psychological state of constitution, and as the vices in conformation of other structures, besides those of the nervous centres and nerves, are recognised ; but before this can be accomplished, much more than is at present known, concerning the questions which affect the extent of the subject of idiocy, must have been attained.

The statistics of idiocy have not received much attention, and those relating to the causes of this abnormal condition, have not produced any satisfactory conclusions. It would appear that the statistics of one nation will not apply to the idiots of another, unless the social and climatic conditions are the same ; and this is clearly seen from the results of the Massachusetts report (1848). This report, which would form a good model, for one which ought to be set on foot by our own government, applies to an energetic, rude, hard-working race, fighting earnestly against external circumstances, and whose vices are very positive. But many of its fairest conclusions become doubtful, when they are examined and tested by our experience amongst our own countrymen, whose social condition is different, whose difficulties, as a rule, are not nature's, and whose vices are more secret and less prominent. In America there is hardly a case whose history does not bear upon its cause ; here it is quite the opposite.

The causes of idiocy have received great attention, but, as yet, not

on a large scale; they are, of course, most worthy of scientific research, for the questions embraced are of the greatest social importance, and relate to many of the great moral and physiological questions of the day. Unfortunately, they have been investigated, before a practical knowledge of the varieties of idiocy has been learned, and those referring to cretinism, have been mixed up with those relating to idiocy and the accessory classes, already referred to. There is, of course, no universal cause, but all ultimate causes are variations of *all that tends to diminish the physical strength and vital force of a series of individuals brought into contact by social causes*. The proximate are usually referred to the nervous system; formerly, they were considered purely psychological, but Seguin first asserted that idiocy was quite as much a disease of the nervous centres and their expansions, as a deficiency of mental attributes. In my opinion, the phenomena, physical and psychological, of idiocy, are not immediately caused by an incomprehensible and immaterial psychical force, or by some physical abnormality of the nervous system alone, but by a generally abnormal condition of the osseous and muscular tissues and organs also. It is impossible to explain many of the physiological peculiarities of idiots by simple reference to the nervous system. But the place for these considerations is, evidently, after the determination of the varieties of the condition.

The pathology of idiocy is more interesting and perplexing than instructive, at present. The morbid appearances, usually published, are, as a rule, divested of any history relating to the physical and mental peculiarities of the case, and refer generally to the size of the head, and the alteration in the brain and its membranes; to anomalies of structure, deficiencies of parts, and to presumed arrested developments. It is evident that the present knowledge of the general configuration, minute structure, and physiology of the nervous system, great as it is, is not sufficiently exact, to enable us to discover the relation between alteration in the minute structure and evident perversions of function. The functions of the parts of the brain and cord are not yet satisfactorily known, and their minute anatomy is far from being determined upon. There are only general ideas concerning the functions of the commissures, and yet their respective duties must have great bearings upon our subject: the minute anatomy of the cord is in the most complete state of transition from error to truth, yet the principal peculiarities of idiots relate to that organ. There are no two inquirers on the Continent, who are agreed upon the most important microscopic appearances of the parts of the cord and medulla oblongata, and my friend, Lockart Clarke, has the advantage of differing from them all. There are no illustrations of the development of the convolutions, from the middle foetal months to the time when the brain is presumed to cease growing, and even this time is not fixed. Nevertheless, want of development and arrest of development, are

household terms in idiocy. Take a fact. One idiot child, just above a baby of a week old, in mind and power, yet five years of age, has a head of the usual size of that age, and a placid, vacant face. Another, of the same age, has a broad base to its skull, and the rest shaped like the top of a hayrick, shelving to a narrow vertex, with hardly any lateral regions: its forehead is low, and the face resembles that of a fœtus; and it stands and walks a little. The first died with the same powers as it had at birth; the second learned to stand and to move, and to shake hands feebly,—no more. The first had a good-sized brain, with the convolutions of a child; the second, a brain in the shape of that of a fox, with flattened convolutions. Reconcile this, if possible, with our present knowledge.

The anomalies presented by idiocy, constitute one of its few charms; their constant occurrence stimulates the desire for exact information; and if an anomaly be merely an unconnected link in the great chain of evidence, its study will, of necessity, repay. To be successful, then, it is clearly necessary to have a knowledge of the minute anatomy of the cord and brain,* both of the healthy adult, as well as of that of the fœtus in the last months, and of several ages of childhood. Moreover, the laws of fœtal deformity (teratology), as described by St. Hilaire, and amplified by Vrolik,† should be studied, if the pathology of congenital idiots is to be understood, and, in addition, the physiology of infantile life.

The large asylums must illustrate the pathology of idiocy in the course of years, but at present, any descriptions relating to the psychology of the cases are most rare. There are, at present, the well-known recitals of the morbid anatomy of idiots before the profession, which include the so-called arrested states of development of the convolutions, absences of the eminences in the lateral ventricles, to deficient commissures and nerves; diminished consistence, increased consistence, and the same condition of brain as regards its bulk; increase and decrease of fluid; unsymmetrical conditions of the sides and parts of the brain, and abnormalities of the membranes; thin skulls, thick and hard, and thick and soft skulls; want of diploë, the whole skull being like a spongy bone; spiculæ and growths projecting inwards, and extraordinary development of the eminences which fit in, between the convolutions.

The symptoms, treatment, and prognosis of idiocy are better understood than any other portion of the subject, and are gradually being divested of empiricism: the predominance of certain mental gifts over all the others, the absence of some of the intellectual powers, and the dulness of all, are not now considered alone. The constitutional symptoms, the functional perversions and debilities, and the nervous

* Lockart Clarke's plan of manipulation, in the 'Trans. of the Royal Society,' is not difficult, and gives most distinct results.

† 'Cyclop. Anat. and Phys.,' art. "Teratology."

anomalies, are now considered of primary importance, and the condition of the digestive and circulating systems, the presence of hyperæsthesia of parts of the surface, of wandering vision, of automatic movements, and of deficient muscular co-ordination, are placed before the psychological symptoms in importance.

But, of course, the value of these physical symptoms, is determined by their relation to certain psychological peculiarities.

These last are difficult to discover; but, fortunately, the study of the diseases of the mind, has habituated those who are likely to inquire into idiocy to mental analysis, and, as medici and men of the world, the treatment, remedial and educational, ought to have a good basis amongst us. There is—to conclude these general observations—a study of quite as great an importance as any other, which must be sedulously followed, before any success can be ensured either in the observation or treatment of idiocy—the study of self.

A great cause of failure, in the investigation of idiocy, depends upon the mental and physical inaptitude of the student himself for his peculiar work. It is a peculiar work, and the pompous, the melancholic, the sulky, and the silent are not fitted for it. Their time is wasted.

Experience proves that the majority of attendants gradually prove useless, whilst a few possess extraordinary powers over their charges. Some can ever obtain attention and obedience, and the manner and address of these must be imitated. Frankness, open and plain speaking, and perfect kindness under all circumstances, are necessary; and by avoiding any reference to self, and by carefully abstaining from evincing any knowledge of their mental defects and physical ailments, much more can be got out of idiots than might be anticipated. Those who are used to children, generally gain the confidence of the idiot, and the affection and gratitude evinced, is a repayment for much anxiety and disgusting toil. To show the necessity of this consideration, it is simply necessary to declare, that cases have been admitted into Essex Hall, on the certificate of medical men, who imitate Abernethy and keep up the dignity of their profession, as low idiots, who were then able to dress themselves, cut up their food, to speak slowly, and to understand a good deal! They would not answer questions.

Surrounded thus by many difficulties, idiocy still offers many incentives to study. It offers many propositions in physiology for solution, and quite as many in psychology; its treatment is worthy of the physician, and its moral management brings forward many of the vexed social questions of the day. It is a pleasing duty to contribute to the happiness of one's fellow-creatures, and equally so to enable the idiot to enjoy a little life, and in some cases to accept the faith in our common Redeemer with a simplicity some of us may envy; but it is a moral obligation to place the cause of the idiot in its right light, to separate it from false impressions, and it is equally an obli-

gation to propound the necessity of a rational education for all classes of the feeble-minded.

CLASSIFICATION.

IDIOTS.	<p style="text-align: center;"><i>Affection, congenital and physical, as well as psychological.</i></p> <p>Suffering from various functional disturbances; from perversions of special and common sensation; from paralysis of sets of muscles; from greater or less irritability of the organic muscular system; from inability to co-ordinate many more or less complicated muscular movements to a common end; locomotion defective in ease and grace; voice very rarely perfect; memory, intellectual perception, foresight, and power of abstract thought, wanting in some, and very defective in all; automatic movements common.</p>	<p>Class 1. True or profound idiots; solitaires.</p> <p>„ 2. Having a slight intelligence, being able to stand, walk a little, and often capable of slight instruction.</p> <p>„ 3. Able to walk, run, use their fingers, to be made to attend, to do easy mechanical work, to feed themselves more or less; memory and perception variable in power.</p> <p>„ 4. Simpletons; higher than Class 3, and reaching to the lowest normal intelligence. These have invariably a defective voice, and a defective power of co-ordination in locomotion.</p> <p>„ 5. Epileptic idiots. Epilepsy commencing in idiots soon after birth, or during teething, and lasting more or less through life.</p> <p>„ 6. Hydrocephalic idiots. Hydrocephalus supervening after birth in idiots; idiots born with large heads of the hydrocephalic type.</p>
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ACCESSORY CASES.

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| 1. IMBECILES. | <p>Born with perfect intelligence, and with the usual attributes of infancy and childhood (not congenital).</p> <p>A state of mind, but not necessarily of physical peculiarity, like unto that possessed by any of the above classes has been induced by fright, cerebral disease of eccentric or direct origin, or by injury. Epilepsy is frequent, and insanity also a common termination.</p> |
| 2. CASES OF DEMENTIA. | In young subjects. |
| 3. EPILEPTICS. | The disease the result of solitary vice; the mental inertia and intellectual dulness resembling that of many idiots. |
| 4. CHRONIC CASES OF CEREBRAL DISEASE. | From the results of disease acting upon a previously healthy constitution, generally at puberty. |

These differ from the imbeciles in the prominence of the brain symptoms, and their invariably fatal termination in the course of a year or two, or less.

5. CASES OF THE GENERAL PARALYSIS OF THE INSANE.

In the stage of depression.

6. CASES OF FATUITY IN OLD AGE.

7. BACKWARD CHILDREN.

Badly treated, neglected, healthy children, constitutionally slow, dull, and obstinate, but educatable into useful members of society, or into the lowest types of normal intelligence.

CRETINISM.

Allied to idiocy, but not coming under practical observation in English asylums.

(From my own impressions, it is a form of idiocy where the physical symptoms have the greatest prominence. The range of the cretin mind is the same as that of the idiot class. A sentence in a former page will give an idea why the idiots of some countries are more debased than those of others.)

It must be kept in mind, that there are no accurately distinctive symptoms which separate, clearly, the classes of congenital idiocy; there is a gradual progression in intellect and physical power from the lowest to the highest; yet the artificial and broad definitions submitted, will be found useful.

Age has its results upon the members of the various classes; some, without any educational efforts, emerge—thanks to the reparative power of nature—from the first into the second, and from the second into the third classes. The older a child, the higher should its class of idiocy be. Long and careful training raises many from one class to the other; and the duration of educational means must be considered, with age and the amount of the domestic comforts given, before the probability of a greater rise is asserted.

Each of these classes presents its connecting links, in cases which resemble, in their peculiarities, those of the classes above and below, and the whole of those possibly embraced by them, may be compared with normal children. It is a very striking method of showing the mental deficiency of a member of any one of these classes, by comparing its mental gifts, with those of children of normal mind at younger ages. Thus, a boy of the fourth class, aged eighteen, may not have greater mental power than a healthy child of four years; he is, to all intents and purposes, four years old, and dull for his age. An idiot of the second class, of eight years of age, may not be more than eighteen months in age, when compared with normal children, and the gaiety and spontaneousness are wanting.

CLASS I. *True idiots*.—Profound idiots—solitaries—are rare; and the rarity is increased by their mortality during early infancy, and

between the first and second dentition, as well as by the fact that those surviving that period, frequently emerge into the second class of idiots. Constitutionally weak, they succumb to the usual infantile ailments; the irritation of the second teething is borne with difficulty, and those surviving must either have more than usual strength or unusual comforts.

Profound idiots live to adult age, and there are examples of men-babies who are as solitary as when they were born, and quite as helpless.

The growth is slow and imperfect, and disease has a terrible importance, trivial complaints frequently ending fatally.

There is no symptomatic form of head, face, or body, and in this class, as in all others of idiocy, those with ill-formed skulls and ugly faces are not lower in mental and physical power than others with well-formed crania and regular features.

Nevertheless, the profound idiot can be usually, not always, distinguished, at once, from any other. The face is without expression; the saliva often runs in quantity from the large open mouth, with its irregular teeth, high palate, and large lips, and the nasal mucus assists to render the face disgusting. The nose is often well formed, but its function, like that of the tongue, is not apparently distinctive. The eyes may, or may not, squint, their vision may be very slight, and they may be now fixed, staringly, on vacancy, and now wandering vacantly and without speculation; there is no light in them, no merry twinkle, and the head moves often from side to side, the vision being fixed by the minute together.

There is no visual perception in the lowest of the profound, and it exists in a slight degree only, in those which emerge into the second class. There is no ability to recognise one person from another, by sight alone. Short-sightedness is very common, and sluggishness of the irides also. The conjunctiva and cornea are often so insensible, and the reflex gifts of the eyelid are so sluggish, that the finger may be steadily poked right into the eye, on to the cornea, without winking being produced. The eye cannot be moved, by will, in the direction of an object, and bright light will often prove no incentive to cease staring or to attend. The ears are often misformed, and the power of hearing exists generally, but not the capacity of listening.

Voice is limited to screaming and howling, and sometimes one or two parrot-like syllables, are uttered.

In many, the process of mastication is impossible, and deglutition is very difficult.

The position of the head and trunk is either crouching or reclining; the forehead usually is dropped, but often queerly elevated, the face being at the same time moved obliquely. The neck seems too weak for the head; the trunk and limbs are not in correspondence, as regards power. Curvature of the spine, pigeon-breasts, bowing

of the limbs, enlarged joints, contracted extremities, club feet, and shortening of limbs, with irregularities in the number of fingers and toes, are more or less common.

The muscular development is bad ; the co-ordination of muscles in their movements is very deficient, and choreic movements are usual. There is either very little muscular power or great irritability, and this remark applies to the involuntary muscular system. The bladder and rectum are either unable to retain their contents, or else the contrary state occurs.

They cannot feed themselves ; there is no idea of foresight, or of seeking food. The erect posture is impossible to the majority, and a few stumble about and crawl. Torpidity and indisposition to change posture are as frequently seen as the reverse. The legs and hands cannot be used for any necessary purpose. The heart is irritable, the pulse often very slow or intermittent, or unusually quick ; the breathing is, in some cases, spasmodic, but in the majority it is as usual ; the digestion is weak, and the urine and fæces stinking. The skin is generally very dull in its sense of feeling, and parts of its surface are now and then exquisitely sensitive ; the perspiration, as a rule, is fetid, and the temperature is low.

Thirst is usual, and voracious hunger as well. Sleep is usually deep, but in some cases very much the reverse. Habits of all kinds and tricks innumerable exist ; moreover, the see-saw movements of the body and head, the side-to-side movements of the head, and the waving of the fingers before the eyes, are very common, and these movements are not dependent on the will, but are automatic.

There is, in some, no memory, in others the barest trace ; appreciation of kindness and expectation of routine attention appear to be their highest gifts, and these are manifested in a very slight manner.

Pain is shown by unreasonable cries, and pleasure, in some few, by a vacant smile.

Low as the least gifted of these profound idiots are, and vegetative as is their existence, still they afford plenty of evidence, when observed day after day, that there is cerebral, spinal, and excitomotor action, besides that of organic life. They are never deprived of all special sense, however low and scant it may be. Common cutaneous sensibility exists in various degrees ; reflex movements can be excited, in some very vigorously, and in others very slightly. A certain amount of volitional action over muscles is seen in all. There are periods of sleep and of wakefulness.

From these symptoms of the varieties of the profound idiots, it will be observed that the excessive deficiency recorded by some writers is not thought consistent with fact. To find out the small gifts, time and quiet study are requisite, and without their aid,

erroneous ideas will assuredly arise concerning the debasement of these inert and profoundly idiotic beings.

Grant to the highest of these all the gifts ever seen in one of its class, and compare them with the attributes of a child of the same age, and what a difference results!

There is a favorite notion, and a most unreasonable one, that those idiots present the mental and physical attributes of earliest infancy, that they never grow out of this state, and that "development is arrested." They have rarely the activity and volition of a babe, often not its endowment of special sense, and are very inert; they improve a little as growth progresses, and the profound idiot baby is more a baby than the profound idiot child.

The following cases, 1, 2, 3, refer to various types of profound idiocy, and they have been selected from cases watched for a long period:

CASE 1.—J. A. H—, male, æt. 6 years, admitted July 11, 1859. A pale, well-formed idiot of the lowest class.

Head.—Well formed, circumference $19\frac{1}{2}$ inches. From mastoid to mastoid $14\frac{1}{2}$ inches; from nasal spine to occipital protuberance $13\frac{1}{2}$ inches; long diameter $6\frac{1}{2}$ inches, short $4\frac{3}{4}$ inches. Its general configuration is symmetrical; it is high, but the frontal development is very good. Capacity for brain 44.25.

Face.—Pale, with no expression, no sign of intelligence; and when pleased by nursing, a wan smile is all the result. Eyes well made, but the power of vision is very slight. He stares fixedly, and will not follow the hand when it is waved before the eyes. At times the eyes wander from one object to another in an unmeaning manner, or they remain fixed upon space, whilst the head is slowly moved from side to side. Ears well made (externally). He hears, but does not listen. Nose well formed, and the sense of smell exists; his taste is very slight, and he can barely distinguish between nice and nasty things. The saliva runs from the mouth, which is usually open. Upper lip is large, teeth irregular and bad; the arch of the palate is high.

Voice.—None; no power of humming; he rarely cries or shrieks.

Body.—Well made, small, however, and weak in its muscular development. Lungs healthy. Heart very feeble in its impulse, and pulsations slow. The erect posture soon induces syncope. Abdomen rather hard. Bowels usually very constipated; bladder very sluggish also.

Arms.—Thin, well formed; the hands also. He can move them to grasp, *at will*, but not in an easy and perfect manner. They are generally in motion, being waved in the air before the face.

Legs.—Thin; the left hip is out of place. He cannot stand, nor sit upright. He can kick about, and roll over, but the usual posture is on the back with the legs drawn up.

Intellectual powers.—None; does not recognise his own mother. Has no intelligence. Emotions barely exist; even passion is rare. The habits are those of earliest infancy.

General peculiarities.—He has to be treated like an infant. Does not suck, but takes food badly from a spoon; does not masticate. He has thirst, and drinks badly. He sleeps well. Perspiration not offensive; urine scanty; tongue clean; reflex movements dull.

History.—Congenital; the idiocy noticed decidedly at the teething age. He has been well cared for, but no attempt has been made to assist the general vigour, or to awaken intelligence. Father and mother healthy, and there is no evidence relating to a cause of idiocy.

CASE 2.—A. L—, female, æt. 6 years, admitted July 14, 1859. A thin, small-headed idiot of the lowest class.

Head.—Larger at the base than elsewhere; circumference $17\frac{1}{2}$ inches; mastoid process to mastoid process $11\frac{1}{2}$ inches; nasal spine to occipital protuberance $10\frac{1}{4}$ inches; long diameter 6 inches, short diameter 5 inches. Frontal development very small. Capacity 38·75.

Face.—Small and pale. When quiet, there is nothing idiotic about the expression; but when, as is usually the case, she is restless, the mouth is widely open, and the hand is stuffed into it, the expression is peculiar and silly. But, considering her age, the immobility of the muscles of expression is at its lowest ebb. Eyes large, vision imperfect. She looks about in a vacant, listless manner, stares fixedly for a long time, and possesses barely any power of fixing the eyes to examine an object. Ears large; she hears, but does not care for music, and does not listen. Nose well made; the sense of smell is evidently perverted. Mouth very large, lips large, teeth irregular, tongue large; the saliva runs in quantity from the mouth, and the nasal mucus from the nose.

Voice.—She can enunciate two unmeaning sounds. She screams loudly, and cries bitterly; rarely laughs.

Body.—Small and thin; chest deep; shoulders high, so that the ears nearly touch them. Pulse 60, small.

Arms and legs.—Thin. She can hold anything if she wills it, but not if it be placed in her hand against her inclination.

She can sit up of her own accord, lie down, turn round, stand in a curious stooping posture. She cannot walk slowly and in a straight direction, but sets off, one shoulder first, and, like a tipsy man, takes a staggering run to the left, then to the right, and so on. She usually brings her elbow close to the side, elevates the wrists, and allows the back of the head to drop forwards in running. The whole proceeding gives her the air of a rat. She cannot use her hands to any useful purpose. Automatic movements of the body, see-saw of the head from side to side, and of the hands before the

eyes, are frequent. Constantly in motion; when not erect, she twists her body, and agitates her arms.

Intellectual powers.—None; does not recognise those who are kind to her. Does not care about her food. Cannot be made to listen or to attend. Emotions:—that of sorrow easily excited; she will scream by the hour, with wide mouth and open throat.

General peculiarities.—Everything placed in the hand goes to the mouth, without discrimination. She has attacks of spasmodic asthma. The scalp is tender to the touch. Diarrhœa is usual. She is quite infantile in her habits. She sleeps badly. Reflex movements not very dull. Is thirsty. Perspiration not very offensive.

History.—Congenital case. The father is a poor miserable-looking creature. There is no other evidence bearing on the case.

CASE 3.—J. C—, male, æt. 11 years, admitted July 16th, 1859. A slim, long-limbed idiot of the lowest class, with curious choreic motions.

Head.—Circumference $19\frac{1}{2}$ inches; mastoid to mastoid 14 inches; nasal to occipital $12\frac{1}{2}$ inches; long diameter $6\frac{1}{2}$ inches, short $5\frac{1}{2}$ inches. It is long and narrow. Capacity 44·0.

Face.—Peculiarised by its constant contortions, the mouth being opened, shut, and twisted, the eyes squinted, the brows knit, and the whole head rotated in the oddest manner. Skin sallow, and generally moist from the great flow of saliva. There is an expression of happiness when he is talked to and noticed.

Eyes.—Strabismus of left; they wander restlessly, or are fixed steadily; he has a little power of directing them to objects, but, instead of looking directly at them, he looks out of the corners of his eyes, and lifts his chin obliquely at the same time.

Ears, nose, and mouth.—Well formed. Mouth not large, but allowing the saliva to flow in large quantity; teeth good. He hears and can be made to listen a little; notices music.

Voice.—No power of enunciating. Howls, cries, and laughs, but does not hum a tune.

Body.—Thin and well made. Muscles flabby; organs healthy; pulse 72. Balances himself in the erect posture, the legs being thrust out and crossed, and the arms extended.

Arms.—Long; the right wrist is bent upon the forearm.

Legs.—Thin; talipes of both feet. He can balance himself on his toes, if held, and has much volitional power over his limbs.

The whole voluntary muscular system appears to suffer from chorea, and the grimaces and spasmodic gesticulations are most odd. He cannot walk or stand alone. If his attention be arrested, the chorea increases, and it ceases during sleep.

Intellectual powers.—He has a little power of attention, of discrimination between persons and things, and therefore a little mental perception and memory. He has nothing more. Emotions rarely

excited, joy, anger, and sorrow being decidedly shown. He knows his mother and me. He is dirty at night, but makes a sort of sign during the day. His habits are those of a child of a few months old. He cannot do anything for himself.

General peculiarities.—His meat has to be cut small and placed on the back of his tongue. The chin is then oddly rotated upwards, and the morsel swallowed with difficulty. Is thirsty. He knows his food. His surface is not over sensitive. He rolls his head a good deal. Perspiration rather offensive. Diarrhœa common. Reflex actions well developed.

History.—Father a drunkard; mother has an odd look, and was frightened by her husband when *enceinte*; brother has lepra on the face. The case is congenital.

Progress.—In two years he has gained a little intelligence, knows more people, evinces dislikes, can stand alone a little; can play with toys sitting up to a table, but cannot give a toy to any one, if asked to do so.

CLASS II.—The majority of idiots belong to this class; and although some, with growth and education, pass into the next, still its members are found of all ages.

Ability to maintain the erect posture, to walk slouchingly, hesitatingly, and ungracefully, to run in a stumbling manner, to use the hand sufficiently to feed with a spoon and to hold a mug, to be roused to attend to simple requests, and to be enabled to become, with care, cleanly in habit, separates these from the profound idiots. And the defective memory, weak physical powers, the want of general thought, and the presence of intense dulness of comprehension, prevent the majority rising into a class where there is sufficient power of attention, mental concentration, memory, and intellectual perception, coupled with increased co-ordinating powers, to enable writing, reading, and mechanical work to be commenced.

The idiot of the second class may have, as all the others, a well-shaped head and face, or the contrary; a short body, or a tall one, and may have various deformities. Its characteristic ability to walk and stand, and to direct its vision in a greater or less volitional manner, renders its intense dulness, hebetude, and inability to comprehend the simplest terms, very striking.

The growth of the members of this class is usually slow; they are rarely tall, and, as in the first class, disease has great destroying powers, the vital force being weak, and the constitution more irritable than strong.

There is more capacity for expression in the muscles of the face than in the first class, and the saliva and nasal mucus do not so frequently moisten the chin and breast.

The deformities of the mouth, palate, tongue, and lips are seen as in the profound idiots, but the eyes have more power. They are often wandering or fixedly still, as in brown study; nevertheless, there is visual attention to a greater or less degree.

The eyes are capable of being directed to certain objects by command or by the free will; and although their function is often very ill performed, and all the varieties of congenital affections exist, still they are useful, and can be placed in *rapport* with the organs of locomotion and with the other special senses. Objects are recognised by some, and colours also.

The ears, often deformed, are sharp of hearing, and listening is rendered more a habit, by instruction. Distinctive powers, as regards harmonious and rude sounds, exist slightly, and music ever pleases.

The voice is imperfect at the best, and coarse, husky stuttering of a few sentences is the extreme gift. Screaming, humming, and singing are to be heard often enough, and laughing as well. The voice is parrot-like in most instances, that is to say, the sounds bear no reference to a mental effort; in others, sentences picked up by their frequent use during certain decided occurrences are used, at one time properly, as regards their application, and at others for talking sake. Talking is rarely commenced by the idiot of any class; he must be spoken to, as a rule.

Mastication and deglutition are tolerably well performed, and the spooning of victuals is easily taught; but cutting them up is rarely attained.

The hands are capable of a few useful movements, but the want of co-ordination in the muscles of the fingers, when in operation, is as evident as that of the muscles of the inferior extremities in walking and running. Any complicated movements are impossible.

The voluntary muscles are under the influence of a very dull will, and the organic are usually irritable, and yet have more tone than in the first class. Habit, constant direction, and a careful diet will enable the sphincters to become under slight control, and some advance in this department of personal cleanliness may be made. The circulation and digestion are frequently languid, or just the reverse; and these conditions do not bear any decided relation to the amount of idiocy.

The skin is generally dull in sensation, spots of it being exquisitely sensitive, and others very wanting in feeling.

Thirst is often extreme, and voracity as well. The senses of taste and smell are frequently horribly perverted, and excrement appears to have great charms.

Automatic movements of all kinds are seen in excess, and as puberty is passed, and even long before, the genitals are pulled about. Onanism is very frequent, and complicates matters greatly.

There is a little memory of things, but not of events; many cannot recognise their own, and some will pick out a favorite possession. Attention exists in its lowest degree; intellectual perception is hardly in their economy, yet it exists. Comparison, a little power of concentrating the feeble powers, the notion of self-preservation, and the

ability of expressing a thought or a slight idea, in the most childlike manner, are to be discovered in some which approach the next class. The emotions are easily excited, and the affections also. Dressing and undressing cannot be done; some cannot get into bed, and working on a slate, knowing a few pictures, naming a few animals and letters, are the outside of the accomplishments of this class.

The members of the second class are not "solitaries;" they can enter, in a slight degree, into correspondence by motions, by uncouth gestures, and by sounds with their fellows; they can play at simple games, and they appear to enjoy society. At the same time, they are helpless, and require as much supervision as the profound idiots.

The following cases belong to the second class :

CASE 4.—E. N—, female, æt. 12 years, admitted July 24, 1860. A tall, slim idiot, with a small head, extraordinary automatic movements, very defective vision, but possessing more intelligence than the true idiots, and therefore not "solitary."

Head.—Circumference $19\frac{1}{4}$ inches; mastoid to mastoid $13\frac{1}{2}$ inches; nasal to occipital 11 inches; long diameter $6\frac{1}{2}$ inches, short 5 inches. Height of forehead $2\frac{1}{4}$ inches, breadth $3\frac{3}{4}$ inches. Head small in relation to the body. Capacity 41.75.

Face.—Small, thin, and hideous. There is a constant frown; the eyes are on a different line to the eyebrows; the last are straight and horizontal, the first are oblique and very prominent. The whites are large, and the corneæ very small and prominent. The nose is small and red; the mouth large and ever open, showing a ragged set of teeth and a raw-looking tongue. There is usually a grin on the face, with a peering look about the eyes. The saliva and nasal mucus flow in quantity. Vision is imperfect, still it is directed at will; she stares much, and has wandering of the eyes greatly. The eyes are often fixed on space, and the head moved slowly from side to side. The ears are large, but their function, with that of the nose, exists; there is also power of listening and of attending to a command. Arch of palate considerable. Tongue often passed over things, to feel them, instead of the fingers.

Voice.—She can say a few words of abuse, in a parrot-like manner, hums a tune, laughs, and cries.

Body.—Thin and well formed, limbs also. Organs healthy. She can sit up, stand erect, walk, and run a little. The locomotion is very tottering and unsteady. Pulse 72.

Intellectual powers.—Some slight mental perception; memory very slight; can distinguish between things; can play with toys a little; knows those about her, and applies her few words properly, sometimes. Emotions:—is passionate.

General peculiarities.—Is very dirty in her habits, smearing excrement about; cannot feed herself, but sits up to table, after a

fashion. Thirsty. She has automatic movements for days at a time; rolling the head from side to side when reclining, and whirling round like a top when placed on her feet. Sleeps badly, walking about at night in the dark. Has diarrhoea frequently. Perspiration offensive. She frequently strikes her face.

History.—Congenital. Mother weak minded. Has been badly treated.

Progress.—In four months she sat up to table, without any automatic movement, and spooned her food; moreover, she drank out of her own mug, played with coloured beads, became more tidy and clean, slept better, and subsequently evinced powers of imitation. She has had relapses of the movements, but nine months' training has rendered her lively, useful in fetching things, more independent, clean, and highly imitative. She knows visitors well.

CASE 5.—J. E—, female, æt. 15, admitted July 7, 1860. A high-shouldered, lame, small-headed idiot, very simia-like.

Head.—Circumference 20 inches; mastoid to mastoid $13\frac{1}{2}$ inches; nasal to occipital 11 inches; long diameter $6\frac{3}{4}$ inches, short $5\frac{1}{4}$ inches. Height of forehead 2 inches, breadth 4 inches. Head small in relation to the face and the large trunk; capacity 43 inches.

Face.—Features irregular, eyes deep set, nose small and flat, lower jaw very large and prominent, chin very prominent. The skin is dusky and furrowed. Expression none, when quiet; but it becomes pleased or fierce, as the case may be. Forehead receding and low.

Eyes.—Strabismus of the right. Vision sharp, and the visual attention slight. Much wandering vision, and fixedness as well.

Ears.—Large; hearing quick and good. Is fond of music.

Sense of smell and taste appear to be normal. No excess of saliva.

Speech.—Exists in a husky, jerking, and rude manner; the words are few, but, simple as they are, they are properly spoken and applied.

Body.—Trunk large, limbs short, contraction of right knee; the left arm is rarely quiet; she is left handed. The walking is bad; she steps short, and moves one leg first. Can run a little, sit up, get in and out of bed; can spoon her food, plays about. Cannot dress herself; but can hold things, and make herself useful. Pulse 60.

Intellectual powers.—Has slight memory, which is restricted to persons and things of every-day contact. She remembers a few names. Some considerable powers of attention and of mental perception exist. She has ideas and fancies, and a few opinions. She thinks those that sleep are dead, that I shall cure her knee, and she thought a picture of a monkey one "of us." Is very sensitive to external impressions, although the impression is transitory. Has ideas of self-preservation. Emotions rarely excited; terribly violent and passionate at home; here, placid and good, affectionate and obedient.

General peculiarities.—She has a few automatic movements, sits

with her head looking over her shoulder, with the eyes fixed upwards, and the chin poked forward and upward. When she moves from this position, the chin is not lowered, and the head is moved from side, just in the favorite manner of supercilious-looking apes. She eats, drinks, and sleeps well; is clean in her habits, going to the closet herself. Bowels open regularly. Catamenia present. No vice.

History.—Her mother is very silly, and a low type of normal mind.

Progress.—She is a docile obedient girl, is drilled and has finger-lessons, marks a little on a slate, and speaks better.

CASE 6.—S. A. R—, female, æt. 10 years, admitted August 10, 1860. A short, stout-built idiot, with small forehead, large under-jaws, and a very vacant expression, except about the eyes.

Head.—Circumference $20\frac{1}{4}$ inches; mastoid to mastoid $14\frac{1}{2}$ inches; occiput to nasal $12\frac{1}{2}$ inches; long diameter 7 inches, short diameter $5\frac{1}{2}$ inches; height of forehead $1\frac{1}{2}$ inch, breadth $3\frac{1}{4}$ inches. The back of the head is developed to the prejudice of the front. Capacity 45·25.

Face.—Expression vacant, placid, and never varying; forehead small; lower jaw large. Eyes well made; she sees well, and can direct her vision to objects, when she is told to do so. Some fixedness of the eyes occasionally. Ears rather large; hears well and listens tolerably; is fond of music. Nose well made, mouth also; palatal arch high. Discriminates between scents, and tastes well. No excess of saliva.

Voice.—Husky and jerking; there is some little power of enunciating syllables, but in a defective manner. She knows several words, and says them incorrectly. Cannot sing.

Body and limbs.—Well formed; muscular power strong. She sits up, stands, walks, runs, and jumps. The walking is slouchingly done, and she runs with the hands spread out before her. The defective co-ordination in her locomotion is very evident. Bowels open daily. Pulse 70.

Intellectual powers.—Of a very low order. Memory very scant; perception (of both varieties) very dull. Good idea of self-preservation; some power of comparison; she knows very slightly some of her own things. Cannot be rendered sufficiently attentive to be instructed. Her will is tolerably developed, and she can interest herself with her playfellows. Emotions sluggish; she is good-tempered, obedient, gay.

General peculiarities.—No automatic movements; diarrhœa occasionally. Eats and sleeps well. Cannot dress herself; can spoon her food, but not cut it up. Is full of tricks, rather destructive, plays with toys, and is drilled. Perspiration not offensive; is quite clean in her habits.

History.—Congenital; nothing, however, bearing on the idiocy.

(To be continued.)

On Remissions in the Course of General Paralysis. By M. LE DR. A. SAUZE, Physician to the Asylum of Marseilles, &c. &c. (From the 'Annales Medico-Psychologiques.')

THE study of the intermissions which occur in the course of general paralysis is not the least interesting chapter in the history of this disease. Is it not a matter of surprise, that an affection which occasions such grave disturbances of the cerebral organ should undergo ameliorations so pronounced as might well be taken for a real cure, did not the experience of each day teach us that it is but arrested for a longer or shorter time, and that sooner or later the paralysis resumes its fatal course. Have not even alienists asserted that they have cured demented paralytics? The existence of intermission in the course of general paralysis does not at the present time need to be demonstrated. It is enough to glance at the treatises of MM. Calmeil and Bayle, to find the most remarkable examples of it.

In a *mémoire* inserted in 'L'Union médicale' of 1855 (which, unfortunately, remains unfinished), M. Baillarger proposed to consider, in a medico-legal point of view, the prolonged intermissions of general paralysis. We at once perceive the deep interest which the state of such patients present to the medical jurist. Should they be considered as wholly cured, and set at liberty; or are they to be looked upon as unfit to return to society? Should they be intrusted with the administration of their affairs, if they have been interdicted? or, if they commit crimes of lesser or graver degree, have they a right to claim the benefit of irresponsibility?

Such are the grave questions which present themselves in the study of intermissions of general paralysis. Before expressing our opinion on this matter, we shall first endeavour to show in the most exact manner possible the state of the intelligence during these intermissions. If we consult our own observations on this head, we come at once to the result that these intermissions are as variable in their nature as in their duration. In truth, we see at one time the paralytic symptoms cease, and the dementia continue. At other times the speech remains embarrassed, and the intelligence appears to return to its normal state. Most frequently agitation and delirium only have disappeared, and at the same time the symptoms of paralysis and of dementia remain. We are about to give examples of each of these pathological varieties. We shall then return to the general consideration of the state of the intellectual faculties of the patient.

We shall first begin by making known the facts which we have observed ourselves; we will then pass rapidly in review those which have been published by the principal authors who have investigated this question.

D—, a collector of taxes, was a man of regular habits. In the month of November, 1857, his wife remarked in him an exaggerated gaiety. At the same time a remarkable change appeared in his habits. He abandoned himself to the abuse of alcoholic drinks. He never returned home until a very late hour. To the observations of his wife on the irregularity of his conduct, he replied that he was rich, that he desired to give up his employment, and to enter into large speculations. Excessive loquacity; continued excitement; loss of sleep. He complained, at the same time, of intense cephalalgia. Memory weakened day by day. At last he was taken to an asylum, 7th December, 1857. On admission there was great excitement and excessive loquacity. He wished to engage in vast enterprises. He possessed a considerable fortune. General contentment. There was no appreciable embarrassment of the tongue. This state lasted until the end of February. From time to time, articulation was difficult.

March 10.—A sensible improvement took place; maniacal agitation had ceased.

29.—There existed a well-defined intermission. Absence of delirium and of agitation. He did not show appreciable signs of paralysis. The tongue was no longer embarrassed; a slight weakening of faculties alone was observable (frequent laughing and childishness of manner). The wasted appearance no longer remained; he had assumed his former *embonpoint*. He was conscious of his malady, and was aware that he had been insane. But evidently his intelligence, although apparently sound, was not exactly of the same amount as before the disease: upon the request of his family, he left on the 13th May, 1858.

Here we have paralytic dementia, as yet but little advanced; in a short time, the delirium and paralysis had disappeared. All that remained was the weakening of the intellectual faculties. In this case, the dementia was only appreciable to those who were capable of observing the patient, and, above all, to those who were in immediate connection with him. Capable as yet of conducting himself in society, of performing the many acts of life with apparent regularity, it was yet easy to remark that there was not the same activity of the intelligence. The brain was sooner wearied, and could no longer sustain long or serious effort. The character is thus often greatly modified. We remark that the patient, violent and agitated as he was previously, had become quiet and gentle; he listened more willingly to the advice given. One made him change his opinion on any subject without difficulty.

In certain cases there is a tendency to apathy and to sleep. The patient is inclined to remain in the house; he often renounces his habitual recreations. The family believe in a complete cure; but the physician, accustomed to the course of these diseases, cannot disguise

the result, and yet sees in these modifications of the moral and intellectual faculties the evident signs of a slight degree of dementia.

Sometimes even this weakening of the faculties is yet less remarkable. They seem almost to have returned to the normal state. But the signs of paralysis persist, as if to show in another manner the existence of the disease. We see a remarkable example of this in the following observation:—G—, admitted into St. Pierre 4th January, 1858. His loquacity and turbulence were incredible. He replied with clearness to all the questions put to him; but there was a general tendency to exaggeration, and a self-satisfied state which led to the fear of paralytic dementia. He was gay, expansive to excess; believed himself endowed with athletic strength; he pretended that he was always admired by women. No sign of paralysis, however, was established.

May 5, 1858. At the morning visit, he presented the following symptoms:—Absolute impossibility of articulation; he made great efforts to speak without being able to pronounce a single word; he was vexed and wept. The agitation had ceased. The pulse was accelerated, without being either full or developed. Neither heat of skin nor injection of face. There was a deviation of the tongue to the right. The right arm was partially paralysed. After some days of treatment the symptoms amended. Articulation of words had become possible, although difficult. The arm had regained its strength. The delirium and agitation had altogether disappeared. G— was aware of his malady; he clearly understood its various phases. He was distressed not to be able to articulate more easily: he demanded his discharge.

July 20. We decided to send him out. His state at this time was the following:—In relation to the intelligence we could observe nothing abnormal; we could not discover the slightest weakness of the faculties. The memory was perfectly intact, both as related to past and present occurrences; he understood that he had been insane. He even manifested energy of character; for he determined to resist the importunities of a woman with whom he had lived for many years past, and to whom they sought to marry him under cover of his malady. He perceived clearly that this woman cared only for his money, and he was quite determined not to compromise his interests. But although all sign of delirium disappeared, and dementia seemed no longer to exist there remained a marked embarrassment of speech; he could with difficulty articulate words, and was vexed that he could not speak more easily.

Thus, while in the former case paralysis and delirium disappeared, and dementia remained, in this the contrary occurred; dementia and delirium ceased, and paralysis alone seemed to remain. It would certainly be very interesting to ascertain what anatomical modifications of the encephalon correspond to these pathological variations; what are the alterations either of membranes or of cerebral substance, upon which

the existence of these various symptoms depend. Of the two kinds of morbid phenomena which characterise general paralysis, dementia and disorders of the motility, why should the one rather than the other disappear, when one is inclined to ascribe both of them to the same cause? We have here an entirely new chapter in general paralysis, and one which in all respects deserves the attention of alienist physicians. The existence of these circumstances is always a most serious argument against those who assume that the encephalalgic lesions in general paralysis only have reference to the disorders of the motile power. If this was really the case, we should never find that the signs of paralysis disappear, and those of dementia remain. Must not these observations compel us to admit that intellectual disturbances, as well as those of the muscular system, depend upon alterations in the membranes of the brain and of the cerebral substance itself? Lastly, I made an autopsy of a woman who died in the first stage of paralytic dementia. She had had strongly marked delusions of pride, together with considerable enfeeblement of the faculties. We were not able to observe any embarrassment of speech; yet we discovered by the autopsy profound alterations in the encephalon. The membranes were thick, infiltrated. A considerable serosity had accumulated in the sub-arachnoid cellular tissue. There were some slight adhesions to the anterior part of the cerebral hemispheres. Can we in this case deny that the disorders of the intelligence depended upon the anatomical modifications of the brain?

In the two examples of intermission which precede, we have had occasion to remark the disappearance first of the paralysis, then of the dementia. In certain cases these two symptoms persist in a very slight degree, and the patient is sufficiently well, notwithstanding, to re-enter society. O— was admitted into the asylum, 6th February, 1858, in a state of maniacal excitement. He answered certain questions well enough; but it was easy to perceive that there was great disturbance of the intellectual faculties. He believed himself to be very rich. He possessed all possible talents. He was doctor of medicine, licentiate in law, pupil of the Polytechnic. After his admission, agitation increased. He fought continually with the other patients. He tore his clothes. Every night he was noisy in his room. He never ceased talking and declaiming. We perceived at certain times that he gave signs of exaggerated sensibility, such as are often observed in this class of patients. At rare intervals, we remarked a slight stammering.

After some months in the asylum, the restlessness diminished, We could place him among quiet patients. The delirium of ambition equally gave way. O— became at last conscious of his disorder; but the hesitation of speech remained. At times we observed convulsions of the muscles of the face. We decided upon his leaving,

the 23d July, 1858. At this stage, the intelligence did not appear disordered. There was not the slightest delirium; but it was easy to perceive a want of energy of mind. The character was modified throughout. He was much less irascible than before his illness; he manifested much more affection towards his wife. At the same time, a slight indistinctness of speech remained. Occasionally, words were articulated with difficulty, and we observed some convulsive movements of the muscles of the face.

Here we remark, notwithstanding a notable intermission, the malady assumed a double character. We always find, although in a slight degree, the two kinds of symptoms which characterise general paralysis—weakening of the faculties and disturbance of the motile force. If we examine the above cases, we come to this result, that the intermissions of general paralysis divide themselves into three categories. In the one, all signs of paralysis disappear, and dementia remains. In the other, the intelligence approaches nearer to the normal state, but paralytic symptoms remain in an appreciable degree. In the third category, the two orders of symptoms undergo equal amelioration, and at the same time traces of them remain. In other words, sometimes the paralytic symptoms, sometimes the dementia, is diminished and retarded, and sometimes, on the contrary, there will be a simultaneous amelioration both of paralysis and of dementia.

Every case of intermission may be classed in one or other of these three principal categories.

We easily, however, perceive that there are numbers of intermediate cases which present symptoms less marked, borrowing at the same time from several of these classes one of those pathological elements which specially constitute it. It would be too tedious to state at length examples of each of these morbid varieties. For those physicians who are accustomed to observe the insane, it will suffice to have stated a fact which they will remember to have frequently observed. Thus, among other facts of the kind, I could cite the remarkable example of an insane person in whom paralysis appeared to have arrived at the third degree of the disease, although the enfeeblement of the intellectual faculties was but little perceptible. There was in this case a singular disproportion, and very difficult to explain, between the two orders of symptoms which characterise general paralysis. B— is now in the asylum for the second time. At the time of his first admission he had all the characteristics of general paralysis in the first stage, with ambitious delirium. He was a millionaire; he thought himself admiral, and had strong maniacal excitement.

At the end of some months the delusions and agitation ceased, but it was easy to perceive a weakness of the intellectual faculties, and a slight embarrassment of speech. The expression of the countenance was dull and blank. There was no intellectual activity. By the wish

of his family, he left on the 20th of June, 1852. He was again placed at St. Pierre on the 22d of May, 1854.

Since that time he continued in the asylum. Paralysis of the speech was much increased. It was with difficulty that he articulated words. There was the greatest difficulty in understanding what he said, and he was unable to pronounce the majority of syllables. It was peculiar that the legs had yet strength and firmness; the mode of progression was firm and rapid. The intelligence possessed relatively a certain integrity. The memory was not sensibly weakened. He performed with punctuality the various commissions confided to him. He talked on all subjects with lucidity and judgment. He would not permit himself to be laughed at; yet by close observation it was easy to perceive the intelligence was enfeebled. He bore without complaint his detention at St. Pierre. He took upon himself voluntary duties which before his malady would have been repugnant to a man of his position. He had no care respecting his position, and had no consciousness of his malady. His face was without expression, and his intellectual faculties inert. In a word, as in all the preceding observations, it is easy for the experienced physician to discern a certain degree of dementia. If, putting together all the facts we have just mentioned, we seek to characterise them in a general manner, we shall see that in all the intermissions which occur in the course of general paralysis we always discern more or less weakness of the intellectual faculties. This is the usual character which they present, important to remark, and never omitted; often difficult of observation to the physician unacquainted with mental disease, but which never escapes the observation of the wise and experienced. Although the patient may appear to reason justly, so far as the memory will serve, although he may have sufficient intelligence for the ordinary wants of society, we must not hastily conclude that he is cured, that his intellectual faculties are unimpaired, or have undergone no alteration. This would be a grievous error. Scrutinise with care all those parts of the moral and intellectual faculties which are below the surface—the very pith of the question is to compare the present state of the intelligence with that which preceded the attack—and we shall always find a very sensible difference between these two periods in the life of the patient. The man who beforetime was active, intelligent, who laboured long and earnestly, now is become apathetic. That which he at once understood beforetime he now comprehends with difficulty. The brain is easily fatigued, and incapable of long or sustained thought. He is scarcely in a state to continue his wonted occupations; he is unable to form new ones. The physiognomy betrays outwardly the inward decadence of the mind. It is dead, without expression. If from the intellectual we pass to the moral faculties, we find there the same changes, the same alterations. The general character is rendered more gentle.

The patient often manifests to his family those proofs of affection which are not habitual to him. The sensibilities become exaggerated; he sheds tears for the slightest cause; his habits become sedentary, and his mind is often occupied with futile matters. His opinion is often changed by the slightest observation which is made to him, and is easily intimidated, and, by reason of his weakness of mind, easily induced to act in a manner which beforetime would have been repulsive to his conscience. In this state we occasionally see individuals, who had been addicted to pleasure, at once lead exemplary lives, and carry out their religious exercises with great fervour, to the extreme gratification of their families, who do not understand that in this sudden change there is an evident sign of failing intellect.

We should never end, were we to relate the many moral and intellectual modifications which characterise this state of dementia in patients who present these intermissions. When they are too much left to themselves, and active surveillance neglected, they are often known to purchase varieties of articles for which they have not the least use. They sometimes form engagements hurtful to their own interests, or give their signatures to the most foolish schemes. We also occasionally find a tendency to thieving.

As regards the physical state of these patients, it is equally easy for the practised physician to trace those indications which attest continuance of cerebral affection. Thus not unfrequently, as I before stated, a certain degree of somnolence exists, such patients complain at times of pain in the head; momentary giddiness is also felt; the face is sometimes injected.

In a word, we see the slow work of congestion, which characterises general paralysis, made apparent by unmistakable symptoms, slight though they may be. This is what usually occurs. In some cases, however, in addition to enfeeblement of intelligence, one may observe some delirious conceptions, and occasionally even ideas of grandeur. This fact has not escaped the sagacity of M. Baillarger, who cited it in the *mémoire* above mentioned. He speaks, indeed, of a patient whom he saw with MM. Ferrus, Foville, and Pinel, who obstinately denied having been insane. He pretended to have been arbitrarily sequestered, and demanded to be released from his interdiction. I have at the present time a patient in a similar state. X — was brought to the asylum for the second time the 11th April, 1857. At the date of his first residence, he had maniacal excitement and ambitious delirium. He went out, after some months, perfectly tranquil, and free from the least trace of delirium; but there was hesitation of speech, and the vigour of the faculties was lessened. He is now returned to St. Pierre in a state of slight excitement; the paralysis has progressed, but the intelligence appears to maintain its power and its activity. He discusses with lucidity and precision. His memory is good, and his

judgment apparently sound, and is unconscious of his malady. He complains bitterly of his sequestration; he accuses his relations of having permitted it for interested motives. He proposes, when at liberty, to oppose, by legal authority, the arbiter of this measure. He attributes his sequestration to a circumstance the most insignificant which could have occurred in a church. It is impossible upon this point to convince him of the futility of the cause, and the impossibility of its producing so grave a result as to deprive him of his liberty. He asserts that he was not *malade* either the first or second time. His devotional feelings have become exaggerated, and his religious exercises are performed with far greater zeal than before the time of his attack. His irritability is excessive, and he becomes angry on the slightest cause. There is also a tendency, in his case, to exaggeration and vague ideas of grandeur.

This observation again proves that when the course of general paralysis is retrograde—when it produces a remission with outward appearance of reason—lesions of the intelligence still remain with sufficient clearness to attest the persistence of disease. It cannot be too often repeated, that it is not to the cursory and superficial observer that these mental disorders reveal themselves; but they never escape those who know how to search for them with care, and who investigate with repeated assiduity all that relates to the patient.

We have shown, from the result of our own observations, the mental state of patients afflicted with general paralysis during the intermission of the malady. We think we have sufficiently shown, that without doubt, the intelligence of these patients is not altogether in a normal state, and that it always presents incontestable proofs of want of power. It is the common symptom, and one which one finds in all these remissions. In less favorable cases we constantly observe signs of paralysis and some incoherent ideas; but dementia is constant, invariable, unfailling. I have never seen it wanting in the considerable number of intermissions of which I have been the observer. This dementia is more or less marked, more or less easy to observe, but with some care one is always able to make sure of its existence.

It now only remains that we make known the opinions of the principal authors who have investigated this question. In looking through the numerous observations contained in the treatise of M. Calmeil, we find some examples of remission. And yet this fact in the history of general paralysis does not seem to have attracted the special attention of this learned alienist. Thus, in a chapter occupied with the duration and progress of general paralysis, he scarcely remarks the existence of these remissions. "It is incredibly strange," says M. Calmeil, "that there are paralytics, whom we should have thought condemned to die in a rapid decline, yet whose condition is promptly ameliorated;" and on this subject he recalls an observation to be found at page 209 of his book. I will recall the

principal details succinctly. They refer to an *employé* of the Court of Accounts, who, when brought to Charenton, presented the following symptoms:—The articulation of words was very difficult, and the walk uncertain; there were also signs of dementia. During a long period there was no apparent change of condition. Nevertheless, the symptoms of paralysis retrograded, the embarrassment of speech became less apparent, the gait less tottering. “The moral faculties,” says M. Calmeil, “were equally improved.” B— presented no disordered action, nor any trace of delirium; but the intelligence was contracted, the memory and the judgment were weakened: all which indicated an amount of dementia that left no hope of cure.

Further, in the chapter which treats of the termination of the disease, he cites the case of a patient who, after having shown all the characteristics of paralytic dementia, and after remaining six months at Charenton, returned to society in the following state:—With no sensible mark of general paralysis, and the intelligence, although *limited*, so to speak, in a normal state.

Bayle has also quoted, in his treatise on chronic meningitis, various cases of remission. In the chapter where he treats of the terminations of paralysis, *à propos* of those patients in whom amelioration takes place, he says, “they are in possession of their reason, but their *faculties are feeble*.”

M. Baillarger, in an analysis of seven cases of remission quoted in the treatises of MM. Calmeil and Bayle, comes to these conclusions, namely, that the patients are no longer agitated, that delirious ideas have left them, the manner is good; but the ideas, although consecutive, are bounded by a very narrow circle (observation 1); that they are futile (observation 2); that the intelligence is neither clear nor so extended (observation 3); that the faculties are weakened (observations 4, 5, and 7). Two patients went out wholly incapacitated for labour.

One observes in the cases quoted from the works of MM. Calmeil and Bayle, that during the remission signs of the enfeeblement of the faculties are always found; the intelligence, although apparently sane, has not the same extent as before the disease. There is evidently decay in it, and the dementia is persistent, although it may be sometimes difficult to appreciate.

M. Baillarger, with whose opinion we entirely coincide, expresses himself more explicitly on the subject of these remissions than the above authors. When general paralysis follows a retrograde course, says the learned physician of the Salpêtrière, when these prolonged remissions occur, the patient manifests an enfeeblement more or less observable, and which extends at the same time to the moral and intellectual faculties; and further on he adds:—“We may affirm that patients affected with this incurable enfeeblement of faculties would not have the same discernment when called upon to determine this or that act of importance, nor the same energy of will to

resist. By a little flattery, it will be often easy to excite their animosity against those who are most worthy of their affection, and to draw them into the commission of acts contrary to their interests. This it is impossible to doubt when one has lived on terms of intimacy with them, and has been thus able to observe the whole of their dispositions, intellectual and moral. We are thus able easily to understand the thousand shades by which the already profound lesion of the intelligence is made known; what changeableness of purpose, what puerility of acts, with what facility are they turned from their resolutions by the most futile pretexts, and above all, what want of forethought!"

The periods of these intermissions vary greatly; they may be limited to one or more months; in other circumstances continuing for years. The result of twenty observations by M. Baillarger are as follows:—In one case the return of symptoms occurred in less than one month; in four cases, after about six weeks; in two cases, after four months; in two cases, after six months; in six cases after a year; in three, after eighteen months; in two, after about two years.

Of the anatomical modification which accompanies these remissions it is difficult to speak precisely, post-mortems at this stage of the disease being very unfrequent. Yet if we consider that it is usually in the wake of congestive symptoms that the aggravation of the disorder takes place, is it not reasonable to suppose that, in those cases in which it decreases, it is to the diminution of the slow inflammation which constitutes general paralysis that the production of these remissions is due, as well in the muscular as in the intellectual symptoms? It is, therefore, probable in such cases that the congestion of the membranes of the brain has diminished; thus we usually find that injection of the face and cephalalgia disappear, together with all other signs of cerebral irritation. The pulse also becomes slow and less full.

We have now observed, in as exact a manner as possible, the state of the intelligence of patients during the periods of intermission. That they usually experience an enfeeblement more or less considerable of the faculties we have demonstrated, as much by the result of our personal observations as of those published by authors who have studied this question. It will now be easy to determine what measures are most advisable for those patients who are all in a state of dementia more or less complete.

If we reflect for a moment upon the preceding observations—upon the feebleness of the will among these patients, upon the facility with which they alter their previous determinations—we shall comprehend at once what serious evils there would be were such patients set at liberty and intrusted with the administration of their affairs. For my own part, I firmly believe that the physician ought, as much as possible, to oppose such importunities, and retain them under his own care and protection. And, indeed, in a sanitary point of view this measure is of the greatest importance. Once out of an asylum such

patients are frequently exposed to a return of their malady. It becomes very difficult to exercise an exact surveillance over their conduct: to how many irregularities of *régime* does not their feebleness of intellect expose them; what new sources of excitement assail them! There can be no doubt that, in such unfavorable conditions, the course of the disease would be more rapid, and the state of mitigation less likely to continue. Thus, it is plain that, in a sanatory point of view, the sequestration of these patients in an asylum is preferable.

As to their having the care of their own affairs confided to them, who could seriously think of it? We have seen how unfit their intellectual faculties are found to be for continued exercise; how easily they are drawn into schemes or connections injurious to their own interests or to those of their families: free will no longer exists in these patients. With them there is an evident inaptitude to administer their affairs or to regulate their conduct; in a word, they are in the condition required by the law for interdiction. When this wise precaution has not been taken, how often do such patients inconsiderately compromise their fortunes; they dissipate their money in every possible manner; they run into the most hazardous speculations, and give their signature to every scheme. I do not consider, as M. Baillarger appears to do, that such patients ought to be legally considered as subject to that weakness of mind to which the law assigns an intermediate place between reason and imbecility. I am not of opinion that, instead of interdicting them, they should rather be provided with judicial council.

Can we recognise in a patient who presents this intellectual debility one capable of expressing freely his last wishes? For my own part, I cannot admit this, and I believe in these cases that the power of making a will in a medico-legal point of view is entirely abolished. Here again experience confirms our opinion. How many patients of this kind, led by the various influences to which they have been subjected, have many times made and remade their wills? We have here an example. P—, an officer, was received into the asylum, 10th June, 1851; he had all the symptoms of dementia, with general paralysis, maniacal excitement came on more slowly. After a time, a period of tranquillity and a marked intermission supervened. A brother, against whom there existed many grounds for dislike, desired earnestly to see him. He proposed to the patient that he should be discharged, made the needful arrangements for this step, and persuaded the military intendent that he should be confided to his keeping. M. Aubanel testified at the time of his removal, 29th August, 1851, that P— was not cured, and that the improvement which had taken place would not be of long duration. Living with this brother, submitting to his wishes by reason of the weakness of his intelligence, P— made a will in his favour.

Soon afterwards, the disease making fresh progress, he was taken back to St. Pierre, the 20th December, 1851. The excitement returned; then delirium ceased, and a second period of remission declared itself. Thus, during one year we witnessed several alternations of excitement and tranquillity.

During one of these intermissions another brother of P—, whom he had always esteemed, arrived at Paris, and came to see him. Being mistrustful of what had occurred during the period when the patient had left the asylum, he took, as it were, the opposite part, that he might oppose, if needful, before the tribunal, the will which he suspected had been made. He obtained without difficulty a second will, entirely in the handwriting of the testator, appointing him heir at law.

P— died, the 23d November, 1854, in a state of extreme emaciation, after having passed through the various phases of general paralysis. An action was upon the point of being entered into, but the fear of losing it deterred the first litigant from this course, and an amicable arrangement will probably be the result.

I shall certainly be opposed by those who think it harsh to deprive individuals of their civil rights who are apparently reasonable; but, however intolerant this may at first sight appear, it is demanded by the condition of these patients, and, assuredly needful for their own real interests. And, again, reflect for an instant upon the consequences of permitting such patients to direct their own affairs. Indeed, if they are fit to do this, if they have sufficient intelligence to conduct themselves with discretion, would not the same doctrine hold good, on the commission of any crime, or offence, that they should be considered responsible for their actions, and in possession of their free will? We see at once to what disastrous results this doctrine would lead; we see daily that patients in this condition are arrested for various offences, often for thefts, and their acquittal is obtained on the ground that they are labouring under lesion of the will. It is not necessary, says Marc, to insist upon the blamelessness of those in whom dementia is so decidedly marked as to leave no doubt of the reality of this deplorable mental affection; but the same indulgence should be accorded to those whose minds manifest *the slightest indications* of such a state. We see, then, if the doctrine we have been combating prevailed, the benefits so hardly acquired must be renounced. Patients afflicted with dementia would be frequently condemned, under the specious pretext that they appear to have the free use of their reason. In my opinion, the separation of civil and criminal questions in legal medicine is a custom productive of much inconvenience. When the intelligence is so profoundly changed, when free will no longer exists, is it possible that such a person is in a fit state to execute his own will? on the other hand, would it be logical to look upon him as irresponsible for his actions, on the commission of any offence? Certainly, there is a

most flagrant contradiction in this doctrine; it is contrary to all sound metaphysics. The intelligence is entire, always like itself; and we cannot reasonably admit that in one case it can discriminate good from evil, and in another that such choice is impossible.

Conclusions.

1st. That the intermissions which occur in the course of general paralysis present themselves under three principal forms.

2d. Under the first form there is an entire disappearance of the symptoms of paralysis, and a persistence of dementia.

3d. The second form is, on the contrary, characterised by signs of paralysis, and by the apparent absence of intellectual lesion.

4th. The simultaneous amendment of the symptoms of dementia and of paralysis constitutes the third form.

5th. Besides the three principal forms, we find certain intermissions to which it would be difficult to assign a precise place in the pathological plan.

6th. In all intermissions, whatever their dominant form, we meet with one common symptom, namely, the enfeeblement, in a greater or less degree, of the intellectual and moral faculties.

7th. This dementia is sometimes difficult to discover, but it never evades the observation of the physician, who knows how to seek for the signs of it.

8th. In some less favorable cases, not only do we meet with a certain degree of dementia, but there yet remain some delirious conceptions, some ideas of grandeur.

9th. These patients being wholly demented, there is also lesion of the free will.

10th. If they commit a more or less grave offence, they ought to be considered as irresponsible.

11th. They are not competent either to administer their own affairs or to make a will.

12th. For their own sakes, and for the interests of their family, it is needful that they should be interdicted.

13th. Sequestration, even in an asylum, is a measure favorable to their health.

On the Sedative Action of the Cold Wet Sheet in the treatment of Recent Mania, with cases: a contribution to the curative treatment of Mental Disease. By C. LOCKHART ROBERTSON, M.B. Cantab., Medical Superintendent of the Sussex Lunatic Asylum, Hayward's Heath. (Read before the Brighton and Sussex Medico-Chirurgical Society, April 4, 1861.)

MR. PRESIDENT AND GENTLEMEN,—The subject which I wish to bring before this society this evening is the sedative use, in the treat-

ment of recent mania, of cold water, applied by means of the wet sheet. When you recall the worry and confusion which attend the treatment of recent cases of mania in private practice, and the annoyance to which alike the practitioner and the friends of the patient are subjected, pending the arrangements for his transfer to an asylum, I feel satisfied that you will not consider that I have unwisely made use of my opportunity of addressing you this evening, if I thus place at your disposal a therapeutic agent in the treatment of recent mental disease, readily applied to the most resisting, capable of soothing and calming the most violent, and yet so safe in its use that, in an experience extending now over eighteen months, I have not seen one instance in which I have regretted its employment.

Cold water applied to the surface of the body is either a *sedative* or *stimulant*, according to its method of application. Thus, the shower bath or the cold plunge are stimulant agencies of water in daily use. The douche is a still greater stimulant, and, when wisely adapted to its end, is one of the most powerful general stimulants in the treatment of chronic disease with which I am acquainted.

When these agents are pressed beyond the reactive powers of the system, they pass from their stimulant to their sedative action. In practice, this latter use of the shower bath or douche is very critical and difficult to adjust to the powers of life. Cases certainly are recorded in which the continued (sedative) employment of the cold shower bath has been attended with the best results. It is, however, in my judgment, too precarious and dangerous an agent to have recourse to in the treatment of patients themselves incapable of authorising, or deciding on the use of any remedy.

As stimulants, I consider the use of the douche and shower bath invaluable in the treatment of insanity; as sedatives, I should not venture to have recourse to their employment. Theoretically, I have no doubt that a continued shower bath or douche for a quarter of an hour might cure a case of recent violent mania; but, practically, I should fear to run the gauntlet of a coroner's inquest in the event of failure in the trial of so heroic a remedy.

I believe that I express the general opinion of the Superintendents of our county asylums in saying that the use of the shower bath or douche for the purpose of procuring its undoubted sedative action on the system is, from its hazardous nature, obsolete in the treatment of acute mania, and moreover is a practice not likely to be revived.

The continued cold bath is also a most powerful sedative. In a quarter of an hour the pulse may, with certainty, be reduced ten to twenty beats by simple immersion in cold water. Even this sedative use of cold water requires, however, the most careful watching, otherwise the vital powers may be so depressed that no reaction will occur, and death from internal congestion may follow. Personally, I have no experience of the employment of the continued cold bath

as a sedative in the treatment of mental disease. It is certainly more manageable and less hazardous than the use of either the continued douche or shower bath, and I should not have the same repugnance to its employment.

The means, however, which I prefer for the purpose of obtaining the sedative action of cold water, and one which for the last eighteen months I have pretty freely used, is the cold wet sheet, applied at intervals of an hour to an hour and a half, and each application followed either with affusion of cold water, by pouring two pails over the patient, or in more critical cases with the application of the dripping-sheet, *i. e.* simply a good rub down with a dripping wet sheet thrown over the shoulders.

The method by which the wet sheet is applied is very simple. A piece of macintosh cloth is laid over a mattress, and a folded blanket laid over that. An ordinary sheet is then wrung out of cold water and laid on the blanket. On this the patient is laid on his back, and the sheet is rapidly wound round him so as to include the arms in its folds. The blanket is then tucked over the body, and three or four other blankets laid over these. There is often a little shivering at first, but this passes off as the sheet gradually warms and the blood so determined to the surface. In treating cases of recent mania, I generally leave them from an hour to an hour and a half in the sheet, and then, in order to strengthen the reaction and fix the blood by the tonic contraction of the capillaries of the skin, I have the patient, standing in a shallow bath, well rubbed with a dripping wet sheet, and then replaced in another wet sheet and blankets. The state of the pulse and the circulation in the head are the criterions as to the extent to which the treatment may be carried. When the state of the circulation and powers of life will permit, after each change of the sheet I practise cold affusion by pouring two pails of water over the patient seated in an empty bath, following it by friction over the surface, and then replacing him in a fresh wet sheet. In some recent acute cases of mania I have changed the sheets every hour and a half throughout the day, following each change with the use of the dripping-sheet; or where the patient is strong and there is great power of reaction, with cold affusions, a couple of pails of water being thrown over him when seated in an empty bath. In other cases I employ the remedy three or four times in the course of the day, or even less frequently.

The continued use for several weeks of the wet sheet is followed sometimes by an eruption all over the surface of the body, sometimes by the formation of boils. I regard these as critical efforts of nature, and I have observed an amendment in several cases at the appearance of these symptoms, although I in no way regard their production as essential to the curative action of the remedy.

The physiological action of the cold wet sheet is hardly yet determined. In the 'British and Foreign Medico-Chirurgical Review'

for January, 1859, there is a paper on the influence of baths on the excretions, based chiefly on Lehmann's researches, in which, under the section *Cold Wet Sheet*, the writer, on the authority of Wundt, asserts the eliminative power of the agent, showing that under its use the body loses weight faster than without the sheet, the excreta being in fact doubled, and this chiefly in the water, the urea, the chloride of sodium of the urine. The cutaneous exhalation, on the other hand, is stated to have been much less marked than the previous statements of the effect of the sheet would have led us to anticipate. "Until these experiments have been confirmed," says the reviewer, "it would be quite premature to speculate on the mode of action of the wet sheet."

Dr. Parkes, in his recent work on the urine, when treating of the influence of the wet sheet on this secretion, simply repeats these observations of Wundt.

My own experience of the therapeutic use of the cold wet sheet leads me to place more importance on its sedative action, in the abstraction of heat and reduction of the force of the circulation, and in the soothing of nervous irritation to the extent of producing sleep under its use, so that the patient, sleepless before, sleeps in the sheet, than in any eliminative action it may exert on the secretions. Its action as a mild sudorific is, however, much greater than Wundt's experiments would lead to.

Dr. Gully, in his essay on the water-cure in chronic disease, refers thus to the influence of the wet sheet in allaying nervous irritation:—"Its extraordinary power," he says, "in allaying irritation is one of the most curious facts of the water-cure, and of which it is really difficult to give a full and satisfactory rationale. When properly modified to meet the actual state of the patient, it may be said to be the most soothing application that can be administered to the external sentient surface. It may be compared, in its calming effects, to a poultice placed all over the body; but this is only stating a fact in other words. Whatsoever be the physiological principle upon which the wet sheet acts, it will be found during the treatment of most diseases by the water-cure an indispensable remedy, and one on which the practitioner can safely rely."

My experience most strongly tends to confirm this praise of the soothing efficacy of the wet sheet.

Let us now survey the physical symptoms which I propose treating by the therapeutic agency of the cold wet sheet. The physical symptoms of recent mania are thus stated by Dr. Conolly in his *'Croonian Lectures'*:—"In recent or incipient attacks of insanity," he says "the whole nervous system is disturbed, and the whole frame of body and mind is in commotion. The head is hot, the tongue is painted white, the pulse approaches or exceeds 100, the respiration is quickened, and the breath offensive; the digestion is deranged; the bowels and kidneys are inactive, or the excretions are changed by

disease; the skin is clammy and cold, dry and hot, by turns; and the patient becomes rapidly emaciated. The countenance grows haggard; the eyes have an unnatural brightness and prominence, and the pupil is dilated and contracted; even the hair seems to hang more wildly about the disordered head. The desire for muscular exertion is sometimes excessive; violent and destructive actions are performed with a rapidity scarcely to be eluded by any vigilance, and the patient utters wild and frantic cries."

I prefer, for my present purpose, taking this picture of recent mania, as drawn by Dr. Conolly, not only as I could not paint the symptoms with his grace of language, but also to avoid the appearance of my description of the symptoms being drawn to fit the therapeutic indications of the cold wet sheet, the remedy I am recommending to your notice. Let us just look through these physical symptoms of recent mania, as portrayed by Dr. Conolly. There are feverish symptoms, hot head, rapid pulse, increased respiration, hot and dry skin. The wet sheet is suited to relieve these symptoms. It at once abstracts heat and lowers the pulse, and, while cooling the surface of the skin, also by reaction determines the blood to the surface, and so restores the natural perspiration. Further, it acts as an eliminative, and so tends to excite the secretions of the kidney and bowels.

Moreover, by its powerful effect in restoring the balance of the circulation, it contributes materially to remove the symptoms of gastric disorder—the offensive breath, the loaded tongue, and constipated state of the bowels, which mark the early stages of acute mental disease. Above all, however, it tends to produce SLEEP; and the most inexperienced in the treatment of cases of insanity know how urgent and persistent the wakefulness in recent cases is—how the prognosis almost depends on whether sleep be early procured or not—how persistent and obstinate the sleeplessness of recent mania holds its ground against poisonous doses of the most powerful narcotics.

Now, I often find patients, suffering from violent maniacal symptoms, actually fall asleep in the wet sheet.

While thus advocating the employment of this sedative agent in the treatment of recent mania, attended with febrile and congestive symptoms, I would add a caution against its use in cases of mania in which symptoms of nervous excitement predominate, and in which, while the physical symptoms I have referred to are neither urgent nor well marked, there is still much sleeplessness, with violence of conduct and language, and excitement of ideas. In such cases the stimulant and opiate is the treatment to be followed, and a speedy recovery under one-grain doses of morphia, repeated two or three times a day, with porter or whisky, may often be confidently anticipated. It is not as a substitute for our sheet-anchor, opium, that I

am advising the use of the wet sheet, but rather I would urge the distinction of recent mania into the cases of marked cerebral hyperæmia in which opium is inadmissible, and in which the use of the wet sheet will accomplish a cure, and those cases of mania with nervous exaltation and impending typhoid symptoms, in which the opiate and stimulant treatment is the right one. I cannot at present enter farther on this wide question of the distinction in recent mania between the cases which will bear the opiate and those which require the sedative wet-sheet treatment. In Dr. Bucknill's chapter on the treatment of insanity ('Manual of Psychological Medicine') some valuable remarks occur on the use of opium in the treatment of recent mania. Dr. Bucknill feels the danger of its use in cases attended with cerebral hyperæmia, and advises the combination of opium with leeches, warm baths, and aloetic purges. I should be glad to learn his experience in these very cases of the remedy I am now bringing to your notice. Bloodletting in the treatment of insanity, under any circumstances (either by leeches, or cupping, or venesection), I consider wrong alike in theory and practice, and I should not, therefore, ever have recourse to it. I have, however, my cases yet to relate, and my limits will not permit me to wander into this wide field of controversy.

Before passing to the detail of my cases, I would just add that I need make no apology for my present raid on the ancient domain of drug-practice. The day of rational and expectant medicine has already passed its dawn. The early labours of my distinguished friend and teacher, Professor Hughes Bennett, and the later contributions of Dr. Todd, have shaken for ever the hereditary faith in purgings, salivation, bleeding, antimony, and other depressants, as agents capable of arresting, as by a *coup de main*, morbid nutrition, and of so curing disease. That old faith, long diligently applied to the treatment of recent mania, as to other acute diseases, is an idol of the past: I am willing decently to assist at its burial.

In the new light that has broken on the path of medical practice, the four elements of nature—air, light, heat, and water—are, I believe, at last about to take their appointed place in the cure of disease. Miss Nightingale has, with the power of practical experience, in her 'Notes on Nursing,' brought out the great therapeutic influence of air and light in hospital practice. I gladly confess to have learnt much, in my arrangements at Hayward's Heath, from her teaching. Again, I need hardly in Brighton, which already boasts of two well-arranged Roman baths, refer to the curative influence on disease which heat is about to exercise. One of the therapeutic uses of water I have endeavoured to-night to bring to your notice; and although I cannot venture to think that any member of this society will leave the room with Shelley's lines on his lips—

"He held the hidden power of springs,
And Disease drank and slept,"

I yet hope to have sufficiently illustrated the curative effect of the wet sheet in the treatment of recent mania, as to induce you, in the next suitable case for the treatment which may occur in your practice, to give this simple, soothing, and readily applied agent a trial.

Cases illustrating the use of the Cold Wet Sheet in recent mania, as treated at the Sussex Lunatic Asylum, Hayward's Heath.

CASE 1.—*Acute mania (second attack); recovery under opiates and antimony; relapse; water treatment. Cure.* H. E. O—, No. 312, male, æt. 17, single, admitted at Hayward's Heath January 23d, 1860. Acute mania of three weeks' standing. Has been previously under treatment for acute mania, September, 1857, and May, 1858, at Bethnal Green Asylum. On admission great excitement, head heated, face flushed, great violence and raving, patient knocking himself about, laughing, swearing and preaching; tongue foul. The exciting cause, said to be Methodism, added probably to a strong constitutional tendency. Placed in the padded room, and treated with purgatives and antimony, followed by opiates and stimulants. Opiates entirely failed to procure sleep, and the attack continued for a fortnight, apparently uninfluenced by treatment. Great difficulty in administering food.

Mr. Gaskell's plan was tried of tiring the patient by walking him for several hours at a time between two attendants. Under this method he slept from sheer fatigue—indeed he fell asleep on the floor of the gallery as he was being brought in. After this sleep the symptoms gradually subsided.

He remained in a convalescent state for a month, when he had a relapse, and all the former violent symptoms recurred. For these he was placed in the padded room, and under water treatment. For several days he was twice packed two hours at a time, followed by the dripping sheet. He slept in the pack, and within a week from the relapse the acute symptoms had subsided. The packing was discontinued, and he was removed from seclusion. There was great mental depression left, and, as in the former attack, his habits were dirty. He was placed on a liberal diet, without stimulants, and the tonic water treatment, viz., two cold pails night and morning, was adopted. Under this his habits improved, and his mind gradually regained its tone. He was sent to the chaplain's school in May, and next month to the carpenter's shop, to which trade he had been an apprentice, and where he has continued to work to this date (April, 1861). He has improved very much at his trade, and is very anxious to be allowed to remain another year here—and which the Brighton guardians have sanctioned—in order thoroughly to learn his business, and confirm his restored health. He also performs the duties of chapel clerk.

CASE 2.—*Acute mania from over-anxiety ; failure of opiate treatment ; water treatment. Cure.*—M. P—, No. 14, male, æt. 20, single, a blacksmith, admitted at Hayward's Heath, March 10, 1860, with acute mania of ten days' standing. Arrived under strong personal restraint. (A private patient.)

The exciting cause is stated to have been over-application and anxiety about his trade.

The symptoms of acute mania were well marked ; there was general perturbation of all the mental powers, with noise and violence ; the expression of countenance wild. The patient neither knew where he was, nor what he was about. The pulse was compressible, but irritable and quick ; face flushed. A strong opiate was given the night of his admission, and he was placed in the padded room. He passed a noisy, sleepless night, taking off his clothes which had to be locked on him. Next morning ordered to be packed every two hours, with dripping sheet after. This was continued all day, and at night he was again placed in the padded room.

This treatment was continued during the 12th March ; that night he slept five or six hours. On the 13th March he could, for a few seconds, collect his thoughts, and the violent symptoms were subsiding. The packing was continued once a day, with two cold pails after, for a week, by which time he was calm and quiet in mind, though still much confusion of intellect. He had throughout ample supply of animal food—eggs, beef-tea, and such like. The packing was then discontinued, and the tonic treatment of two cold pails night and morning substituted.

During the month of April his progress was satisfactory, and his mind slowly regained its tone. In May he went to the tailor's shop. There was still some weakness of mind and foolish laughing, but his conduct and habits were quiet and regular. In June he joined the working party, and the water treatment was discontinued. He steadily gained flesh and strength with this work in the open air. His mind also recovered its tone, and on the 26th November he was discharged cured.

CASE 3.—*Acute mania (second attack) ; over-anxiety in business ; water treatment. Cure.*—H. W—, No. 330, male, æt. 44, married, a shoemaker, admitted at Hayward's Heath on the 7th May, 1860, with symptoms of acute mania of a week's duration. The exciting cause is stated to have been anxiety about his affairs, with an hereditary predisposition to insanity. He had, twelve years ago, been in an asylum. On admission he was in a state of great excitement ; was under the impression that some great calamity was impending over him ; talked most incoherently and wildly on these subjects, and generally raved on religious subjects ; clasped his hands, and spent the night of his admission in prayer and preaching. He had optical hallucinations, seeing angels and also strange frightful objects in his

room. The skin was hot and dry, bowels confined, tongue foul. A dose of purgative medicine was administered, and he was packed for two hours night and morning, followed with the dripping sheet. This treatment was continued till the 20th of May, the patient becoming more calm and rational under it; two cold pails night and morning were then ordered. On the 25th of May he is reported as much improved, mentally and bodily. He was quite tranquil and free from delusions; slept well; tongue clean; appetite good. He was sent to the shoemaker's shop, where he worked regularly until the 13th of August, when he was discharged cured, and sent home. By his own desire he continued the cold pails night and morning until the last day of his residence here. I have subsequently heard of this patient as keeping well.

CASE 4.—*Acute mania (second attack); suppression of menses; water treatment; menstrual discharge restored; no mental improvement.*—M. C. P.—, No. 4, æt. 30, admitted at Hayward's Heath October 8, 1860. Acute mania; had a previous attack in 1859, for which she was under treatment at St. Luke's Hospital. A delicate girl, fair complexion, nervous temperament. On admission in a state of great excitement, rushing wildly about, talking rapidly and incoherently, unable to answer any questions; extremities cold; circulation feeble; menses suppressed for several months. Ordered to be packed twice for an hour daily, followed by the dripping sheet; cold sitz-bath for half an hour twice a day. This treatment was continued until the 15th October, when she became much calmer, and menstruated slightly. The packing discontinued, and the cold sitz-bath twice a day continued until the 13th December—two months—with the occasional use of the pack under exacerbations of excitement. The menstrual discharge was thus fairly established, and has since continued. The excitement has quite left her, and she is regular in her habits and conduct. There is, however, no mental improvement. She laughs and mutters to herself when spoken to, and can hardly state her name. Her general health has improved—indeed she has become quite a strong girl. She has, since January, had occasional courses of steel, and good food and exercise in the open air. I very much doubt whether any further mental improvement will take place. (A private patient.)

CASE 5.—*Acute mania (second attack); hereditary; water treatment. Cure.*—H. P.—, No. 352, female, married, æt. 27, admitted at Hayward's Heath, May 3, 1860. Acute mania of seven days' duration. Had been previously under treatment for a similar attack in Bethlehem Hospital, in March, 1859. Hereditary predisposition. A stout able-bodied young woman; general health apparently good; head heated, face flushed; great noise and excitement, and general perturbation of the mental powers; unable to control in the slightest

degree either her ideas or conduct ; talking incoherently and incessantly ; sleepless ; destructive ; bowels confined.

Half an ounce of castor oil was given, and she was packed in the wet sheet three times a day, with a pail douche after each. This treatment, which was continued for a month, the patient gradually improved under. Slept at night ; became less restless and excited by day, and gradually her mind recovered its tone. The treatment was then discontinued. She made a good recovery, and on the 14th July she was discharged cured, and has since (April, 1861), kept well.

CASE 6.—*Acute mania; suppression of menses; water treatment.*
Cure.—A. L., No. 296, female, single, æt. 23, admitted at Hayward's Heath, 29th December, 1859. Acute mania. Symptoms of acute mania came on six weeks before admission ; the result of suppression for five months of the menstrual function.

She arrived at the asylum under strong restraint, and required several persons to carry her out of the fly into the house. A strong powerful girl. Her body covered with bruises, the result of the last four weeks' excitement, and difficulty of restraining her. Her father, an old asylum attendant, accompanied her. Head heated ; face flushed and congested ; tongue white (said to have been taking calomel).

Violent excitement. Talking and shouting in a most incoherent manner ; singing and laughing by turns. Unable for a minute to fix her attention or reply to any questions. She was immediately on admission placed in the wet sheets for one hour and a half, followed by the dripping sheet. She had three similar packs during the day. Was restless and violent during the night, but took some beef-tea. At four a.m. (Dec. 30) she was again packed, and falling asleep in the sheets, she was left till eight a.m. She then took some breakfast, but the violence and excitement continued unabated. She was packed every hour, followed by the cold dripping sheet. Put to bed at nine p.m., and slept till four a.m. (Dec. 31), when she awoke again noisy and violent. She was again packed every hour. During the day (the third of the water treatment) there was from time to time a return of consciousness, when in the sheets, and she inquired where she was, of her father, &c. On the 30th there was some vomiting in the morning, which I viewed as a critical symptom. The excitement in this case continued, with occasional lucid intervals, till about the 12th of January, fifteen days from admission. In addition to the use of the wet sheet, which varied from one to four or five applications in the course of the day, I added a cold sitz-bath of half an hour at bedtime, so soon as she was sufficiently calm to use this remedy. About this time a rose-coloured eruption appeared all over the body—a frequent result of the continued employment of the wet sheet. The mental amendment was gradual but steady. After the 12th of January, she had only one morning pack, followed by the cold

shower-bath, which she liked very much, and which was repeated in the middle of the day, followed at bed-time with the cold sitting-bath. This treatment was continued until the 30th of March, when the long-desired object of my remedies, the return of the menses, occurred. She then had a warm hip-bath at bed-time. This I continued during the month of April, during which time she menstruated every fourteen days very freely. Her mind recovered slowly. She was very childish for a long time. Her bodily health improved, and she rapidly gained weight under the treatment. Her diet was nourishing, but without stimulants. About the end of August I considered her convalescent, and on the 11th of October she was discharged cured—a most thorough cure, and she returned to service, and has since kept well.

CASE 7.—*Acute mania; change of life, and over-use of stimulants: water treatment; relief of maniacal symptoms; subsequent cure without treatment.*—L. P—, No. 29, female, æt. 49, single, admitted at Hayward's Heath, the 29th of November, 1860, with acute mania of five days' duration. This patient was brought here in a post-chaise, by my friend Mr. Penfold of Brighton, who will remember the violence of the symptoms, and the restraint which he found necessary to effect her removal. It would appear that for many months past symptoms of mental aberration had been observed in a morose and irritable condition of the feelings, and marked alteration of character, and in neglect of her daily occupation. She is also said to have indulged for some time before in too much stimulant.

On admission she showed all the symptoms of acute mania. The face was flushed; head hot; skin dry and hot; tongue foul; pulse weak and quick; there was general perturbation of the intellect, and entire incoherence of thought, with much excitement, rambling from one subject to another; laughing and shouting, and exhibiting a variety of delusions, as to her being the wife of the French Emperor, and such like, and again passing off at a tangent to some fresh object, as my friend, Mr. Penfold, under whose care she had been, and for whom she for some days mistook me. There had for several nights been entire want of sleep. I rarely have met with a more pure illustration of acute mania. Mr. Penfold was kind enough to remain a few hours at the asylum, and gave his sanction to the use of the water treatment. Within half an hour of her admission her hair was thinned, so as to admit of the application of cold cloths, and she was twice packed in wet sheets, followed in one hour and a half with the dripping sheet. She was then, about eight p.m., placed in the padded room. She took some brandy and arrowroot (having previously refused all food), and some coffee in the morning. She was, on the 30th of November, again packed in wet sheets, followed by the dripping sheet, which treatment was continued throughout the day, with about an hour's interval. On the 1st and 2d of December the same treatment was followed. She took at odd times sufficient fluid nourishment, as eggs

and brandy, beef-tea, arrowroot, &c. On the night of the 1st and 2d she slept at intervals, and the excitement gradually abated. On the morning of the 4th December, she was calmer, although much lost in mind still, and she dressed and came into the ward. During the day several slighter attacks of excitement came on. She had two cold pails poured over her three times a day. This treatment was continued until the 1st of December, by which time the acute maniacal symptoms had entirely subsided. She continued to take her food, which was of a stimulating kind, with a little humouring. On the 13th of December some boils formed on the right hip, which I viewed as a critical discharge.

From this time all treatment was discontinued. The maniacal excitement broke out several times on the occasion of visits from her friends, but her mind steadily cleared of all intellectual disorder, and her health improved. She is still (April 4) an inmate of the asylum. Her perverted emotions continue, but are slowly passing into a healthier condition; she is less excitable and discontented; less endless in her conversation and letters, and no longer denies that she was insane or unjustly confined. On the contrary she now expresses her willingness, indeed her desire, to remain under treatment here until such time as I consider her fit to resume her previous employment.

These symptoms all look, contrary to the prognosis I formed, like a sound and favorable cure. (A private patient.)

[This patient was on the 15th May, 1861, discharged cured, and sent to her family, and I have since heard of her as keeping well.]

CASE 8.—*Acute mania, following disappointment in a love affair; suppression of menses; water treatment. Cure of the maniacal symptoms without restoration of the uterine functions.*—A. C—, No. 458, single, æt. 19, admitted at Hayward's Heath, 19th November, 1860. Acute mania of fourteen days' duration; a strong, healthy, country girl.

On admission, pulse full, face flushed, tongue foul; loud shouting, noisy and violent; utter perturbation of the mental powers; is stated to have been exceedingly violent in the Union House; appetite voracious; destructive. A good illustration of acute mania without any organic complication, and only the usual functional disturbance.

Ordered to be packed thrice a day, followed with the cold pails; to drink freely—as she also wished—of cold water. This treatment continued until the 29th November, the patient gradually becoming calmer, and the violent symptoms subsiding. Bowels acted regularly, as they generally do under the use of the wet sheet. On the second day of the employment of the wet sheet a copious rose-coloured eruption appeared all over the body, and faded about the fourth.

On the 29th of November the wet sheet was used only once a day,

followed by two cold pails, and a cold sitz-bath was added for half an hour, night and morning. This treatment was continued for a month, the patient steadily improving in mind, occupying herself in the laundry. No appearance, however, of the catamenia. The wet sheet was then discontinued, but the cold hip-baths were persevered in until the 1st of February, but without any appearance of the catamenia. All treatment has since then been omitted. The patient continues apparently sane, and in excellent bodily health, although until the uterine functions are re-established I should hesitate to recommend her discharge, or to pronounce her sane. (This patient continued so well that on the 15th May she was discharged cured, and sent to her family, although the uterine functions continued suspended.)

CASE 9.—*Acute mania ; water treatment ; abatement of maniacal symptoms ; subsequent paralytic seizures. Death. No post-mortem permitted.*—E. E. P—, No. 305, single, æt. 39, admitted January 21, 1860. Acute Mania of six months' duration. Cause, change of life. A laundress by trade. Is stated at times to be exceedingly violent ; swearing and shouting, and tearing her wearing apparel ; putting soap in the pot where the potatoes were boiling, &c.

On admission there was great violence and excitement ; rambling in her conversation ; unable to fix her thoughts for any time on one subject ; no control over conduct. Resisted violently when her clothes were changed. A strong healthy woman, florid complexion, full pulse. She was immediately placed in the wet sheet, which was changed every two hours during the day, and followed each time by two cold pails. At night she was placed in the padded room, and slept. Appetite good. The excitement and violence were great next morning. The treatment was continued on the 22d and 23d. On the 24th she was so quiet and collected in mind that she attended morning prayer, and on the 25th she went to the laundry and worked there regularly until the beginning of March, apparently in a convalescent state. On the 5th of March, however, after complaining for a day or two of weakness and inability to work, she had a paralytic seizure, with paralysis of the left side and insensibility for some hours. These symptoms passed off, and in May she was able to walk about. On the 3d June she had another severe attack, with vomiting, insensibility and convulsions, and she died on the 4th June.

No examination of the body was permitted.

On General Paralysis. By HARRINGTON TUKE, M.D.

(Continued from page 104, vol. vii.)

THE physical symptoms attending the general paralysis of the insane have been shown to present in their progress three well-defined stages. Some of the earliest physical signs—any one of which associated with a particular form of insanity will almost infallibly indicate the first stage of this special disorder—are the intermittent pulse, the irregular or contracted pupil, the quivering lip or embarrassed articulation. The second stage is marked by loss of power in the upper extremities, by a gait more or less unsteady, by diminished sensation in the cutaneous nerves, or by the loss of some of the special senses. In the third period the disease approaches its climax, in an entire want of motory power, and by an impairment of all the nervous functions so universal, that although organic life may, under careful treatment, be prolonged for a considerable time, the patient may be said to exist rather than to live. Epileptiform attacks may precede or accompany any one of these stages. They sometimes very distinctly mark out their boundaries, or the disorder may run its course without any recognised convulsive seizures.

The mental symptoms of general paralysis—although more variable than the corporeal in the order of their appearance—are susceptible of a similar division into stages. These may be shortly described as presenting, first, the stage of excitement, with loss of self-control and reasoning power; secondly, absolute delusion, with or without violence; and, lastly, complete insensibility. In many cases this sequence of the symptoms is so strongly marked as to have given rise to the opinion that each patient successively presents the symptoms of mania, monomania, and dementia.

If the mental derangement, that I believe invariably accompanies this particular form of disorder, be recognised at its first appearance—and this is not difficult for any physician conversant with the disease—I do not think that any division of its progress into stages is of much practical importance: even in those cases in which the stages of the disease are most strongly marked, their approach is by no means coincident. The third stage of physical weakness may be associated with very slight symptoms of mental alienation, or the almost imperceptible quiver of the lip, or hesitation in pronunciation may alone indicate the special disorder in a patient who is in a state of furious mania, or exhibiting distinct and fixed delusions.

The intellectual derangement does not always preserve even an

approximate ratio to the amount of muscular paralysis, and the dictum of Andral with regard to softening of the brain is by no means applicable to the general palsy of the insane; moreover, the same patient may one week present all the three stages of the mental disorder, sometimes even rallying from an apparently hopeless dementia into a state that to one unacquainted with the insidious nature of general paralysis, might be thought to indicate a perfect restoration to reason. The physical symptoms are more constant, and more easily demonstrable; hence in systematic writers, and in the reports and case books of the English asylums, if the stage of general paralysis is mentioned, the reference is to the degree of loss in the motor power, and very seldom is any measure of the amount of mental derangement present.

The idea of the malady involved in the acceptance of the term general paralysis of the insane, as distinctive of the particular form of brain disease so ably demonstrated by Calmeil, has probably led to its mental phenomena being to a great extent overlooked, and their value in its diagnosis being so much underrated. They are as equally characteristic of the malady as the physical symptoms, and will receive their full consideration, when it is more universally understood and admitted that the disorder is a mental one, associated indeed with a peculiar form of paralysis, but still *sui generis*, and often strongly marked before any muscular affection is developed. There is one very important point involved in the recognition of the first stage of general paralysis: the disorder is frequently said to be incurable, not so much because it really is so, as because the cases that have recovered from the disease are not admitted to be true examples of it, in default of the recognised presence of paralysis in any of the muscles. I must defer the reasons that lead to this explanation of what I believe an erroneous opinion, until I come to the discussion of the question,—whether general paralysis is or is not a curable disease?

It is not possible that physicians practically engaged in the treatment of the insane, should fail to recognise the peculiar type of mental disorder marking general paralysis, which they must so frequently see before there are any signs of physical weakness of a special character; many such cases are to be found among the patients in the large public asylums; they are still more frequently met with in private practice, because, as it has already been observed, the occupation and habits of life of the higher and middle classes render any morbid change in the brain function more rapidly apparent; now it is a curious illustration of the importance of discarding the idea of paralysis as being more than one symptom of the malady, which may exist without it, that such cases are entered in the case books and spoken of in reports, with a perfect recognition, indeed, of the nature of their malady, not as being in the first stage of the disease, but as patients attacked with “incipient general paralysis.”

Confessedly unfortunate as the title of "general paralysis" is for the disease we are considering, I think the use of the word "incipient" almost equally objectionable, inasmuch as it involves the hypothesis that a certain disorder is about to supervene upon a form of *insanity*, which is therefore not admitted to be of a special character, although at the same time recognised as distinct from ordinary mania or melancholia. Patients presenting such symptoms as to cause them to be classed as incipient general paralytics, if the diagnosis be correct, and it is very rarely not so, may be fairly considered as in the first stage of general paralysis. It cannot be said that this is implied in the word "incipient," which is more usually employed to designate a prodromic set of symptoms antecedent to the disease itself; thus a state of incipient insanity means that absolute loss of reasoning power has not yet occurred, and therefore the phrase "incipient" general paralysis, employed to distinguish the nature of the malady in a patient under certificates of lunacy, would lead to the inference that general paralysis cannot be certainly distinguished till the physical symptoms have obtained a marked prominence, an inference entirely opposed to the facts of the case; nor will it avail to defend the expression by suggesting that it may describe a form of mental derangement upon which paralysis may supervene,—it really describes nothing when applied to a man already deranged. If general paralysis be a special mental malady, associated with failure of the muscular power, distinct from the paralysis caused by cerebral hæmorrhage or serous effusion, or other familiar causes of lesions of the motor power; then "incipient" is a word properly applied to the disease before the patient is either paralysed or insane, but clearly no longer applicable when the patient has become the inmate of an asylum.

There can be no question that a prodromic stage of "general paralysis" may be recognised by slight physical symptoms, which may be considered as constituting an incipient stage of the malady, but it appears to me impossible to apply the term "incipient" to a stage of an organic disease of the brain so far developed as to have once induced delusions or led the patient to commit overt acts of absolute insanity. I believe it to be impossible, without any guide from physical disease, to diagnose with certainty the incubation of general paralysis; it will in no respect differ from that of mania or monomania; there will be restlessness, change of character, and loss of memory equally in each, the exact advent of the so called "general paralysis" being marked by a particular form of delusion, almost always specific; its diagnosis to be afterwards rendered certain by an equally specific form of paralysis. It is most important to bear in mind the specific character of the paralysis; it would be an absurd mistake to mistake a paralysed gentleman who stuttered, or a case of lively mania, with hemiplegia, for forms of special organic

brain disease; the history of the paralysis in the specific disease is as I have described it; the principal points of difference in the symptoms may be shortly summed up as consisting in the slowness of the progress of the want of power in the general paralytic, contrasted with the suddenness of its invasion in the hemiplegic patient. In cases of general muscular weakness slowly attacking every organ, without insanity supervening at all, it will be found that the symptoms proceed from below upwards; the muscles of the tongue are the last attacked, if at all, and the reflex functions are not interfered with till the very last stage of the malady.

It is far easier to recognise the specific mental characteristics of paralytic insanity than to describe them; they are, however, marked enough, although sometimes overlooked even by trained observers, and we therefore find patients classed as cases of "mania" or "melancholia," or even "dementia with general paralysis," who, if the etiology of the disease were better understood, would have been recognised at the very outset of their malady as suffering under *la Folie Paralytique des aliénés*.

The leading characteristic of this insanity is the sense of beatitude, the contentment under all circumstances, the expansive delirium already mentioned; but various circumstances, not, I think, sufficiently taken into account, complicate the mental phenomena, whose true nature may only appear at intervals during the disorder; but it is probable, also, that the authors who have written upon the disease describe it as occurring in very different classes of patients, and that while in the practice of one it has happened that great uniformity has been met with in the symptoms presented by the disease, in the experience of another greater varieties have been noticed. This difference seems to exist between the practice of the French and English physicians who have written on psychological medicine, and is very easily explained. The larger number of cases quoted by the French physicians have been taken of course from the public hospitals, especially those of Paris; and the class of patients to be found in all metropolitan asylums, and more particularly in those abroad, offer far greater varieties in idiosyncracies and in degrees of mental training, than are to be found among the agricultural labourers and uneducated mechanics of the provinces; moreover, the absurd restriction that in England prevents in many instances the highly trained superintendent of a public asylum from giving the advantage of his medical experience to the department of private practice, is unknown in France, where diseases of the brain are therefore more studied and better understood. It may seem, at first sight, absurd to draw a distinction between the insanity of the peer and that of the peasant, but there unquestionably are shades of difference in the initial symptoms; the educated brain is a more delicate instrument, and slight deviations from its normal state are

easily distinguished; the intellectual faculties of the lower classes, like the *dura messorum ilia*, may be much affected without discovery; patients of the same rank in life, working perhaps in the same asylum at the same accustomed occupation, will present a great similarity in their mutual condition, and it is from this class that the English physicians have drawn their portraits of the malady—hence the mental symptoms have not received so much attention in England as in France.

I believe that the study of the varieties of the mental symptoms is of less importance than the knowledge and recognition of the type of insanity underlying and connecting them all. M. Falret, in his excellent treatise, already quoted, describes two varieties, founded upon mental symptoms—these he calls the expansive and the melancholic; to these forms M. Brierre de Boismont has added a third, which he names hypochondriacal general paralysis, and more might be adduced constituting one and the same disease; and all equally tending to the same termination—in death or in dementia. I believe that in every variety, allowance being made for other disorders complicating it, and for differences in habits of life, and mental training, the key-note to the disorder will be found in the happiness, the contentment, the indescribable *bien-être* that is more or less inseparable from general paralysis in every case. That this should exist, even in patients who have hypochondriacal melancholia, seems to be a contradiction in terms, but it is, nevertheless, the case. A patient affected with this form of general paralysis died while under my care from another acute malady. Although he was always apparently miserable under his distressing hypochondriacal delusions, the feeling of contentment was still manifest. “I know you think,” he said, with a smile, a few minutes before his death, “that I am dying, it is very silly of you, I shall live yet for years.” There is a curious analogy in this symptom, with that so familiar to us in cases of phthisis, in which disease the patient, although visibly sinking, remains so often hopeful to the last. It is not unfrequent also to meet in cases of phthisical mania, mental symptoms singularly resembling those of general paralysis.

The fact that women in the upper and middle classes are very rarely attacked with general paralysis, while it is not uncommon among females in the rank below them, seems to confirm the idea that education and previous habits of self-control, may not only modify the disease, but absolutely prevent its appearance. The French and English physicians are agreed as to the rarity of the malady in women of the upper ranks of society. I have already mentioned that Dr. Conolly had never seen such a case in his practice; since that was written one such patient has come under his observation, and is now under my care. This poor lady suffers from convulsions, special delusions, and progressive paralysis, and there can be no doubt as to the specific nature of her disease.

Some few very distinguished physicians, some even in the French school of medicine, dispute the existence of any necessary connection between mental derangement and general paralysis; they doubt its existence as a special form of insanity. Chief among these is M. Pinel, the nephew of the celebrated preceptor of Esquirol. It may prove that this difference of opinion is more apparent than real; it is not, practically, of importance, inasmuch as no one of these gentlemen deny the very usual presence of insanity with this form of paralysis, and the propriety, in many cases, of recognising the conjoint symptoms as one morbid product. To the assertion of M. Pinel, that general paralysis is not recognised by those engaged solely in the treatment of insanity as a simple paralysis, because they see only those cases that are brought to lunatic asylums; the answer may be given, that it is strange that no one before Calmeil's work ever described a form of paralysis in men of sound mind, exactly such as he points out as existing among the insane; and many physicians must have recognised, and would have described such a disorder, had they met with it in the ordinary routine of their practice; Calmeil then must have at least the credit of drawing their attention to the disease, even if mistaken in claiming it as disorder always associated with insanity.

The opinion that the general paralysis of the insane is a specific disease of the brain, and not simply a complication of paralytic symptoms with mental derangement, can, perhaps, only be admitted as a plausible theory, while our knowledge of its pathological phenomena does not enable us to point out in every case an identity in the morbid change in the brain; at present we can seldom do this; in many cases we even fail to discover any morbid appearances that could account for the symptoms observed during life being either those of paralysis or lunacy. The claims, therefore, of general paralysis to rank in nosological tables as a special malady, must depend in some degree upon the peculiarities in the rise and progress of the symptoms which I have detailed, and, to a greater extent, upon the specific differences from ordinary insanity, on the one hand, and the usual forms of paralysis on the other, which we may discover by careful examination of the symptoms observed during life, and their comparison with other forms of known disease of the nervous centres.

With regard to the age of the patients in whom general paralysis appears, it would seem at first sight that it obeys the ordinary rules that govern the advent of mental diseases. In middle life the struggle with the world is generally at its height; the battle for fame or for fortune is about to end either in victory or defeat; the nerves are at their fullest tension, and the brain therefore most liable to those sympathetic and organic changes of which mania, melancholia, or general paralysis may be the symptoms. The age of maturity is

the one most prone to diseases of the mind, and therefore in two thirds of the cases of paralytic insanity quoted by Dr. Conolly in his Croonian Lectures already cited, we find the patients to have been, at their death, between thirty and fifty years of age. In seventy-one cases Calmeil found three fourths to be within the same decades of life when the malady first appeared. The age at which general paralysis is most to be feared is later than that in which ordinary lunacy occurs, whose invasion Dr. Thurnam has shown to be most frequent between thirty and forty.

But although general paralysis in this seems but simply to fall under the operation of the same law as to the epoch of its invasion, as other mental diseases which, taken together, attain the maximum of their frequency at the ages between thirty and forty, there is a marked exclusiveness in the attacks of general paralysis which has not, I think, received the attention it deserves as being characteristic of the disease; I allude to the fact that it seldom appears before the thirtieth or later than the sixtieth year of life; practically there is in childhood, youth, and old age, an immunity from paralytic insanity. I have never seen a case of general paralysis younger than thirty, or older, when the disease commenced, than sixty; the age of the youngest case that came under Calmeil's observation is given by him as being twenty-eight, the oldest sixty-two, while the average age at which the patients under his care had been first attacked by the malady, appears to have been forty-four. To estimate fully the greatness of this difference, the phenomena of general paralysis must be remembered; if not a special malady with distinctive symptoms, it may be said to present a combination of mental derangement tending to dementia, with palsy, and pseudo-epilepsy: do either of these follow the same rule as to the period of invasion as the conjoint disease? So entirely is the reverse the case, that dementia is almost peculiar to old age, and ordinary lunacy so common in later life as to have led the first psychologist of the world, Esquirol, to the opinion, proved since to be erroneous by Dr. Thurnam, that it was the period most prone to insanity; moreover, insanity attacks children, and is frequent in adults; epilepsy, again, is most common in childhood and youth, while paralysis attacks infancy not unfrequently, and is one of the disorders most fatal to old age.

If general paralysis be only a complication of insanity, as imagined by Esquirol, it might be expected to supervene very frequently upon the various chronic varieties of insanity, and especially upon monomania and dementia, but instances of such an occurrence are so rare that its possibility is denied by many competent observers; Calmeil mentions one case, and one only, in which paralytic symptoms of the true type supervened upon chronic dementia consecutive to melancholia; this patient's symptoms were peculiar, and attended with "convulsions similar to those produced by strychnia." The ordinary

forms of paralysis are frequently met with in asylums, and the great difficulty of the diagnosis between dementia, with hemiplegia or double paralysis, and paralytic insanity in its last stage, has been pointed out by Dr. Bucknill, and this difficulty may have led to an error in some cases: however that may be, the fact of the rarity of the disease in chronic cases is still an argument strongly in favour of its special nature, even although a few instances of it may have been seen. In the epileptic wards of Hanwell, although general paralytics must be sometimes sent there, Dr. Conolly states that the disease never appears, although the epileptiform seizures that accompany it are so nearly allied to the true epileptic convulsion. In idiocy, a disease with an even closer affinity to dementia than epilepsy, paralytic insanity is unknown; I could never find a case either at Reigate or Red Hill. Dr. Downe, the physician to the asylum there, had never seen one instance of the disease in an idiot, and to Dr. Browne I am indebted for the information that neither in his wide experience, in his private practice, nor in his position as Commissioner of Lunacy in Scotland, nor in his examination for a special purpose of all the asylums of idiots in England and France, could he recognise one case of general paralysis.

It must be remarked that while general paralysis may thus be broadly stated as very seldom, if ever, supervening upon chronic insanity, and as never appearing among epileptic lunatics or idiots, all of whom are liable to true paralytic attacks; the paralytic insane themselves affected by the disease first described by Calneil, are frequently sufferers under partial paralysis or hemiplegia, from which they may and do often recover, the original disease holding on its course unaltered; in this there seems another argument for the special nature of paralytic insanity, and a further proof of the mistake that is made by those who consider it as simply a complication of lunacy. It would be interesting to know the particular form of mental disease that existed in those cases of chronic insanity upon which general paralysis has appeared to supervene; in Calneil's case, and probably in all others in which the history is fully given, it will be found that the advent of general paralysis altered entirely the mental symptoms, so that it was not only a muscular weakness of a special kind added to old standing intellectual aberration, but a distinct mental change took place synchronously with the approach of the physical symptoms; if this be always so, such an invasion of disease is rather, melancholia, changing its type to general paralysis, ceasing in fact to be melancholia, than a true supervention of paralysis simply upon the original disease.

(To be continued.)

QUARTERLY PSYCHOLOGICAL REVIEW.

NOTES ON BOOKS, ETC.

The Classification of Insanity.

M. LE DR. MOREL, physician to the asylum of Yon, near Rouen, in his recent 'Traité des Maladies Mentales,' has adopted a new system of classification, which has at least had the good effect of calling attention to the imperfections of the system which prevails, and of becoming the subject of a most interesting and instructive discussion at several meetings of the "Société Medico-Psychologique." Although, with the exception of M. Buchez, who officially reported to the Society on the merits of M. Morel's book, none of the eminent alienists who took part in the discussion appear to have been prepared freely to accept the newly-proposed classification, they one and all seem to have awarded to it a greater amount of merit than we think is justly its due.

M. Morel has devised his new scheme of classification to replace the one in general use, which, established by Pinel and Esquirol, has been from time to time modified by their successors, so as to adapt it to the advancement of psychological science. It is, as all our readers are aware, founded upon the broader distinctions of mental diseases into the classes or orders of mania, melancholia, monomania, and dementia—classes we must call them if we regard the classification of insanity as a distinct and independent subject; orders, if we regard insanity as belonging to a general nosological system, of which mental diseases form a class.

The main objections to this system which were urged by our psychological brethren in Paris, appear to resolve themselves into—1st, that it is an artificial system, and, as such, inferior to a system, which, as M. Morel's assumes to be, is a natural system; and 2dly, that it is an imperfect system, because it embraces in the same class forms of disease which are sufficiently distinct from each other to merit separation, and because there are also many forms of mental disease which possess the attributes of two or more of the different classes, and which it is therefore difficult to place.

In the first of these objections, we can by no means concur, since the Pinel-Esquirol classification, which we shall call the *phenomenal* classification in contradistinction to the *etiological* classification of M. Morel, is a classification founded on multitudinous signs and characters, and not upon any individual sign or character, which is

the distinctive peculiarity of an artificial classification. Take the class of mania, for instance, the signs of which are not limited to any mental or physical peculiarity, but embrace all that is observed or observable in the intellectual, emotional, or physical conditions, in that large class of lunatics in whom there is general excitement; and which comprises the several orders of acute delirious mania, chronic mania, epileptic mania, puerperal mania, &c. &c.; take a case from any one of these sub-orders, and compare it with a typical case of monomania, melancholia, or dementia, and in what a number of particulars, mental and physical, will it not be found to differ. The phenomenal classification, therefore, we maintain to be essentially a natural classification; indeed, we go further and say, that the only natural classification possible in any science in which the bond between cause and effect is not fully known must be and can be no other than phenomenal. The imperfection of our knowledge in almost all branches of science is in itself sufficient to command this arrangement, for there are few departments of science, at least of natural science, in which we are not able to observe phenomena more or less completely; while we have been able to acquire but most imperfect and doubtful information as to their true cause, and its bond of union with the effect.

Phenomenal classification is, moreover, the only natural classification which is practically useful in sciences like nosology, in which opportunities for the determination of even the apparent cause are often wanting. Even in the strictly natural sciences, as in zoology, a practical classification founded upon obvious facts is always required, in addition to any system whose foundations are not so easily observable; for it would be neither convenient nor always possible to dissect an animal before its place in the system was discovered: and thus, although the nervous system may be the best foundation for the distribution of those classes of the animal kingdom which are widest apart, the external characters of feet, hair, teeth, &c., afford the phenomenal basis by which sub-orders and varieties of animals are distinguished. The necessities of life require that M. de Chaillu should be able to distinguish a gorilla from a negro, without first shooting a specimen of each variety and examining the appearances of the posterior cornua of the lateral ventricles. And the necessities of medical life equally require that the physician should be able at once to distinguish a case of delirium tremens from a case of general paralysis, without waiting to observe the state of the brain before he proceeds to the treatment of the curable case, or suspends mischievous interference with the incurable one.

The second objection to the Pinel-Esquirol classification, namely, that it is imperfect, is founded upon far better reasons; for it cannot be denied that the system is imperfect, since it includes dissimilar things in the same class, and also leaves other things in doubt as to

the class to which they belong, to an extent which must make alienist physicians desirous of improving the classification they possess, or of adopting a better, if it is anywhere to be found. Take for an example the class of mania which includes such widely distinct varieties as the recurring mania of epileptics, the acute mania of *délire aigu* from which the patient dies or recovers in a few days or weeks, and the, so to say, healthy mania of chronic insanity.

The question, however, is not so much whether the class of mania includes several well-defined varieties, as whether it is itself a class, and well-defined as such from other classes of mental disease, as from monomania, melancholia, and dementia? We believe that as a class it is so defined, and that the existence within its borders of well-defined orders is so far from invalidating its claims to be considered as a class, that it tends to establish them, since there are none of its orders, which cannot by the general characteristics of the class, be distinguished from the forms of disease which are included in the other forms of the classification.

With regard to the objection that there are many forms of mental disease to which the proper place cannot readily be assigned in the Pinel-Esquirol classification, because they have either mixed or changeable phenomena, this disadvantage, although a serious one, we take to be inherent to all nosological classifications, and indeed in a greater or less degree to all classifications in the natural-history sciences, of which the physiological sciences really form a part. In all the departments of nosology, not only do many diseases naturally run into each other, but many diseases as naturally tend to form the compound concrete which presents itself to the eyes of the physician; and if in the strictly natural-history sciences this difficulty exists to a less extent, the probable reason for it is, that the healthy changes of form are more slow than the changes of disease. For if there is any truth in the theory of the origin of species advocated by Mr. Darwin, there is no possible classification of living organisms which, if the element of time be put out of consideration, is not fully liable to this objection.

If the higher kinds of plants and animals are gradually formed from the lower kinds on the principle of selection, the landmarks of classification must needs be quite arbitrary; and, wherever they be placed, there must needs be numerous varieties gradually passing from one class to another, but possessing the full characteristics of neither. The slowness of change which takes place in natural organisms is the sole reason why this objection should not be as valid against any system of zoology which can be propounded, as against the Pinel-Esquirol system of insanity. If a platypus could be converted into a marsupial, or a marsupial into a full mammal, in anything like the same length of time which is required for a case of acute mania to pass through the mixed form of mania-dementia into

perfect fatuity, the foundations of any natural classification of zoology would need the recognition of transition states as much as we need it in the phenomenal classification of mental disease. Even should we reject the selection theory of Mr. Darwin and the eminent naturalists who agree with him, and hold by the ancient doctrine that kinds are unchangeable, and even if we should add to this the doctrine of natural classification maintained by Mr. Stewart Mill, that it should always be founded upon the recognition of unchangeable kinds, what is there in our present classification of insanity which may not find its anti-type in the best classifications of zoology? One kind of animal, indeed, does not change into another kind in its mature state, and there are kinds of insanity also which when mature undergo no change into any other form; but in their development into the mature form, animals do undergo a change: the tadpole, essentially a fish, does change into a reptile. And moreover there are fixed intermediate forms which are as much connecting links between different classes as anything we can show: there is the platypus, between the bird and the beast, and the gill-breathing reptile of the Istrian cavern lake, and many other less remarkable links in the animal chain, which have stimulated the ingenuity of zoologists as much as the *folie circulatoire* of M. Baillarger, or the more common cases of demented mania or excitable melancholy have stimulated that of psychologists. The main question appears to us, not whether these exceptional cases exist, but whether the classes we have adopted from Esquirol are distinguishable by a number of phenomena from one another. Diligent study of the phenomena of insanity may perhaps at some future time lead us to add to the classes of insanity, as it has indeed, since Esquirol's time, led us to add one class, that of general paralysis, in addition to several well-formed sub-classes; but, on the whole, we have firm faith in the continued existence of the great Frenchman's classification as a basis for all that may hereafter be done, because it is positive, phenomenal, and natural.

It will be inferred from these opinions that we are by no means prepared to accept M. Morel's proposed rehabilitation of the classification of insanity upon an entirely new basis—upon the causation of the disease, instead of upon its phenomena. We decline to accept M. Morel's classification, for reasons exactly opposed to those which lead us to adhere to that of M. Esquirol, namely, because we believe it to be essentially artificial and unpractical. It is artificial, because it is based not upon many facts, but upon one fact, namely, the supposed cause; we say supposed cause, since if the real cause could be fully known, this objection would not retain its full validity. In all exact departments of knowledge, as in pure physics, cause and effect so mutually reflect each other, that it may be a matter of choice, according to the desired purpose of the classification, which of the two we employ; but in the natural sciences,

and most of all perhaps in nosology, the cause is generally so partially known, so apt to be modified or counteracted by the intercurrent of other causes, that the effect must ever be regarded as liable to be of a mixed character, and the influence of any stated cause liable to be most uncertain, and as a basis of classification most untrustworthy. If the science of pathological medicine were so far advanced in the department of mental diseases, as that it had been possible for M. Morel to have founded his system upon the real causes of the signs of disease, as they undoubtedly do exist in the morbid conditions of the fluids and tissues of the body—if he could have accurately classified insanity according to the conditions of the blood and the brain—then, indeed, our argument would have assumed a different form, and perhaps our opinions would have been widely modified. But M. Morel has not attempted to do anything of the kind; for not only in his ‘*Essay on Classification*,’ but throughout his work, the real pathological element, which will ever have the deepest interest to the truly scientific physician, is passed over in a meagre and unsatisfactory manner. What M. Morel has attempted to do has been to classify mental diseases according to their apparent or accidental causes; and, as might have been expected, he has not been able to adhere to this method in anything like a systematic or exact manner, as will appear from the following brief summary of his system:

FIRST GROUP.—Hereditary insanity.

1st Class.—Includes patients of a congenitally nervous temperament, in consequence of varied forms of hereditary transmission, who easily become insane under various influences, which, except for the hereditary tendency, would appear futile causes of mental disease.

2d Class.—Includes patients who, in consequence of hereditary tendency, display their delirium (?) in acts rather than in words. They are distinguished by the eccentricity, incoherence, irregularity, and often profound immorality of their actions. This class includes the Utopian reformers of mankind, cases of *manie raisonnée*, the moral insanity of the English.

3d Class.—Includes those individuals who come between the second class and hereditary idiots, who form the fourth class. In this class are included those patients who have innate insane propensities to various forms of crime, to theft, incendiarism, vagabondage, &c. Their physical degeneration is marked by malformation of the head, smallness of stature, sterility, &c.

4th Class.—Includes imbeciles and idiots; and, in his remarks upon this class, M. Morel indicates in how inexact a manner he applies the characteristic of the class of transmission by descent, *l'hérédité*, since he attributes the condition of these hereditary idiots, not to the transmission of that morbid condition from parent to child, but to the vices and accidents of their parents; their tenden-

cies to drunkenness ; frights of the mother received during pregnancy and also to such causes as wretchedness, insufficient nourishment, or convulsions during infancy, as well as to blows upon the head, and other physical accidents, *violence matérielle*.

SECOND GROUP.—Insanity produced by intoxication (i. e. *toxic influences*).

1st Class.—Includes cases of mental disease produced by narcotic substances employed to occasion factitious sensations, and by the fatal influences of certain industrial employments. In all these cases, says the author, where inebriating substances, such as alcohol, opium, and other narcotics, are periodically taken to produce factitious sensations, a special form of delirium is eventually occasioned, and the lesions of the nervous system present exactly the same character. Other toxic substances, as lead, mercury, and phosphorus, may be studied in the same point of view, as producing special forms of delirium.

2d Class.—Includes cases produced by the influence of an insufficient or degraded form of nourishment, such as that from bad rye (ergotism), and probably pelagra.

3d Class.—Includes cases produced by marshy influences, or by the geological influences of the soil, as crétinism, which, however, the author, not unnaturally, thinks ought rather to come under the group of hereditary transmissions.

THIRD GROUP.—Insanity occasioned by the transformation of other nervous diseases.

1st Class.—Includes insanity which has been generated by hysteria, and in which the highest exaltation succeeds the most profound prostration. Extraordinary hallucinations and sensations ; extravagant forms of delirium, with rapid transmissions from one nervous condition to another ; extraordinary remissions, with apparent restoration to reason ; tendencies to suicide and incendiarism, and to all kinds of evil actions, characterise the *neuropathica sexualis*. M. Morel remarks that in this form of insanity the ordinary symptoms of hysteria generally disappear ; and that catalepsy, anæsthesia, and hysterical palsy are seldom observed.

2d Class.—Includes epileptic insanity, the characteristics of which are the suddenness of the aggressive actions to which the patients are prone. There is also frequently exaltation of the religious sentiment, and the periodicity of the parent disease is communicated to its mental offspring.

3d Class.—Includes cases of hypochondriacal insanity, and is distinguished into two varieties. *1st variety.*—Simple hypochondria, including individuals who continually occupy themselves with the condition of their physical health, and are scarcely to be considered as insane, although many of them are remarkable for their peculiarities, their *tics*, and habitudes which are contrary to their old modes of life

and to common custom. The hereditary transmission of this form is very powerful. *2d variety.*—Includes patients who think themselves subject to persecutions, and includes a special variety of suicides and homicides, and of persons suffering under that form of delirium which leads men to commit crimes in order to attract the attention of the public, and thus to obtain that justice, on the subject of their delirium, which they suppose to be refused to them. *3d variety.*—This includes persons who, having passed through all the phases of the delirium of persecution, believe themselves called to great destinies, to play a rôle beyond their education or intellect. The general character of hypochondriac insanity is to lead those subjected to it through a circle of pathological phenomena, successively engendering and commanding one another; its course, however, being subjected to periods of remission and augmentation.

FOURTH GROUP.—Contains idiopathic insanity.

1st Class.—Includes cases of progressive enfeeblement or abolition of the intellectual faculties, following chronic diseases of the brain or of its membranes.

2d Class.—Includes general paralysis or paralytic insanity, with predominance of a symptomatic delirium of grandeur.

FIFTH GROUP.—Is that of sympathetic insanity, and includes all cases in which a morbid condition of some other part of the body than the brain is the cause of the insanity; as when insanity follows pleurisy, or pneumonia, or a morbid condition of the uterus. The brain, however, itself being recognised as the seat of the insanity.

SIXTH GROUP.—Dementia. This group the author considers a terminative state, rather than a primitive form; “but as the numerous patients who have fallen into dementia, whatever may have been the primitive form of their affection, *constitute a large family, all whose members have common characters, and are recognised by certain internal signs*, I think,” says the author, “that the ordinary method which I endeavour to introduce in mental diseases will in no way suffer from a classification which makes of dementia one of the so important varieties of insanity.” And we think, says the critic, that to make of the vast number of insane persons who are suffering from dementia, a group founded not upon the etiology of the disease, but upon the common characters by which the patients are certainly recognised, is a condemnation which M. Morel passes upon the whole of his own system; for a system the method of which will only apply to certain forms of disease, and which is obliged to have recourse to the rival system to comprehend the largest family of the whole, must appear to the systematic mind scarcely to need further examination.

We shall, however, briefly point out a few of the most obvious objections which present themselves to M. Morel’s system; and in the first place, we must object to his having made a quality which is

common to all forms of insanity the characteristic peculiarity of his first group. No doubt, the varieties of mental disease which are described as the classes of this group do very frequently derive their origin from the hereditary transmission of morbid organizations or tendencies; but is M. Morel prepared to say that none of the forms which he has so classed are the result of early faulty education, or of other modifying circumstances subsequent to birth? Is he prepared to prove, for instance, the hereditary origin of that form which he classes with but which we think is distinct from the moral insanity of Pritchard, viz., *manie raisonnée*; or, on the other hand, is he prepared to rebut the still more fatal objection that the characteristic of this group is frequently the most active agent in the formation of every other form of insanity which he has described? He himself admits that it is a most powerful agent in the production of hypochondriac insanity; and there are few alienists who will not admit that the transmission of hereditary tendencies from parent to child is among the most frequent and active agents in the production of hysterical insanity, epileptic insanity, insanity from intoxication, and even what the author calls the idiopathic forms consequent upon apoplexy, and other cognate brain diseases. In fact, there would seem to be no form of mental disease, the most active agent in the production of which is not frequently known to be the evil legacy of a bad parentage. This first group, therefore, of M. Morel's new classification has the two fatal vices of a scientific class—that it is made to include objects that do not belong to it, and that it is characterised by a peculiarity which is no peculiarity, but a common attribute of all other forms of mental disease. M. Morel's second group of insanity, produced by toxic influences, is founded upon an etiological basis certainly less general in its operation than that of the preceding one; and moreover, we may admit that in some instances the phenomena of mental disease thus produced bear a specific character, so as to enable them to be distinguished as the real effects of the cause assigned. When a typical case of delirium tremens, or of the *alcoholismus chronicus* of Magnus Huss, is presented to us, we have no great difficulty in recognising it as the effect of the toxic agent. But the experience of every alienist physician will bear us out in the assertion that drunkenness produces insanity in other forms, which are not recognisable as its offspring by the phenomena which they present to us, and which can only be known to be its offspring by the information which we derive from others in what is called the history of the case. One of the most frequent forms of insanity produced by alcoholic intemperance is common melancholia; the common acute mania, from the same cause, is by no means unfrequent; and, so far as we know, these cases are exactly like cases of melancholia and mania produced by the hundred and one other causes productive of mental disease: so that here again a common cause has been made use of as a special characteristic. In

this group, under the singular heading of insanity produced by the toxic influence of "the geological constitution of the soil," the author places that form of idiotism called cretinism, although he admits its greater relation to the hereditary group. Surely no case halting half way between mania and dementia could be a greater opprobrium to the old system than a case of cretinism, classified as being produced by the toxic influences of the geological constitution of the soil, yet admitted rather to belong to the active agency of hereditary transmission.

With regard to the third group, it may be objected that it includes too much and too little; it includes hysterical insanity, the existence of which as a distinct form is by no means certain, and it excludes insanity connected with chorea, whose existence as a distinct form is far better ascertained. The chronic chorea of adults probably terminates in insanity, in a proportion of cases quite as great as that in which the epilepsy of adults so terminates, namely, a very large proportion indeed, although this termination has been very strangely ignored by systematic writers both on epilepsy and chorea. But hysteria, according to our experience, does not very frequently engender mental disease without the intercurrent assistance of some of those powerful moral agents, grief or shame, love, rage, or jealousy, whose mighty influence in the etiology of disease M. Morel, who founds everything upon the etiology of disease, so unaccountably ignores. Who does not know hundreds of hysterical women for the stability of whose reason there needs not be the slightest doubt or fear, so long as a really efficient cause of insanity comes not into operation? If M. Morel had attempted to express the true relations between insanity and the other diseases of the nervous system, he would have drawn a distinction between those *nevroses* which, of themselves, tend to engender insanity, as epilepsy, chronic chorea, &c., and those diseases which, only indicating a susceptible or morbid condition of the nervous system, do little more than offer a warning that where they exist any efficient causes of mental disease will find a seed-bed duly prepared; and this is all that can be said of hysteria, and, in spite of M. Morel's opinion to the contrary, we think it is all that can truly be said of the greater number of cases of hypochondria.

The fourth and fifth groups, comprising cases of insanity dependent upon organic lesions of the brain, and cases of insanity which are the result of disease of other parts of the body than the brain, are no doubt, in a nosological point of view, real classes, the diagnosis of which is of an importance which cannot be overrated. In these classes alone the etiological professions of M. Morel appear not to have been lost sight of, for they are founded upon real, not upon accidental, differences of causation. We have, however, some objections to make to the manner in which M. Morel arranges the divisions even

of these groups; and first we must observe that, in the present state of our knowledge, it seems premature to assign the causation of general paralysis to idiopathic organic change of the brain, and thus to place this form of mental disease side by side with the dementia occasioned by the degradation of brain-tissue following apoplexy or inflammation. We know, indeed, that anatomical degradation of the brain-tissue is observable in the latter stages of paralysis; but from all that is known of its anatomical appearances in the early stage, and from all that is known of the exciting causes of the disease in the influences of a dissolute mode of life, it is as likely that this well-defined kind of insanity will eventually be found under the etiological class of toxic results, as under that where it has been placed by the author. The poison of alcohol, or that of syphilis, acting on a peculiar condition of the brain, may hereafter be found important factors in the causation of this remarkable disease. At any rate, M. Morel's present arrangement of it in his system appears premature.

With regard to the fifth group, sympathetic insanity, or insanity excited by disease of other organs than the brain, M. Morel ought, we think, to have drawn the important distinction between the cases in which the communication of morbid activities is made through the medium of the nervous system, the only true cases of sympathy, and those in which the disease of the remote organ operates through its influence upon the blood. Take as an example cases of puerperal insanity. In a certain number of these, no doubt, the disease of the brain is stimulated into activity by an irritable condition of the organs of reproduction, communicated through the nervous system. These cases, which rapidly recover under the judicious use of narcotic and nervine remedies, are true cases of insanity by sympathy; they are indeed cases of hysterical mania occurring in puerperal women, and it would be difficult for the author to show upon what grounds they should be separated from the first class of his third group, which comprises hysterical insanity. But the more frequent cause of puerperal mania is certainly not sympathetic, since it is occasioned by a morbid condition of the blood, replete with the dissolving elements of the uterine tissues, and acting as a blood-poison upon the brain.

In a third form also of these puerperal cases, the cause appears to operate through the medium of the blood in consequence of its impoverishment by hæmorrhagic discharges, or by lactation; so that under these, which seem the least unexceptionable of M. Morel's groups, we find cases of disease classed together according to their supposed causation, whose real causation in a pathological point of view is widely different.

In the principle on which the sixth group or that in which dementia is massed, we have already shown that M. Morel acknowledges the failure of his system, since in it he classes together, according to the well-known characters they present, all cases of dementia, whether

of the primary or curable sort, or of the secondary or incurable kind. The dementia which closes the career of mania, the dementia which is the certain goal of general paralysis, the dementia which follows apoplexy, the dementia of gradual decay and of mere old age, all are comprised in this comprehensive group of *remanets*, recognised not by their causation, but by their phenomena. It is to be regretted that when M. Morel was thus violating his system, he did not extend the borders of this notable group in order that it might comprehend all that he had left unprovided for; for if this had been done, however deficient M. Morel's system might be found in a scientific and practical point of view, it would at least have presented a certain kind of social or constitutional arrangement, the designated classes being the oligarchy of the nosological array, and the sixth group of *remanets*, formed of all the demented, of all whose cause of insanity has been of a moral nature, of a vast number of cases in fact which will find no place in M. Morel's *cadre*; this group would form what we significantly call the masses, the democracy of the insane.

Finally, we entirely concur in the judicious opinion expressed by M. Brière de Boismont, the learned and illustrious president of the Société Medico-Psychologique, that the present state of our knowledge does not permit of a full and satisfactory classification of insanity. The science of insanity is yet young, and what we have yet to do is the work of infancy—the accumulation of observations. It is but the other day that one of M. Morel's most illustrious colleagues discovered that, in certain cases which had always been considered merely examples of dementia, there existed, in fact, one horrible and overwhelming delusion, which had the effect of stupifying the mind, of throwing it, as it were, into a rigid position of terror, like one who stands aghast at some fearful object of sense. These cases—*melancholie avec stupeur*, as they have been called—were by no means cases of dementia, but were the hybrids of melancholia and monomania. How many other discoveries of this kind have not to be made before we shall be in possession of the facts, the things we have to classify! Let us, then, work at the collection of the things to be classified, let us be honest positivists in collecting the symptomatology of mental disease, and eschewing all fanciful and misleading theories; let us arrange the facts as we collect them, either as Mill recommends, according to definite kinds, or as Whewell advocates, around what may appear to be typical forms. This is a mode of classification which cannot mislead, for it is natural and self-correcting. The type forms, which will serve best in our present state of knowledge, will change more or less as our knowledge advances, but they will change naturally, and, as it were, by a process of growth, even as honest thought and opinion is ever growing and developing under the rain and sunshine of new knowledge.

The Civil Position of Certified Lunatics.

The great parliamentary event of the year when, on the Budget vote, the question was decided which of the two rival political parties should govern the country, has been marked by a lunacy incident, the strangeness of which was only exceeded by the strangeness of the manner in which it has been discussed both in Parliament and by the press. The unadorned fact is simply this, that Mr. A. Stuart, the member for Cambridge, was received as a patient into Dr. Forbes Winslow's private lunatic asylum on the 6th of April last, under certificates of insanity signed by two physicians, which certificates stated that he was dangerous to himself and others. On the 3d of May, Mr. Stuart being still an inmate of Dr. Winslow's lunatic asylum, came to the House of Commons and gave his vote against the Government in the great effort by which the strength of parties was tested on the tea and paper question, and after so voting, he returned forthwith to the asylum of which he was a certified lunatic inmate.

On the 13th of May, Mr. Roebuck called the attention of the House of Commons to these circumstances as a matter involving a question of privilege, and moved for the appointment of a select committee to inquire. This motion was followed by an extraordinary discussion, the upshot of which would appear to be that a member of the House of Commons has a perfect right to vote, although he may at the time be an inmate of a lunatic asylum. There was much vituperation of Mr. Roebuck, on account of the pain which the step he had taken would inflict upon Mr. Stuart; but, without in any way attempting to exonerate that gentleman from the responsibilities which he voluntarily incurred in the matter, we must beg leave to say that the responsibility of the pain inflicted upon Mr. Stuart by the publicity given to his mental infirmity must be divided between his physicians and himself, seeing that, without the act, the discussion upon it could not have taken place, and that even if the discussion in the House had been avoided, the fact itself would have been notorious; as Mr. Bass remarked, "It is not only in this House that this matter has been mentioned; for the last six days it has been the topic of conversation everywhere."

There can be no doubt that a great question of principle was involved, and that it was entirely diverted into one of personal feeling and interest. The question whether it is consistent with the dignity of the House of Commons, or with the public interests, that "a certified lunatic patient" (as Mr. Stuart is called in the communication of the Commissioners of Lunacy to Col. Clifford) should be permitted to exercise his function as a member of the House of Commons while

under care and treatment in a lunatic asylum, this question of principle was entirely shelved by an attack on the motives of the man who propounded it, and by an appeal to the sympathy of the House on behalf of the wounded feelings of the member who had outraged its proprieties.

If Mr. Steuart was insane when he came from the lunatic asylum to vote in the House of Commons, we may indeed sympathise with him on account of the false position in which the indiscretion of his medical attendants permitted him to place himself; but if Mr. Steuart was of sound mind at the time, as he is represented to have been by his friend and colleague, Mr. Macaulay, we must say that he deserves to bear the pain of the discussion which he has drawn upon himself; for if, being in the possession of his reason, he were capable of voting as a member of the House of Commons, he must certainly also have been capable of knowing that, under the circumstances in which he was placed, he ought not to have voted, and that if he did vote his vote would certainly be the subject of comment and dispute.

The Premier, with his usual clear insight, put this question of injured feelings on its proper ground, when he said, "There are higher considerations involved, and I think we cannot let the decision of the House turn upon the question of more or less pain which may be occasioned to individuals by the discussion and the inquiry. It is a very serious thing that a person labouring under mental infirmity, being at the moment under care and treatment for that infirmity, should present himself at this House to vote upon a great question of public interest; and I must say that it is very desirable that steps should be taken to prevent the recurrence of such an act, both for the character of our proceedings and for the public interest, viewed in many different lights."

We have neither the means nor the desire to discuss Mr. Steuart's state of mind when he came from the asylum to vote in the House. From some of the statements in the debate it would appear that he was of perfectly sound mind, and had never been otherwise. Mr. Macaulay, his colleague and advocate, says, "That he had not a vestige, trace, or streak of anything that in ordinary parlance is called insanity or derangement of mind." On the other hand, there was the fact stated by Colonel Clifford, that the medical certificates of insanity upon which Mr. Steuart was admitted into Dr. Winslow's asylum described him as a lunatic dangerous to himself and others. There is also the fact of Dr. Winslow's admission of Mr. Steuart into his asylum, after having gone into his case and hearing the disclosure of what Mr. Macaulay calls his sensations—"nothing but sensations;" there must also have been, subsequently to his admission, Dr. Winslow's statement of the state of his mind in the official notice of the admission given to the Commissioners; and there is the fact most important of all, that up to the time of the vote being given,

and subsequently, Dr. Winslow detained Mr. Steuart in his asylum under care and treatment. If, as Mr. Macaulay averred, his friend had not a vestige, trace, or streak of insanity or derangement of mind, what explanation can he give of the fact that he was taken back to the asylum as a patient after he had voted in the House? What explanation, also, can he give of the request which Mr. Macaulay mentions as having been made to himself by Mrs. Steuart, to take charge of Mr. Steuart's letters when he went to the asylum? Mr. Steuart is said to have submitted to asylum detention voluntarily; but the only bearing which this not unusual circumstance had upon the question was, that it added one more proof to the existence of insanity, namely, that of the patient's own consciousness of his mental state. In the kind of discussion which was needful to convert an important question of principle into a conflict of sympathies and antipathies, it would be unreasonable to look for full and exact statements of fact; but this at least is certain, that when Mr. Steuart came from a lunatic asylum to the House of Commons, to vote in the character of a "certified lunatic patient," he either was a lunatic or he was not a lunatic. And it would seem that, if he were a lunatic, the physician in whose asylum he was under care ought not to have permitted him to have left the asylum for the purpose of voting in the House; and if he was not a lunatic, the asylum physician ought not to have detained him in his asylum up to the time that he gave his vote, or to have received him back again into his asylum after he had given it.

Apart from the question of insanity, we maintain that even if Mr. Steuart had been suffering from some form of mental depression which was not insanity, or that if his state of mind had greatly improved during his residence in the asylum, as was suggested by Mr. Malings, yet so long as he was under Dr. Winslow's power as a certified lunatic inmate of his asylum, he was incompetent to give an independent vote in the House of Commons, for the simple reason that it was in Dr. Winslow's power to turn the key upon him, if he chose to do so; and as he did not think fit to do so, the vote of Mr. Steuart was practically the vote of Dr. Winslow. In a letter which Mr. Steuart has addressed to the 'Times,' he mentions that during his residence as an inmate in Dr. Winslow's asylum he voted in the election for Marylebone. Now supposing the candidate for whom he voted had been returned by a majority of one vote only, and the election had been disputed on the ground of the invalidity of Mr. Steuart's vote, on what principles would it be argued that the inmates of lunatic asylums should or should not exercise their suffrages as electors?

It would seem that such a question ought to be decided, not on the ground of whether the supposed lunatic was, or was not, capable of understanding on which side he voted, or, as Lord Lennox said of Mr. Steuart, that he knew "that he was voting for tea as against

paper," but on the ground of whether he was, or was not, under the power and control of another person. We have ourselves been appealed to before now to permit lunatics under our charge to vote at elections—an appeal which we considered made rather in jest than in earnest, since it is obvious that votes given under such circumstances would be virtually those of the asylum physician, who permitted the votes to be given. Mr. Jefferson, in his Book about Doctors, relates how Dr. Barrowby refused "the notorious Joe Weatherby" permission to leave his bed when he thought that he was going to vote for Lord Trentham; but when he discovered that he was going to vote for Sir George Vandeput, he took him to the hustings in his own carriage, and the poor man died two hours after recording his vote. Such an exercise of medical authority could rarely be possible to the general physician; but if the inmates of asylums are to exercise all their civil rights and functions at the discretion of asylum physicians in whose custody they are, the political opinions of these physicians will become of some importance.

Sir G. C. Lewis, in commenting upon Mr. Steuart's case, said the law was not in fault; and the Commissioners in Lunacy, in their communication to the Speaker through Colonel Clifford, said they were unable to give the assurance that steps should be taken to prevent the recurrence of any such incident as that of a vote in the House by a certified lunatic patient. If this be so, we are inclined to think that the law is in fault, in so far as it permits persons in the power and under the control of others to exercise rights and privileges which are not permitted by the law to minors, and others, who are not able to exercise independent action.

This question is even a wider and more important one in its legal and social bearings than may at first appear. If a certified lunatic inmate of an asylum may enjoy the full exercise of his political privileges, may he not also, at the discretion of his physician, exercise his social rights? May he not make a will, or contract a marriage? The broad principle of the English law is that the acts of the insane are *voidable*, but not *void*; and a sound and just principle it undoubtedly is, so far as it relates to the acts of persons who are supposed to be insane, but who have not been placed legally in the power and under the control of others. But we much doubt whether this principle would be a just one if it were applied to persons who, on account of insanity, have been legally placed under the power and in the custody of others. And although we are aware that wills have been made by the inmates of lunatic asylums, and their validity maintained, we cannot but think that, apart from the question of the state of mind, the state of dependence of such a person upon the will of another ought imperatively to forbid the exercise of important civil rights.

The Inquisition on the Earl of Kingston,

Which was heard during several days in the early part of the month of April, in the hall of Clement's Inn, before Samuel Warren, Esq., Q. C., one of the Masters in Lunacy, was somewhat remarkable from the circumstance that though the sanity of the imputed lunatic was defended by counsel, the latter had failed to demand a jury within seven days of the receipt of the notice of the petition; so that under the forty-second section of the Act it fell to the Master to determine whether a jury was expedient, and whether he should issue an edict to the sheriff to summons one. At first, therefore, the inquiry was directed to this point alone, and the unanswerable evidence of insanity which was produced, fully justified the Master in refusing the jury, and in thus constituting himself the judge and jury of the case. The inquiry was proceeded with, and the Master had an interview with the alleged lunatic, the result of which, and of the evidence, was that M. D. C. Seymour, his counsel, expressed himself taken completely by surprise, and placed in a very difficult position; in fact, he must have felt himself fighting against the obvious interests of his client—that client not being in the possession of his reason, and, therefore, not being capable of rightly directing the efforts of his counsel; thus illustrating some remarks of our own, in a letter to Mr. Walpole, published in our last October number, on the equivocal position in which lawyers sometimes find themselves, when opposing proceedings which every one, except the lunatic, believes to be entirely beneficial. "The professional rule to act according to instructions, must be abrogated when instructions from an unsound mind are obviously at variance with the client's welfare." Mr. Seymour, in this difficult position, provided himself with another pair of shoulders to enable him to incur the responsibility of throwing up his brief; he called in the aid of Dr. Seymour, a physician experienced in the study of insanity, as a kind of intercessor, upon whose independent opinion he should be able to act. Dr. Scymour having expressed his opinion that Lord Kingston was of unsound mind, his counsel withdrew from the contest. In giving his judgment upon the case, Mr. Warren accepted the issue as one of unsoundness of mind in its widest meaning, only limiting the issue by the degree of the unsoundness, and the question of the necessity of protection from evil consequences. He said—

"Whatever speculative and theoretical difficulties may lie in the way of defining, in terms, what constitutes '*unsoundness of mind*' (and great, and, in my opinion, needless difficulty does exist), the question resolves itself, for all the purposes with which I am concerned, on such occasions as these, into one of a pre-eminently practical character:—Are the mental faculties *so far* deranged as to render the person to whom that condition is imputed, incapable of managing

himself and his affairs? Can he any longer be entrusted with free action without danger to himself, and probably also to the public? Whether *this degree* of mental derangement exists is a matter of evidence, before judicial action can be taken—judicial action, that is, for the purposes of protection merely,—protection of the unfortunate individual against himself and others who may be disposed to take advantage of the grievous condition to which he has been reduced; and protection to third parties—to the public against his dangerous acts, which he cannot resist committing, and for which he is not held legally responsible. That is the whole question. Does satisfactory evidence bring the case up to this line? If so, from that moment the law benignly steps in, to protect both the lunatic and the public. Now, in this case, I am of opinion, as also must every one be who has been in court during the proceedings, or seen the accurate report of them, from day to day, in the public papers, that this line has been not only reached, but far surpassed, by such clear and cogent evidence as has proved irresistible, even to those who opposed the proceedings on behalf of the unfortunate nobleman whose case is now before me.”

In the House of Lords, Lord Wicklow mentioned by name the inquisition on Lord Kingston, without any of that spasmodic sympathy which was affected in the lower House when the name of an insane member was brought forward. He expressed his regret that the protection of the law had not been thrown over the unfortunate nobleman at an earlier period, for he had, he said, been insane twenty years, and had, during this time of unprotected insanity, dissipated a great fortune, and become, practically, a pauper. That he had at last received protection, appears to have been almost the accidental result of his having been apprehended by a railway policeman, as he walked into a tunnel just when a train was due. The result of this apprehension was detention at the Denbigh County Asylum, and legal action taken by his brother.

The symptoms of insanity, which were those of chronic mania merging into dementia, and complicated by simple paralysis, possess no special interest.

NOTES ON BOOKS.

The Legal Relations of Insanity. By DAVID SKAE, M.D., Physician to the Royal Edinburgh Asylum, &c., &c. Edinburgh, Murray and Gibbs. Pamphlet.

THIS is a lecture which was delivered before the Royal College of Surgeons, and although on a subject which has become somewhat trite, it has been handled by the eminent physician of the Morning-side Asylum with such power of philosophical analysis, and of ori-

ginal illustration, that it becomes equally new and instructive. With great skill and judgment, Dr. Skae defines and insists upon the only really standing point for the alienist physician in lunacy trials, namely, the determination of the question as to the existence or the absence of mental *disease*.

“I profess myself—speaking for the profession at large—to be able to distinguish *diseases* when I see them. I contend that we know our profession better than to confound eccentricity, or peculiar tenets, crotchets, or beliefs, with the delusions of the insane. I should be sorry to think that I could not distinguish drunkenness, or thieving, or any other vice, from a disease of the brain, of which these propensities formed only part of the symptoms. I would as soon maintain that a hot skin was scarlatina, or a shivering fit an ague, or a cough an inflammation of the lungs, as I would assert that any one of the symptoms referred to constituted insanity. I hold myself able and bound in every instance to make out the whole features, history, and progress of each case sufficiently to establish my opinion on the sure basis of a scientific diagnosis. I must make out disease, or the case is altogether beyond my province.

“Just as, in the illustrations referred to, scarlatina, ague, and pneumonia, it is not a single symptom that proves the existence of any one of these diseases. A hot skin is common to all fevers, a shivering fit precedes many affections besides ague, and a cough is a symptom of fifty diseases besides pneumonia. But in each of these cases a certain concatenation of symptoms enables me with certainty to make out the disease. So in any case of insanity; in very few cases would a single symptom, whether a delusion or an overt act of vice, folly, or extravagance, afford anything more than a mere presumption of madness.”

The author then proceeds by a clever analysis and comparison of cases of mere eccentricity of opinion and of real insanity, having a superficial resemblance to each other, to show how in the former the natural history of disease affecting the brain, and through it the mind, is wanting in some of the essential particulars; while in the latter the entire description and detail of every individual symptom of the disease are made out just as in a case of scarlet fever, typhus, or pneumonia.

This all-important point is equally insisted upon in the author's definition of insanity.

“To reduce my definition to a brief compass, I would say that *insanity is an (apyretic) affection of the brain in which emotions, passions, or desires are excited by DISEASE (not by motives), or in which CONCEPTIONS are mistaken for acts of PERCEPTION or MEMORY.*”

An influential meeting of the medical profession has recently been held in Edinburgh, for the purpose of advocating certain changes in the legal forms necessary for the detention of insane patients in an

asylum. We have not seen that anything more to the purpose has been said at the meeting than in this pamphlet of Dr. Skae's. Those who read our review of the Scotch Commissioners' Report, will see the view we take of the question,—whether or not the certifying medical men ought to state facts observed by themselves; but it certainly does appear a strange and mischievous anomaly in the law of Scotland, that the consideration of the validity of these certificates should not be submitted to a central and scientific authority, as in England. They have to be submitted, before a patient can be received in an asylum, to the sheriff of the county, and as the sheriffs in the different counties appear to have very different standards by which to measure the validity of the medical certificates, it can excite no surprise that the feeling of the profession on this matter is one of uncertainty and dissatisfaction. Dr. Skae gives some ludicrous examples of the medical facts indicating insanity upon which the sheriffs have grounded their warrants. Thus, one certificate stated, “shakes his head in a curious way;” another, “he is incoherent in his appearance;” another, “wants a Bible, and is anxious about her soul's salvation.” Dr. Skae, we think very justly, objects to the need of a sheriff's warrant in any case, since it so closely assimilates the forms needful for the treatment of the insane as sick, to those which give authority for the incarceration of criminals; and he strongly advocates the adoption of the provisions of the English law in which no sheriff's warrant is required, and in which the Commissioners of Lunacy introduce an uniform judgment upon the validity of medical certificates. It must, however, be remembered, that the Commissioners are not, as Dr. Skae appears to suppose them, in any way the legal judges of medical certificates; for it is only a short time since heavy damages were given against the proprietor of an English asylum, in a court of law, for detaining a gentleman under cure and treatment under a certificate which was formal but not valid; he being, at the time he was received, unquestionably insane. The examination which the copies of admission papers undergo at the office of the Commissioners of Lunacy, is indeed of essential service as far as the formality of those papers is concerned, and we fully concur in Dr. Skae's recommendation, that the English forms should be extended to Scotland. The question of validity, however, is one which can only be determined by the examination of witnesses, in disputed cases, and is therefore properly a question for courts of law.

Dr. Skae's lecture to the College of Surgeons is an excellent example of the way in which a specialist may instruct his professional brethren.

An Inquiry into a Frequent Cause of Insanity in Young Men.

By ROBERT P. RITCHIE, M.D. Edin., L.R.C.S.E., lately Resident Medical Officer at Bethnal House Asylum, London. London: Henry Renshaw, 356, Strand.

DR. RITCHIE has here reprinted some excellent papers from 'The Lancet.' The description of the physical symptoms produced by masturbation, is accurate, and the plan of treatment recommended is judicious. A series, also, of carefully prepared statistics is given on the 119 cases supposed to have been admitted into the Bethnal House Asylum, whose insanity, Dr. Ritchie says, was due to this propensity, being a per-centage on the whole male admissions examined of 8·84, or one in 11·13 patients. We must, notwithstanding these figures, take issue with Dr. Ritchie on the main question mooted in his pamphlet, namely, whether this vice is so frequent a cause of insanity as he supposes. And, first, we must beg leave to observe that he has failed to give any evidence that the 119 cases admitted since 1845 into the Bethnal House Asylum, and after admission, recognised as due to this propensity, were, in truth, due to it. He states that in only six cases was the true cause understood previous to admission. How, then, may we ask, was the true cause of the 113 other cases recognised afterwards? There have been several medical men in charge of Bethnal House since 1845, and Dr. Ritchie's own observation has not extended over a large part of the time. May we not ask whether Dr. Ritchie has not mistaken the *accidens* for the *proprium*, the mere existence of the propensity for its existence as a cause?

As far as we are able to speak from observation, we should say that masturbation, of itself, is a very unfrequent cause of mental disease. As a mixed cause acting in conjunction with many others, it no doubt occasionally exerts some influence in the production of insanity, but by itself, and in an otherwise healthy person, we greatly doubt its causative power; and we state this conviction on two grounds, first, that in the large number of cases of insanity, in which we have been able to trace, in a satisfactory manner, the whole history of the origin of the disease, we have never met with a single instance in which this disgusting habit has been satisfactorily proved the sole and efficient cause of the mental disease. Most frequently it has appeared as one of the symptoms or effects, either of the disease, or of the chastity which is enforced upon the inmates of an asylum. Occasionally it has appeared as one of the *adjuvantia*, the supplemental causes; but in the whole of our case-books we do not think we should be able to find a single instance in which a healthy and unpre-disposed person has undoubtedly become insane, in consequence of this vice. In

the second place, our conviction, so opposed to Dr. Ritchie's, is founded upon the frequent observation of the extremity of bodily debility to which the victims of this vice can be reduced, without the superinduction of actual insanity. The morbid effects of masturbation are, in fact, to be observed not so much in asylums as in the out-patients' rooms of hospitals and in dispensaries.

OBITUARY NOTICE.

DR. A. J. SUTHERLAND, aged 79, died on the 24th day of May, at his residence, Silver Hill, Torquay. Dr. Sutherland occupied for a long period the foremost place among the alienist physicians of his day. He was educated at Westminster School, and was a staunch old Westminster. Many of his old school-fellows now living will remember with pleasure the social gatherings at his house, at the annual dinners which he gave on the second night of the Westminster play. He went to Edinburgh in 1800, and took his M.D. degree in 1805; was admitted a Licentiate of the London College of Physicians in 1808, and made a Fellow of the same in 1836. Upon the resignation of Dr. Simmons, he became a candidate, with Sir George Tuthill, for the office of Physician to St. Luke's Hospital, and was elected after a severe contest. He resigned St. Luke's in 1841. He was examined as a witness in all the great cases, from that of Lord Portsmouth to that of Dyce Sombré; and his opinion had great weight with the jury owing to the straightforward manner in which he gave his evidence, and owing to the strict integrity of his character. Dr. Sutherland was not merely an alienist physician of vast experience; he had the quick intuitive knowledge of disease, which is possessed only by those who are born, as it were, to the profession. The writer of these lines has often had reason to wonder at the rapidity and soundness of his judgment; and it is remarkable that the tonic treatment of insanity, which has only of late years gained ground in the profession at large, found in him one of its earliest advocates, and in St. Luke's its earliest domicile. In his evidence before the Parliamentary Committee on Mad-houses, in 1815, he said that his patients at St. Luke's invariably had tonic medicines, and he repudiated the system of bleeding, purging, and vomiting, which, at that time, constituted the established treatment of the insane. Dr. Sutherland's amiable disposition, courteous manners, and liberality of mind endeared him to all who knew him.

J. C. B.

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

THE ANNUAL MEETING

WILL TAKE PLACE

AT REYNOLD'S HOTEL, SACKVILLE STREET, DUBLIN,

ON

THURSDAY, THE 15TH OF AUGUST, 1861.

Under the Presidency of

JOSEPH LALOR, M.D.,

RESIDENT PHYSICIAN, RICHMOND DISTRICT LUNATIC ASYLUM, DUBLIN.

THE NATIONAL ASSOCIATION for the PROMOTION OF SOCIAL SCIENCE having fixed their ANNUAL MEETING this year at DUBLIN, from the 14th to the 21st of AUGUST, the President and Committee of the Association of Medical Officers of Asylums and Hospitals for the Insane have determined to hold the Annual Meeting of the Association during this period.

The MEETING will therefore be held on THURSDAY, the 15th of AUGUST, at REYNOLD'S HOTEL, at One o'clock. The retiring President, Dr. BUCKNILL, will resign the Chair to the President Elect, Dr. LALOR, who will deliver an Address to the Association.

The General Business will afterwards be taken.

The Secretary has received intimation that the following Gentlemen will be proposed as Honorary Members: viz.,

Dr. NAIRNE, Commissioner in Lunacy.

Dr. COXE, Commissioner in Lunacy (Scotland).

Dr. HATCHELL, Inspector of Asylums (Ireland).

Prof. LAYCOCK, University of Edinburgh.

The DINNER will take place at Seven precisely, at REYNOLD'S HOTEL. Members proposing to Dine are particularly requested to send or leave their names at the Bar of the Hotel.

Members of the Profession desirous of Admission into the Association, are requested to communicate with the Honorary Secretary before the day of Meeting.

Notice of Communications, and of Subjects for Discussion at the Annual Meeting, may be made to Dr. STEWART, Belfast, Honorary Secretary for Ireland.

Members of the Committee are requested to meet at REYNOLD'S HOTEL, at Twelve noon, on the day of Meeting.

The President and Committee invite the attendance of the Profession in Dublin.

The Rules of the Association, as adopted at the Annual Meeting, 1855, can be had on application to the Honorary Secretary.

C. LOCKHART ROBERTSON, M.B., CANTAB.,
Honorary Secretary.

HAYWARD'S HEATH, SUSSEX, June, 1861.

Note.—In accordance with the unanimously expressed opinion of the Members, the President and Committee recommend that the Annual Meeting for 1862 (being the Great Exhibition year) be held in London in July.

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

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THE JOURNAL OF MENTAL SCIENCE.

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OCTOBER, 1861.

VOL. VII.

OFFICIAL REPORT.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS, &c.

THE stated annual meeting of the association was held at Reynolds's Hotel, Sackville Street, Dublin, on Thursday, the 15th of August, 1861. The members present were as follows :

Dr. Lalor, Richmond Asylum, Dublin, President ; Dr. Bucknill, Devon, ex-President ; Dr. Power, Cork ; Dr. R. Stewart, Belfast ; Dr. M'Cullough, Abergavenny ; Dr. Gilchrist, Dumfries ; Dr. Burton, Maryborough ; Dr. Delany, Kilkenny ; R. H. Sankey, Esq., Oxford ; Dr. Corbet, Duddrum ; Dr. Flynn, Clonmel ; Dr. Boisragon, Birmingham ; Dr. MacMunn, Sligo ; Dr. Wing, Northampton ; Dr. Thurnam, Wilts ; Dr. Duffey, Dublin ; Dr. Duke, Donnybrook ; Dr. John Eustace, jun., Glasnevin ; Mr. McKinstry, Armagh ; W. S. Stanley, Esq., Rathfarnham ; Dr. H. H. Stewart, Lucan.

Dr. Bucknill, the retiring President, having taken the chair, and Dr. R. Stewart, Belfast, having been requested to act as secretary to the meeting, in the absence of Dr. Robertson, the general secretary, Dr. Bucknill said :

DR. BUCKNILL'S *Valedictory Address.*

GENTLEMEN,—Before I vacate the honorable position in which you have placed me, I must request your indulgence while I call your attention to some of the occurrences of the past year which interest us most deeply. And, first, I have to remark on the lunacy legislation, or rather the non-legislation of the year. At our last annual meeting we were led to expect that before the circle of months had rolled round, new and important laws, deeply affecting our own interests and those of our patients, would be sanctioned by the legislature. An influential parliamentary committee, containing

no fewer than three ex-secretaries of the Home Department, had been occupied for two years in an exhaustive investigation of all matters relating to the insane, and it was considered that the labours of this committee concluded, and its blue-book in the hands of our law-makers, the promise of the latter to introduce a comprehensive scheme of Lunacy Law reform would be redeemed. It will scarcely, however, be needful to inform you that no attempt has actually been made to redeem this promise. I shall not venture to divine to what we may attribute this result; whether to the fact that the urgency of reform did not appear so needful as the general public had at one time supposed—whether upon investigation, the present law, both in its spirit and its administration, was not found to be passably good—or whether the difficulties of amendment, and of procuring for the insane new benefits without counter-vailing evil, did not seem too great, I shall not attempt to decide. This at least, however, must be apparent to those who have carefully watched the progress of the inquiry, and the schemes of reform which have successively arisen and been forgotten, that the outcry, which three years ago was made by the newspaper press against almost everybody and everything connected with the insane, was, as might have been expected, as evanescent as it was senseless. The accusations of wrongful imprisonments in asylums preferred by a small number of half-and-half lunatics, respecting whom reasonable men will differ as to whether the greater mistake was to admit them into asylums or to set them free—these accusations are now tolerably well estimated at what they are worth. And I think it a very noteworthy result of the late inquiry, that whereas it was heralded by various schemes to put a drag upon the admission of alleged lunatics into asylums, the current of public opinion appears now to have completely changed, and the tendency of future legislation may be expected rather to remove than to increase any obstacles to the early and curative treatment of the insane. It has been proved by the parliamentary inquiry that the danger to the liberty of the subject, involved in the supposed possibility of entrapping sane people into lunatic asylums, is, at least in present times, a mere delusion, an idol of the market entwined around the understanding of the public from the asylum associations of the past; while, on the other hand, the danger of preventing proper care and treatment being extended to the insane during the early period while their malady is curable is a real and urgent danger, fraught with ever-present evil. This opinion has, indeed, become developed so far that I have heard men of great experience and authority in these matters declare their earnest wish that, in public asylums at least, all the impediments and formalities of law should be swept away from the path of the patient's admission, and that the lunatic should be regarded, as to his admission into the asylum, exactly in the same light as another

person suffering from bodily disease is regarded in his admission into a general hospital. I only mention this in order to show the tendency of opinion among instructed and thoughtful men, and do not wish you to think that I concur in it; for I cannot as yet bring my mind to recognise the similarity of the cases of the man who goes to a general hospital with his free consent, and the man who is taken to an asylum without his consent. I believe, however, that the above opinion expresses the tendency of opinion at the present time, and that in any future legislation we may at least expect that the legal formalities in providing early care and treatment for the insane, if they are not diminished, will at least not be augmented. But if the path is left smooth for the admission of patients into asylums, I think we may expect that in the new law, when it comes, some additional provisions will be made for the examination into the state of mind of patients at different periods of their detention. Although early care and treatment in an asylum is undoubtedly one of the greatest boons which can be conferred upon a lunatic, it does not follow that continued detention is equally desirable; and indeed, after the early and curable stage has passed by without the desired restoration to mental health having taken place, it may well be, and indeed ought to be, an ever-present question to what degree, and for what time, it is desirable to interfere with the personal liberty. Speaking only of public asylums, and especially of public asylums for the poorer classes, I think we shall feel some difficulty in putting from our shoulders the imputation made by the Commissioners in Lunacy for Scotland, in their last report, that we are apt to detain uncured patients in our asylums as a matter of routine, and simply because they are not cured. The routine, no doubt, arises from our not knowing where to place uncured patients under circumstances, I will not say favorable, but such as would not be absolutely adverse and injurious to them. Still I think it is incumbent upon us to seek for and, if possible, to provide some condition of circumstances into which we may transmit the harmless and easily manageable mental cripples of our hospitable treatment; and, as it appears to me, the necessity for this in England is very likely to be forced upon us by an act of legislature, which has attracted less of our attention than it deserves,—I mean that part of the new settlement law which will make a pauper lunatic in an asylum chargeable upon the common fund of the union, instead of upon the rates of his own parish. It requires small prophetic powers to foretell that this change will increase the pressure for admission into the already over-crowded asylums, to an extent which will render it more than ever needful for us to solve, if possible, the question of finding suitable provision for patients selected by ourselves as fit for residence out of an asylum.

And this leads me to refer to a question which has recently been

much and worthily agitated, namely, the suitability of cottage treatment for the insane. We have heard of late a great deal about the colony of Gheel, but yet, as I think, we have not heard enough. We have heard the statements of its advocates and its adversaries, but I should not know where to turn for an impartial description, founded upon a complete and recent examination, and which, neither extenuating nor exaggerating the actualities and the possibilities of the system, would enable us to form a sound, unbiassed judgment upon the extent to which this system may be made available for our own purposes.

I have recently had the pleasure of forming the acquaintance of a gentleman who, devoting his life to the investigation of the condition of the insane, has visited the asylums, not of one country only, but of all the countries of the continent, with the exception of Spain, and who, after a residence of three months at Gheel, has become the uncompromising advocate of its system, in opposition to what he considers the needless and irrational seclusion of the insane in our strong houses of detention. Now, although I do not consider M. Mundy by any means an unprejudiced judge, and although I resist his conclusions, so hostile to the asylum system which we practise, I should be very unwilling to neglect any instruction which we may derive from this most diligent investigator, in so far at least that I earnestly desire to pick out and use the kernel of good, if there be any, from the system of which at least he is the zealous and undoubtedly the disinterested apostle.

I would, therefore, beg to suggest to the Association that we should appoint a committee to visit Gheel, and thoroughly to investigate its present condition; and it will not be enough for our purpose merely to follow in the steps of most of the visitors of Gheel, and be satisfied with seeing what we may consider the show patients—those quiet and harmless “daft” folk, who wander at large through the streets of the town; for we do not need to be told that harmless lunatics may wander through town and country, since fifty years ago they did this through the length and breadth of our own land. We must see all the patients; those who, for one reason or another, are still adorned with chains; those who are of dirty habits, and those who are sunken in melancholy; and we must attempt to discover, not so much what utmost amount of liberty it is possible to give to the insane, as what amount of care and treatment it is possible for them to receive in the cottages of peasants placed for this purpose under medical inspection. Should you think fit to adopt my suggestion, and appoint a committee to visit and report upon the condition of Gheel, I am sure M. Mundy would feel happy to accept an invitation to accompany the committee, and that he would afford us valuable services in so doing. My esteemed friend, Dr. Browne, one of the Scotch Commissioners in Lunacy, would

also, I know, gladly afford us the pleasure and the profit which we should derive from his being associated with us; and I may also say that the Hon. Francis Scott, who has done good service to the insane in England by his strenuous and successful efforts to prevent the perpetration of another manmoth asylum blunder in the County of Surrey, would also gladly consent to be of our party. Both Dr. Browne and Mr. Scott are deeply interested in the Gheel question, on account of the very practical and important consideration of the hints it may be possible to derive from it in the construction and arrangement of new asylums; and for my own part, I think it very possible that although we may come back from Gheel more than ever convinced that an asylum is a useful instrument in the care and treatment of the insane, yet that it may give us confidence in the modern heresy in routine asylum architecture, which I know not how better to designate than the separate block system. Although we may, perhaps, not be persuaded that it is good to scatter lunatics over the face of the country, it is very possible that we may be convinced that it is better to scatter them over a large asylum area.

When the coming consolidated Lunacy Bill really comes, there is one question very personal to many of us, on which I beg to suggest the exertion of your utmost personal influence. It is that the bill may contain provisions for the retiring pensions of superintendents of asylums, granted in such a manner as may not be derogatory to our professional position, and of such amount as may not be inadequate to our public claims. This is an old subject, though a near one, and I have no intent to attempt to please by its three-fold repetition; but I must remind you of circumstances which have arisen during the year, which mark pointedly the importance for us that our retiring pensions, at whatever rate they may be fixed, may be made a rightful claim, and not left an act of grace. I have to remind you that the magistrates of the County of Cornwall have, during the past year, granted a retiring pension to a gentleman who has been the superintendent of their asylum; and that after the grant had been made, the boards of guardians throughout the county took it upon themselves to petition and expostulate against that which they designated a reckless and extravagant expenditure of the public funds. The cry of the guardians was taken up and re-echoed by the editors of newspapers. The personal appearance and manners of the gentleman to whom the pension was granted were commented upon most offensively. Politicians took up the cry, and members of parliament who were magistrates were threatened with pains and penalties upon the next hustings. So that it may emphatically be said, that the insults and annoyances to which the asylum officer was subjected were such as would make most of us dread to ask for a pension after any amount of services, if it would subject us

to the like. They were also such as will undoubtedly influence magistrates in other counties to our prejudice; for it is not in human nature that a body of gentlemen should willingly draw down upon themselves such a storm of anger and spite as that with which the guardians of Cornwall favoured the magistrates who voted the act of parliament pension to the late superintendent of the Cornwall asylum. It needs no words of mine to show the peculiar claims of the superintendents of asylums to retiring pensions after long service. The physician in ordinary practice can work on comfortably at a time of life when the superintendent of an asylum is well used up. He, moreover, has the opportunity of accumulating property from the savings of his professional income, which it is impossible to compass from the modest salary of an asylum appointment. Moreover, the income of the general physician increases as his reputation extends, so that golden showers of well-deserved fees fall upon his gray hairs. But the asylum physician, in the full maturity of his experience, can enjoy scarcely more than the modest income which he perhaps has just seen granted to the youngest of his assistants, who may recently have received an appointment similar to his own. These asylum appointments, indeed, are good things enough to young men just entering the profession, affording as they do a few hundreds a year, sufficient to begin life upon; but they are poor things to end life upon; and if the young practitioner may sometimes have reason to envy the young superintendent, let him wait and work for a few years, and in all probability he will see the tables turned. There is nothing to compensate the medical man who has grown old in asylum work except the retiring pension, and this after a certain length of service we ought to be enabled by the legislature to claim as a right, and not merely to hope for on the humiliating condition that our services and their reward will be submitted to the indirect control of boards of guardians, whose general treatment of our profession I need not comment upon.

There is another subject upon which I regret to feel that there is a necessity for speaking; one which at the present time very properly engages the attention of the central authorities, and which deserves to receive our own most earnest consideration. I allude to the injuries received by patients in asylums, injuries which in some recent instances have proved fatal, and have been the subject of prosecutions of attendants by whom they were supposed to have been inflicted. It would be very unreasonable to expect that the 30,000 known cases of insanity in this country could be managed on any system or in any manner which would entirely, and on all occasions, exempt them from injury. It is not in the nature of things that such a result of care and skill should be attainable. But this consideration does not remove from our shoulders the unquestionable and onerous responsibility of adopting every possible means to prevent the occurrence of acci-

dents and injuries to the helpless beings who are placed under our charge. Not only do the common feelings of humanity instigate the medical officers of asylums to prevent these occurrences by every means in their power, but motives of self-interest must also urge them to exert themselves in this matter; for however blameless the conduct of the medical officer may be, there can be no doubt that the indiscriminating judgment of the public will always attribute a share of culpability to those who are placed in immediate authority over those who have the immediate and personal charge of the patients. Apart from the feeling of this readiness to attribute blame to superintendents for all that may go wrong in asylums, there can be no possible motive on the part of superintendents either to conceal or to extenuate any harsh or cruel conduct on the part of the attendants. Feelings of humanity and of self-interest, would, on the other hand, urge them to be the foremost to prosecute the evil-doers, and I trust that every one of us will always be found most ready to do so. But prevention is better than retribution; and I shall not, I think, unprofitably occupy a few minutes of your time in directing your attention to what I consider the preventible causes of injuries inflicted by attendants upon patients. The first and most potent of these I certainly consider to be the insufficient number of attendants with which we consent to work our asylums on the non-restraint system. If you will take the trouble to refer to the works of the early advocates of this system, and especially to those of our illustrious colleague, Dr. Conolly, to whose exertions we really owe its existence as an established system, you will everywhere find it laid down as an essential part of the system that there should be an abundant supply of attendants—a supply so abundant that the very show of their overwhelming force would, in most cases, be sufficient to overcome the resistance of refractory patients, or at least to overcome with facility, by force of numbers, the resistance of patients whose violence was not to be restrained by mental impressions. If a refractory patient was to be secluded, it was laid down that he must be surrounded by a number of attendants sufficient to prevent a personal conflict. Any one who has seen a stalwart navigator in the hands of half a dozen policemen must know how helpless one man is in his resistance against numbers. But I will ask with what fidelity is this system of non-restraint carried out in the present day? Has it not practically been surrendered under the gripe of the demand for economical management? At the call of economists, we practically manage our asylums with the smallest number of attendants possible—a number just sufficient for the ordinary and fair-weather work of the asylum, but quite inadequate to meet the emergencies that are certain to occur; so that, where in these emergencies there ought to be four or five attendants, there are only one or two, who are sometimes less than a

match in personal strength for the fierce, reckless, and irresponsible madman with whom they have to contend. I say that the management of asylums at a cheap rate, which is more and more pressed upon us by local authorities, is in this, among other matters almost equally important, inconsistent with the principles of the non-restraint system, and that these violences and injuries to patients are the indications of our failure to mingle the oil and water of economy and efficiency.

As well might we expect freedom from accidents on a railway where law expenses and lavish engineering have reduced the directors to the necessity of employing half the needful number of pointsmen and signalmen, as to expect freedom from accidents in an asylum where there is a poor attempt to compensate for architectural extravagance by a parsimonious provision of personal attendance upon the inmates.

And let us not deceive ourselves as to what an attendant upon the insane really is. He is certainly not an artizan, or gardener, or labourer, who eats and sleeps in the wards, and takes a gang of patients great or small with him to help in his daily labour. I have recently had this fact brought prominently under my own notice in the following manner. The Commissioners in Lunacy, in a visit to my asylum this summer, asked the following question in each ward, "How many attendants are there *here*?" and in writing their report, their statement of the proportion of attendants to patients was by no means satisfactory, and one which took me by surprise, seeing that I had always counted as attendants men who were occupied in workshops and out of doors. But on reflection I saw that the Commissioners were perfectly right, and that no one ought to be considered as an attendant whose time was not mainly, if not wholly, devoted to attendance upon the patients.

Another cause of injuries to patients, on which I cannot be silent, is, as I believe, the intemperance of attendants. I do not believe that injuries are often inflicted by intentional blows or direct violence; they are, as I believe, far more frequently the result of struggles resulting in heavy falls, the patient losing his balance, and being tripped and falling on his back, with the attendants upon him, in such a manner as to break many of the ribs without external bruises—a peculiar form of injury, of which we have recently had painful record. Whenever ribs are broken by blows or kicks, we know that there must be external bruises to correspond; but such bruises have been absent in the cases to which I refer, and I think you will agree with me that such injuries are far more likely to have occurred in consequence of one heavy man falling upon another, and perhaps also, as I have heard it said, by brutal attempts to keep the fallen man down by kneeling upon his chest. This is the kind of struggle in which intoxicated men engage. The direct blow

of a drunken man is comparatively innocuous; but his brute weight is even more hurtful than when he is sober, and has the sense to break the force of a fall. Now, I wish only to speak of my own experience on the question of drunkenness in attendants; and what I have to say is this, that it is my conviction, derived from that experience, that a man who at any time drinks more than is consistent with perfect sobriety is utterly unfit to have the personal charge of the insane. Different classes of society have their different vices, and without doubt the peculiar vice of the class from which we draw our attendants is that of drunkenness; so that it becomes no easy matter to maintain a staff of attendants who are habitually sober. Sober men are at a premium, and even in the peasant class can find no great difficulty in "bettering themselves," as it is said; still, as I say, sober men must be had in an asylum, must be had at any cost or any trouble, and I am proud to believe in my own asylum at the present time that there is not one attendant or servant who is not habitually sober. I confess to having had experience to the contrary; but I now make it a rule to dismiss an attendant for the very first act of intemperance in drink that comes to my knowledge, whether the culprit be on duty or not; and the increased feeling of security to the patients, and comfort to myself, is greater than I can well find words to express. I do not forget, however, in making these remarks, that I reside in an agricultural district, and that it is not difficult to find recruits for my staff of attendants from the hardy-nurtured sons of toil. But in the large metropolitan asylums this facility does not exist. There in the immediate neighbourhood of the great mart of labour, it is no doubt very difficult to obtain the services of untried men; and the tried men whose services are available are too often those who have been tried and found wanting elsewhere. And this disadvantage, under which the metropolitan asylums labour, leads me to comment upon another of their disadvantages, which it seems probable may have contributed its share to the fact that most of these painful instances of violence to patients have occurred in them. I allude to the relative position of the superintendents of those asylums, and those of provincial asylums, in reference to the power and authority intrusted to them. In provincial asylums the medical superintendent is almost invariably the supreme and unquestioned head of the establishment; but in the metropolitan asylums, either the impracticable magnitude of the establishments, or the jealous policy of the committees, refuses to the medical superintendents the position of the unquestioned master and head of the household. He finds rivals to his authority in the matron or in the steward, or in the meddling interference of members of his committee, to such a degree that it is impossible to maintain that kindly but strict discipline which would, more than anything else, conduce to the good conduct of the attendants and the well-being and safety of the patients; so that

we may say that, without any fault of his own, the superintendent of a metropolitan asylum has worse material for recruiting his attendants, and weaker authority by which to bring them into discipline. We are all too intimately and personally acquainted with the difficulties of asylum management to withhold our very hearty sympathy from those of our brethren whose cares and responsibilities are thus increased.

Gentlemen, I have now done ; and after thanking you for the kind support I have received while occupying this chair, my only remaining duty is to vacate it in favour of my friend, Dr. Lalor, who, as an accomplished physician, a kind-hearted gentleman, a genial Irishman, and the superintendent of the largest lunatic asylum of this country, will, I am sure, do honour to your choice as the president of the ensuing year. The association has right gladly accepted the invitation to hold its meeting in this fair metropolis, and I venture to anticipate as a consequence of this meeting, and under the presidency of Dr. Lalor, that we shall be able, during the ensuing year, with your kind help, to make no inconsiderable advance in our specialty, both as a science and as an art—in the science of mental disease, and in the art of the management of asylums and the treatment of the insane.

Dr. Lalor then took the chair, and read his address, as follows :

THE PRESIDENT'S *Address.*

The connexion between medical and mental science presents itself as a most natural topic for observation in addressing a society of physicians cultivating mental science as their specialty. Any unwillingness on my part to enter on so comprehensive and difficult a subject, arising from my own inadequacy to deal with it, gives way to the reflection that my audience are so fully competent to supply from the stores of their own knowledge and experience my short-comings.

In addressing the society on this subject, there is little more for me to do than to suggest, as it were, a skeleton theme, full of interest to all, and, at the same time, so familiar that each one can endow it with the flesh and blood of his own conception, clothed in the language of his own ideas.

The mind of man is so noble a domain, that it is not surprising to find that its guardianship and its care, even in its so-called diseased state, should be a subject of contention ; and that even in our day, though with diminished energy, it is sought to wrest the charge of the insane from medicine, to which this trust naturally and rightfully belongs.

The claims of medicine to deal with disordered intellect should not be disputed by any one who admits the well-known though mysterious connexion between mind and matter ; and it is to be hoped that the science of hygiene may yet acquire an undisputed

right to lay down those rules by which the mind may be preserved in a state of health. The old and universally admitted adage, "*Mens sana in corpore sano*," should form the motto, as it lays down the right of hygiene to this rich but little cultivated, territory. It is impossible that the observing physician, with any tolerable amount of practice, whether amongst the rich or poor, can fail to be struck, almost daily, with the intimate and inseparable connexion between the bodily and mental functions. The reciprocal dependence of the one on the other, commencing with the breath of life, and ending with the agony of death, is described in the language of strict medical science, no less than in that of poetry, by terms sometimes expressive of the mental, sometimes of the bodily conditions which unite to form the wonderful phenomena of those termini of human existence.

Is the mind depressed by any moral or mental cause, and does not the body sympathise? Is the soul glad, and does not the heart leap for joy? Can the mind remain undisturbed and unruffled in the midst of bodily sufferings, though the strong spirit may curb the outward manifestations of its inward state?—"C'est le ventre qui gouverne le monde," said the first Napoleon; and the same idea is shadowed forth in wise saws innumerable in every language, and its truth recognised amongst every people, "from sultry India to the pole."

Herein lieth the physician's opportunity, which he is not wise if he reject. To study the relations of mind and matter, who so fitted by education, by opportunity, and by habits of thought? To the resident physician of a lunatic asylum, this is the beginning and the end of his mission. The physician who ignores the study of the physiological relations of mind and matter, whether in the healthy or the diseased condition of either or both, but imperfectly understands the soil he has to cultivate, and the weeds he has to eradicate. The sick man's dreams, the ravings of the fevered brain, are they not pages alike in the book of mental and of medical knowledge? Are not the therapeutics of insanity analogically illustrated by the action of medicine in allaying bodily pain no less than mental anguish? or is not the one the appropriate gloss on the other? That physician omits a large and perhaps the nobler portion of his art, who neglects to note the action and reaction of bodily disease on the mind, and the action and reaction of the mind on bodily disease. Is the brain primarily inflamed, or its integrity impaired by physical disease or accident; and are not the resultant mental phenomena as noteworthy and as sure indices of the relation which this organ bears to mental manifestations, as when cerebral disorganizations occur in the course of what appears to be a primary or essential affection of the mind? The effects of human passions and affections of the mind in influencing the progress and results of disease are familiar to every physician. Hope is a salve as balmy to the wounded flesh as it is to the wounded spirit :

ulcers, that have been skinned over, break out anew under the influence of depressing passions; excessive grief and excessive joy have their electric shock; and the mind's lightning, when it killeth, leaves the same physical appearances in the dead body as does that which cometh out of the thunderbolt. The substitution of convulsive for mental affections, or the alternation of one with the other, are ordinary phenomena in epilepsy and other diseases. Physical decay, physical degeneration, or physical degradation, accompany or give rise to moral debasement; and so also does moral debasement often indicate physical deterioration.

In the famine fever of 1846-47, I have frequently been led, from their mental or moral state, to predict the death of one patient and the recovery of another, both of whom appeared, so far as physical symptoms, in about the same condition. Rarely did the patient whose moral degradation was marked in an extreme degree by blasphemous or obscene language recover; whilst many patients have rallied from what appeared the lowest physical prostration, whose ravings were of an innocent character. And again, this fever was almost invariably fatal to the idiots and epileptics in the workhouse to which I was one of the medical attendants; and on the subsidence of the epidemic, the idiot wards were found to be without their old occupants. So also, when Asiatic cholera attacks the insane, it is almost always fatal.

Shall the psychological physician pass by those footmarks which lead to the inner temple of the science of mind; and shall the physician, who is daily engaged in the treatment of so-called bodily diseases, not study those mortal clouds that foreshadow death, or those rays of sunshine that light up the soul with hope? Should not both rather co-operate, by close and patient investigation in their kindred walks, to unravel that mysterious chain which links together mind and matter, whether as cause or effect?

Is it a dream to hope that hygiène or preventive medicine may yet largely supersede the office of her elder-born and well-beloved sister, whose charitable mission is with the cure or alleviation of disease? Unquestionably, true science and true humanity have a more grateful employment in preventing than in curing sickness; and mental no less than bodily diseases present a large and inviting field for the cultivation of hygiène. But the psychologist requires aid from other branches of science as well as that of medicine, and an acquaintance with the principles of guiding or educating the human mind is a most valuable acquisition to the physician engaged in the treatment of insanity. The larger is the amount of those two branches of knowledge separately, and the more intimate is their combination in the same individual, the more complete is the educational capacity of the psychiatric physician for his vocation.

The sciences of medicine and psychology are no less interwoven

with one another, than they are connected with other branches of human knowledge, and more especially with those embraced under the general head of social science. On this account, it enhances not a little my pleasure in presiding at this meeting, that I am afforded the opportunity of congratulating my fellow-members that our reunion should occur now, for the first though I hope not for the last time, at the same period and place as the congress of the Social Science Association.

The connexion between social science and the science of medicine and psychology is broad and obvious. What branch of social science is there which does not throw light on some question or other coming within the range of the duties of the physician; and on the other hand, does not the science of medicine, and its specialty of psychology, throw light on the many branches of social science? Strange would it be, if the physician did not take his place side by side with the statesman, the jurist, the social economist—with those who concern themselves in matters affecting the public health, the punishment or the reformation of the criminal, with trade or international law. In all these departments, the opinion of the physician is required, sometimes more, sometimes less; and the value of that opinion, and the estimation in which the profession is held, and its usefulness, will plainly be not a little enhanced by the possession of sufficient knowledge of the general principles of those sciences, and their practical application, to enable the person giving an opinion to appreciate the connexion between medicine and that branch of social science on which his knowledge is brought to bear. The healthiness or unhealthiness of trades, and the means of increasing the one, or lessening the other, the health of towns and cities, the visitations of epidemic bodily diseases, are a few amongst the many instances in which state medicine and science come in contact. The psychiatric physician, too, has the necessity, and happily also the occasion, for the acquisition of some of those sister branches of knowledge.

In the administration of justice and the laws relating to property, how often are the services of the general physician or his brother engaged in the specialty of psychology required? In the architectural arrangement of schools as they regard ventilation, and in the various school arrangements as they may effect general health, or the wear and tear of that nerve-fibre which, as the organ of the mind, is necessary to be preserved in the most healthy condition for the success of education, medical knowledge is also necessary. In the department of public health, the physician is recognised as the normal consultee. In social economy, the physician is peculiarly fitted to advise, from his intimate knowledge of the habits and domestic economy of his fellow-men, as well as of the vital laws, which cannot be overlooked with safety in devising the means of humane improvement. In questions of trade and international law, the subject of

quarantine is an instance of the connexion between medicine and this branch of social science.

When we consider how largely the study of bodily disease has led, and is leading, to a proper understanding of the best means of preserving and increasing health, may we not hope that the study of the diseased mind, and the means, whether moral, mental or physical, most conducive to its cure, may contribute somewhat towards a fuller knowledge of the best means of preserving or increasing the human intellect and its various endowments. For it can scarcely be supposed that different laws regulate the healthy from those which regulate the unhealthy mind, any more than that the processes of disease are under a different set of vital laws from those which regulate the healthy functions of the body. Is the impulsive lunatic to be won or warned to the exercise of self-control by language or by treatment that would be unsuited to the wayward child? Are the unsocial habits, the fitful gusts of passion, the sullen broodings of revenge, so totally different in their nature and cause in the insane from similar states of mind in the sane, as to call for different modes of management? To me I confess it has often appeared, both from theoretical and practical considerations, that the more we treat our fellow-man in the insane state as the rules of good sense, of religion, of morality, and of science would lead us to treat our sane fellow-creatures, the more nearly shall we approach to a correct rule.

Certainly those rules which regulate the relations of sane people with one another should not be much, if at all, reversed in the intercourse of the sane with the insane. In many points, they have common feelings, common ideas, common perceptions of right and wrong, and of the relations of things to one another. The imitative propensities of the insane, the tendency to the propagation of the emotions natural to man, and not less so to the insane than to the sane, may be taken advantage of in both, for good as well as for evil.

At the present moment the attention of educational bodies, as well as of individuals who take an interest in this question is a good deal directed to the subject of the improvement of the general or preliminary education of those intended for the medical profession, and the more general extension of the knowledge of psychology amongst the profession is also an object of no little importance.

It is to be hoped that some means will soon be devised to secure that every person entering the medical profession has had the means of acquiring this knowledge, and made successful use of them, and that this may be effected without any undue encroachment on the other essential parts of medical education; a difficulty which heretofore appears to have been the main obstacle to the accomplishment of this desirable end. But let the physician be ever so well educated and qualified for the treatment of mental diseases, his success will still be

largely influenced by the qualifications of the attendants who are his chief instruments; and unless they be a class not only mentally but morally educated, the best directed efforts of the physician will but too frequently fail, when under more favorable circumstances a different result might have been obtained. To secure the services of such a class of attendants, there is no doubt that remunerative pay must be given; but high pay alone will not of itself suffice, and the higher the pay, the more necessary is it to guard by rigid preliminary examination into the educational and other qualifications of candidates, against the introduction of incompetent mercenaries, tempted by their cupidity to force or insinuate themselves into a false position, for which they are totally unfit.

The elevation of the social status of attendants on the insane is another means conducive to the establishment of a better class of attendants than generally prevails at present. With this view the immunity from servile or menial duties on the higher class of attendants who are to carry out the moral treatment directed by the physicians is absolutely necessary, and for this reason it is often unwise to raise those employed in menial or servile offices about the insane to the higher class of duties, as the qualities for those different offices are frequently antagonistic of each other. The belief which is sometimes entertained, that constant communication with the insane has a tendency to impair the intellect, is calculated to prevent the most desirable persons from engaging in this service. Happily, the progress of psychological knowledge, and the statistics of lunatic asylums, are calculated to disprove this conclusion; and our efforts also should be directed to correct the older and more revolting, though I believe not more philosophical, notion that the insane are demoniacally possessed, as nothing can be more calculated to make the insane objects of horror, in place of commiseration, and to deter suitable persons from engaging in employments connected with them.

I am glad to think that in a well-regulated asylum communication with the insane has not the tendency to impair the intellect, and I am not aware of any statistics that support such a conclusion. On the contrary, as far as my own experience reaches, I have been led to think that the occurrence of insanity is as rare among the attendants of the insane as amongst any other class; and every resident physician of lunatic asylums is, I dare say, aware of cases of persons who, having been insane, have, on their recovery, become attendants in asylums, and have had no relapse, or no defect of intellect. I can easily conceive how it may occur that the minds of those placed over the insane may become injuriously affected by constant attempts on their parts to convince their patients of their errors by force of argument, and this course is often injurious to the insane themselves. Far better for both parties, in general, is the avoidance of such arguments, or indeed of any reference to the insane delusions of patients. These are

most effectually undermined by the withdrawal of the mind from their contemplation, and by the cultivation of opposite and healthy trains of thought by industrial and literary teaching, particularly in class and in public lectures, and by games and amusements.

Educated persons capable of teaching in the manner above indicated are now much more abundant, and their services to be had at a lower rate than formerly, and perhaps nowhere more easily than in Ireland, owing to our wise and benevolent laws for the extension of education. The services of such persons could, I am satisfied, be procured for the same salary which is often paid to less educated persons, sometimes even to nurses who cannot read and write. In fact, the want of suitable and remunerative employments, particularly for educated females in this country, compels many such to emigrate; and of those who remain, many are far worse off than household servants or factory girls. To open up a new source of employment for such persons would effect a double good; and this could be done by their selection as a higher class of nurses and attendants in public hospitals, those for the insane included. But whilst the occupations and status of such officers are those of menials, it will only lead to disappointment to expect that educated persons will enter the service, or, if they do, that they will perform satisfactorily duties for which their previous habits and training have unfitted them.

I think the time has come when a strenuous and well-directed effort will be made by all well-wishers to our social advancement, as well as by all friends to the insane poor, to have their care and maintenance provided for by the State, out of the State funds. The total failure of all the efforts heretofore made to provide sufficient accommodation for this class out of local funds should render it clear that such accommodation is not likely to be ever so provided. Other theoretical and practical considerations lead to the same conclusion, whilst the practice of the state in most other enlightened countries, in providing accommodation for the insane out of the state funds, should be an example and a guide for us. A very large proportion of the insane inmates of public asylums in this country are detained in those institutions, not for their own advantage, but for the protection of society; and the same principle which throws the burden of the support of convicts on the state applies equally in both cases. The causes which produce insanity, are oftener of a general than of a local nature, and can be diminished or increased by general social advancement or deterioration, rather than by any local regulations or circumstances. Hence society at large, rather than small communities, should be made answerable for the support, and have the control and management, of the insane.

The stimulus and the means of investigating those causes, and of applying the proper remedies, would thus be supplied by the state, which alone is competent to deal with such a subject.

The position of the medical superintendents of asylums and hospitals for the insane must always be a subject of paramount interest to an association established, as ours has been, for the improvement of the management of asylums and hospitals for the insane, and the acquisition and diffusion of more extended knowledge of insanity and its treatment. It is plain that the promotion of those high and benevolent objects is more fully within the scope and power of those who, from constant residence, have the fullest opportunities of acquiring a practical knowledge of the subject than of any others, if their means of doing good, and the stimulus to exertion, be not removed or impaired by the mischievous division of their power or responsibility with non-resident officers. Unfortunately, the progress of lunatic asylums in Ireland has been retarded by the continuance of regulations fallen into desuetude in every other place which holds a high position in the ranks of psychological medicine. It cannot, then, but be a source of the greatest gratification to this association to contemplate the prospect of the speedy recognition of the true principles which should regulate the position of the resident physicians of asylums. Those principles, as calmly and lucidly set forth by the great Conolly, at our meeting of last year, and cordially and unanimously approved of by this association, are substantially the same with those put forward in the report of the Parliamentary Commission of 1858, by the majority of the commissioners. Our new Chief Secretary has declared in his place in parliament, "that the recommendations of this commission have not been sufficiently attended to;" and his universal reputation for high honour is sufficient guarantee that he will not lose sight of those recommendations in the consideration of those new rules for the management of Irish lunatic asylums which we are told await his revision.

Irish medical superintendents may hope to be soon in a position to enter on equal terms into a generous rivalry with our English brethren for the promotion of the objects of this association. Generous and kindly indeed, on our part, should be that rivalry; and sweet and grateful must be our recollection of what we owe to our English brethren for their sympathy and their efforts to raise us to that high level which their own exertions and the influence of public feeling in England long since won for themselves. Nor will we Irishmen confine ourselves, as I trust, to the mere expression of our grateful appreciation of the warm interest evinced by our English brethren to elevate our status to the requirements of what was due, not merely to us, but to the institutions over which we preside. We stand pledged by the ties of gratitude to work for the promotion of their welfare as well as of our own, satisfied that both are inseparably united with one another and with the interests of the unfortunate beings over whom it is no less our duty, than I believe it is our pride, to watch.

The President having concluded his address amidst general applause—

Dr. Thurnam rose, and, after a few complimentary remarks in approval of its valuable contents, moved that the best and most cordial thanks of the meeting be given to the President for the excellent and admirable address with which he had now favoured the association.

Dr. Boisragon seconded the motion, which was carried by acclamation, and duly acknowledged by the President.

APOLOGIES FROM ABSENT MEMBERS.

Letters of apology, expressive of much regret at being unable to attend the meeting, were now read from the following gentlemen, viz.:—*Dr. Conolly*, Hanwell; *Dr. Mackintosh*, Glasgow; *Dr. L. Robertson* (general Secretary), Sussex; *Dr. W. A. F. Browne*, Commissioner in lunacy for Scotland; *Dr. West*, Omagh; *Dr. Rogan*, Derry; *Dr. Lawlor*, Killarney; *Dr. Bull*, Cork; *Dr. Skae*, Edinburgh; *Dr. Hobart*, Cork; *William Ley*, Esq., Oxford.

DR. CONOLLY'S LETTER.

Dr. Conolly's letter, above referred to, was to the following effect :

“HANWELL, LONDON, W.; *August 13th*, 1861.

“DEAR DR. STEWART,—You will do me a great favour if you will kindly convey to *Dr. Lalor*, and yourself accept, the expression of my sincere regret to find myself unable to meet him and you, and several whom I should have felt it an honour to meet, on the 15th instant.

“The gratification of attending a meeting of medical officers of asylums for the insane in Dublin would have been very great. The proceedings will, I doubt not, be both interesting and useful; and I sincerely hope you will have some representatives from England, younger and more active than I am.

“For two or three years past, we have in this country been kept uneasy by successive menacings of legislative interference; the truth being, that, regarded as physicians engaged in the *treatment* of mental disorders, we are already impeded and degraded by acts of parliament drawn up, for the most part by lawyers, without respect to medical opinions or the feelings of mankind. I feel extremely anxious that medical men practising in insanity should steadily keep this in view, and diligently watch any legislative efforts that may be renewed.

“I will not trouble you with more remarks, but conclude by assuring you of my hope that the meeting will prove in every respect agree-

able; and, at the same time, of the sincere regard with which I remain, dear Dr. Stewart,

“Always faithfully yours,
(Signed) “J. CONOLLY.”

R. STEWART, Esq., M.D.,
&c., &c.

NEXT PLACE OF MEETING.

After some discussion, it was moved by Dr. R. Stewart, and seconded by Dr. Corbet, and unanimously agreed upon, that the meeting of the Association for 1862 be held in London.

Dr. Thurnam said that, as regarded the precise month of meeting, he considered more discretionary power should be placed in the hands of the committee. For instance, there was some difficulty experienced as to the meeting this year, which properly ought to have been last month, but owing to the meeting of the National Association of Social Science occurring at this period in Dublin, it was considered very desirable to postpone their own, so it might occur at the same time with it, and the former might thus become an additional attraction to members at a distance to attend; and accordingly this was done on the responsibility of the committee, who, however, had no authority for the change—one which they must all feel and admit was, under the circumstances, a most wise and proper one to have adopted on the present occasion. (Hear.) To meet any future contingencies that might arise in this respect, he (*Dr. Thurnam*) now begged to give notice of the following motion, to submit for the approval of the meeting to be held in 1862:

“That it be left to the discretion of the committee to summon the Annual Meeting either in July, August, or September, and not, as under the existing rules, to limit them to the month of July only.”

APPOINTMENT OF PRESIDENT FOR 1862.

Dr. Bucknill said that he felt quite sure a resolution he was about to move, for the appointment of *Dr. Kirkman* as the President-elect for the year 1862, would meet with the heartiest concurrence and support of all present. *Dr. Kirkman* was now the father of the medical superintendents, having held his responsible and arduous office in the County of Suffolk Asylum for the lengthened period of nearly thirty years, during which eventful time he had ever held the highest possible position as a most excellent and enlightened superintendent, keeping pace with the advance of the times in the humane and liberal treatment of his patients, and upholding the dignity of his brethren by the honorable and independent course which he had throughout pursued in the discharge of his professional and official duties.

Dr. R. Stewart seconded the resolution with the greatest pleasure.

He had had the privilege of Dr. Kirkman's personal acquaintance for a series of years past, and was enabled accordingly to endorse in every particular all that Dr. Bucknill had so well and effectively stated as to his peculiar fitness for being placed in the important position of President-elect of their body.

The resolution, having been put from the chair, was carried unanimously.

APPOINTMENT OF TREASURER.

Dr. Power and *Dr. McCullough* moved and seconded, respectively, the re-appointment of William Ley, Esq., Oxford, as the Treasurer of the association, which was unanimously agreed to.

Dr. Bucknill observed that none regretted more than he did Mr. Ley's unavoidable absence from amongst them that day: Mr. Ley had fully intended being present, having made his arrangements to come, but indisposition in the meantime occurring, he was unable to undertake so long a journey. Mr. Ley had now been their treasurer for several years, and a more efficient one, or one more truly anxious for the welfare of the society, they could not have.

ELECTION OF GENERAL SECRETARY.

Dr. Delany moved that Dr. C. Lockhart Robertson be re-elected the General Secretary of the association; and that the manner in which he had fulfilled the onerous duties of that office in every way was deserving of their best thanks.

Dr. McKinstry said it afforded him much pleasure to second Dr. L. Robertson's re-appointment, coupled with the vote of thanks for his past services which that gentleman so well merited.

Dr. Bucknill having spoken shortly to the resolution, and borne his testimony to Mr. Robertson's high deserts, the motion and vote of thanks was passed by acclamation.

ELECTION OF SECRETARIES FOR IRELAND AND SCOTLAND.

Dr. MacMunn having moved, and *Dr. Wing* seconded, that Dr. Robert Stewart be re-elected Secretary for Ireland, and that the warmest thanks of the association be given to him for his long and valuable services on its behalf, the motion was formally put from the chair and passed *nem. con.*

The President stated with reference to a Secretary for Scotland, which office had been filled last year by Dr. Mackintosh, but who, he regretted to say, was unable longer to continue to discharge its duties, it now devolved upon this meeting to appoint a new secretary there; after some conversation, Dr. Rorie, of the Dundee Asylum, was unanimously appointed, that gentleman having signified his willingness to act as Secretary for Scotland in succession to Dr. Mackintosh.

APPOINTMENT OF EDITOR OF THE JOURNAL.

Dr. Boisragon said that the very agreeable duty had devolved upon him of proposing a resolution to the effect that their highly esteemed ex-President, *Dr. Bucknill*, be requested to continue his valuable services as the editor of the Journal published by the authority of their association; the Journal had already attained the highest character, and done excellent service in promoting the all-important objects of the association.

Dr. Burton eloquently and ably seconded the resolution, observing that the Journal was second to none amongst the professional "quarterlies" of the present day for talent and usefulness; and that as regarded himself personally, he most gladly availed himself of the opportunity now afforded him, of sincerely thanking *Dr. Bucknill* for the generous and telling manner in which he had used his powerful pen on his behalf, on a recent occasion known to them all, and to which it was unnecessary for him further to allude at present.

The motion was unanimously adopted.

Dr. Bucknill begged to thank the meeting for the renewal of their confidence in him, by continuing in his hands the editorship of their Journal. Since they last met together, arrangements had been made for its publication by the eminent medical publisher, *Mr. Churchill*, which he was convinced would add to the value and influence of the periodical.

ELECTION OF AUDITORS.

Dr. R. Stewart moved that *Dr. Flynn*, and *J. P. Symes, Esq.*, be appointed auditors for the ensuing year, which, having been seconded by *Dr. Thurnam*, was put from the chair and carried.

ELECTION OF HONORARY MEMBERS.

The following gentlemen were elected honorary members:—*Dr. Nairne*, Commissioner in Lunacy, England; *Dr. Coxe, do.*, Scotland; *Dr. Hatchell, do.*, Ireland; *Professor Laycock*, Edinburgh; *M. Battel*, Paris.

ELECTION OF ORDINARY MEMBERS.

The following gentlemen were unanimously elected ordinary members of the association:—*Dr. Lawrence*, County Asylum, Cambridge; *E. Toller, Esq.*, St. Luke's Hospital; *Dr. W. H. Diamond*, Buxton; *F. Hammond, Esq.*, County Asylum, Hants; *Dr. C. H. Fox*, Bristol; *Dr. C. H. Newington*, Sussex; *Dr. W. C. MacIntosh*, Perth Asylum; *Dr. H. H. Stewart*, Government Asylum, Lucan, county Dublin; *W. S. Stanley, Esq.*, Rathfarnham, county Dublin; *Dr. Aitkin*, County Asylum, Inverness; *Dr. John Eustace, jun.*, Glasnevin, county Dublin; *Dr. Duffey*, Finglas, county Dublin; *Dr. Duke*, Dublin; *Dr. Nugent Duncan*, Finglas; *Dr. Lynch*, Drumcondra.

THE TREASURER'S REPORT.

Receipts and Expenditure for the Year ended 1st July, 1861.

<i>By Receipt.</i>	<i>£ s. d.</i>	<i>By Expenditure.</i>	<i>£ s. d.</i>
Balance of 1859-60	47 11 11	Annual Meeting, and Report of ditto	12 2 6
Donation of Honorary Member (Dr. W. A. F. Browne)	5 0 0	Three Numbers of Journal, Editorial Expenses, and Printing	110 13 3
Subscriptions paid to Treasurer	127 0 0	Circulars	3 14 4
" General Secretary	6 6 0	Postage Stamps and Sundries of Treasurer	1 0 0
" Secretary for Ireland	19 19 0	General Secretary	2 2 0
Total	<u>205 16 11</u>	Secretary for Ireland	0 8 6
By Expenditure	130 0 7	Total	<u>£130 0 7</u>
Balance of Account	<u>£75 16 4</u>		

EXAMINED AND FOUND CORRECT.

J. SHERLOCK, }
 JAMES FLYNN, }
 AUDITORS.

Dr. Flynn moved the adoption of the treasurer's report, which the auditors, after due examination, had found quite correct and satisfactory.

H. Sankey, Esq., seconded the motion, which was carried unanimously.

COMMITTEE OF MANAGEMENT.

On the motion of *Dr. Bucknill*, seconded by *Dr. Power*, the following members were appointed on the Committee of Management, agreeably to the provisions of Rule XII, for the year 1861-2, together with the office-bearers :

- Dr. BURTON, M. S., Maryborough District Asylum.
- Dr. DAVEY, Northwoods, Bristol.
- Dr. GILCHRIST, M. S., Dumfries Asylum.
- Dr. PAUL, Camberwell House, London.
- Dr. THURNAM, M. S., Wilts County Asylum.
- Dr. H. TUKE, Manor House, Chiswick.

COMMITTEE TO VISIT THE COLONY FOR THE INSANE AT GHEEL.

Dr. Bucknill, after some further observations on the, at present, much agitated question of providing cottage accommodation for the insane, moved the following resolution :

Resolved—That it is desirable that the Lunatic Colony of Gheel should be visited and reported upon to the next meeting of the association, and that an open committee of the members of the association be appointed for that purpose ; the following gentlemen being also invited to join :

- Dr. W. A. F. BROWNE, Commissioner of Lunacy for Scotland.
- The Hon. FRANCIS SCOTT, Sandhurst Grange, Ripley, Surrey.
- M. le BARON MUNDY.

Dr. McCullough seconded the above resolution, which was well received by the meeting, and being put, was unanimously adopted ; and, of those present, the following gave in their names to join the committee, if possible, in the intended inspection :

- | | | |
|----------------|--|-------------------|
| The PRESIDENT, | \| | Dr. BUCKNILL, and |
| Dr. THURNAM, | \| | Dr. R. STEWART. |

SUPERINTENDENCE OF THE DISTRICT ASYLUMS IN IRELAND.

Dr. Flynn proposed the following resolution :

Resolved—That the medical and moral treatment of the patients in public asylums for the insane, including the direction of their classification, industrial occupation, and amusements, can, in the opinion of this Association, only be efficiently carried out under the

superintendence of the resident medical officer, solely responsible to the authorities for the medical and moral treatment of the inmates. And that this Association do respectfully and earnestly recommend that any alteration of the Privy Council rules for the government of Irish asylums should be made in full recognition of this principle. And further, that the Association beg to express the hope that, in the revised rules of the executive, the duties of the existing visiting physicians shall be those of consulting and advising with the resident physician-superintendents, their salaries being continued as at present.

Dr. Flynn in supporting the resolution he had just read, observed that, so far as he himself was individually concerned, he had nothing to complain of, the gentleman who filled the office of visiting physician in his institution being a most satisfactory colleague in every respect (Hear, hear); but as, in point of fact, the existing rules of the Privy Council placed the resident physician in a most anomalous position, and as a new visiting physician in the asylum with which he was officially connected might prove to be a very different and perchance a very litigious person, it was a matter of vital importance, on every account, that such a state of things should no longer remain as it was, but be rectified by the proper authorities with the least possible delay. (Hear, hear.)

Dr. Henry H. Stewart strongly and with much effect seconded the resolution.

Dr. Boisragon stated that he was quite ignorant of the exact position of the resident physicians of the public asylums in Ireland, and greatly desired to be enlightened on that head.

Dr. Flynn thanked the last speaker for asking for information, as he so properly had done, as one of the objects they all had in view, was to ventilate as much as possible this long-vexed question in Ireland, in respect of the strange situation of the medical superintendents of her public institutions for the insane. The Irish asylums were, up to the present time, under a code of general rules established by the Lord Lieutenant and Privy Council of Ireland, in the year 1843. Those general rules placed the whole moral and medical treatment in the hands of a non-resident physician, who might absent himself for a fortnight on his own authority. The remarkable point to be observed was, that those government rules, still in operation, ignored the residence of a medical man in the district asylums; and yet he (*Dr. Flynn*), with others, was appointed as *resident physician*, and of course obliged to act in that capacity, though the rules gave him no status as such.

The President: The resident physician required the express leave of the board of governors for one night's absence, whereas the visiting physician might be an absentee for a fortnight, without any restriction.

Dr. Power: The rules referred to by the last speaker were enacted

when the district asylums were in what might be called a transition state. It had afortime been found convenient to convert houses of industry into lunatic asylums, which had for governors or managers parties who were not medical men, who conducted what was then termed the moral treatment of the inmates; the non-resident medical officer attending to their medical treatment solely, when such was needed. When he was appointed to his asylum, it was as resident physician.

Dr. Flynn: By what authority?

Dr. Power: The Lord Lieutenant's, when the entire superintendence of the asylum was placed in my hands, there being no visiting physician attached to it up to the present time.

The President: The existing rules apply to a totally different state of things and class of officers, as compared with that which prevailed when they were enacted, nearly twenty years ago.

Dr. Flynn: As the law at present stands, there is nothing to prevent the Lord Lieutenant from appointing, as the manager of an asylum, either his own footman or coachman.

Dr. John Eustace having made some observations respecting visiting physicians,

Dr. Bucknill said that it was quite incomprehensible to English superintendents, like himself, how the Irish asylums could be efficiently managed according to the letter of the existing rules which were made by government for their conduct. In Ireland, it appeared, there were no assistant medical officers, such as, in England and Scotland, were justly considered the right hands of the medical superintendents. A good assistant was like an adjutant to the colonel of a regiment. The superintendent had sometimes to issue disagreeable orders, but when the execution of them was seen to by his assistant, all unpleasantness was often saved. The rule with him, in his asylum, was to have a written report from his assistant every morning of the state of every ward, so that before going his own rounds he could readily see what the general condition of the house was. Then, again, the general management of the asylum rendered it impossible for the superintendent to be always in the wards; but his assistant was there, during a great part of the day, looking after the immediate care and treatment of the patients. In fact, a good moiety of the work of an asylum fell to the assistant, who was an invaluable and, as it seemed to him, an indispensable officer. The system of management in Irish asylums appeared to him most defective in not providing a second resident medical officer, without whom, in asylums of a certain size, he considered efficient superintendence over the care and treatment of the patients barely possible.

Dr. R. Stewart wished to remark, at the present stage of the very interesting and important discussion in which the meeting was engaged, that in respect of the visiting physicians, there was no

hostility whatever towards them, personally or professionally, on the part of the resident physicians, who still desired their assistance, but simply as consultants in cases out of the ordinary course, and that there was no desire on the part of the resident physicians to interfere with their "vested rights," and to cast them entirely aside, as certain parties had been sedulously stating to be the aim and object of the resident physicians.

Dr. Thurnam could, from his own long experience, state that, as regarded the responsible and arduous position of a medical superintendent, it was a matter of the greatest importance for him to have the aid of a confidential medical assistant. It had been said that it was desirable to have facility of consultation in asylums, but, in point of fact, the constant exchange of opinions between the superintendent and his assistant, in reference to the treatment of the cases, was equal to a consultation, and had the happiest results. He considered that *Dr. Stewart's* observations were well timed and very important, thus showing that there was no antagonism on the part of the resident physicians towards the visiting medical officers, but that, on the contrary, they were rather anxious to make them valuable allies, by having those gentlemen consultants, instead of continuing in their present admittedly false position.

Dr. McKinstry: When the district asylums in Ireland were first established, the government, as a rule, appointed non-medical men as moral managers. At that time, had a candidate for the office of "manager" been a medical man, he would have had no chance of being appointed; but for years past this had been altogether changed, a medical qualification having become indispensable.

Dr. Thurnam: Quite true; but the great anomaly is, that in this new and very proper state of things in Ireland, the old rules have remained to the present time unaltered.

Dr. Gilchrist: Like the last speaker and others who had preceded him, he was quite a disinterested party in the present important debate, and could accordingly express his mind freely, and without any prejudice or preconceived feeling either on the one side or the other. The institution to which he was attached as resident superintendent physician had a salaried consultant physician as one of its medical staff, whose duties simply were to visit when required by the superintendent; visits which, he might add, were not, perhaps, on the average, once in the month, if so often. The asylums at Perth and Dundee, which had been officered professionally something like the Irish district asylums at present, that is to say, with a visiting physician at a fixed salary, and a resident one, were now reorganized in this respect, advantage having been taken of vacancies occurring in the office of the visiting medical man, whose office had been entirely dispensed with in both, the whole treatment and superintendence being placed in the hands of one chief resident medical officer, with

regularly qualified assistants; a change which in both asylums had been productive of the greatest advantages in every respect. In fact, the former system was found to work so badly, that the services of the visiting physician had been dispensed with, by giving him a retiring superannuation allowance. In the Edinburgh and Glasgow Asylums—two very large ones, and holding the highest place for the excellence of their management—the supreme authority was placed in the hands of the superintendents of both of those institutions, aided by medical assistants. He might take that opportunity of referring to a point of some importance, which had occurred recently to himself, and in which every superintendent was interested. It was this: He had considered it desirable to send some of his patients to the Highlands, when the local authorities took exception to such an unusual mode of procedure, as they conceived, in the treatment of the insane, thinking that they should always be kept within the bounds of four walls so long as they required treatment; and accordingly had prevented him from carrying into effect a plan which he considered of much importance for their benefit, and a means of restoring them to society. The matter was ultimately referred to the Scotch Commissioners in Lunacy, who entirely differed from the local authorities, and who gave it as their opinion that the contemplated step was altogether a medical question, one entirely to be undertaken on the judgment and sole responsibility of the medical superintendent himself, and with which the local board had nothing whatever to do.

The President observed that the statements just made by Dr. Gilchrist were of the greatest value and importance. Dr. Gilchrist's institution was a celebrated one for its superior internal management, having been presided over, during sixteen or seventeen years, by Dr. W. A. F. Browne as its resident physician, and now one of the Scotch Commissioners in Lunacy. He wished then to mention the fact, that in but one or two instances had the visiting physicians in Ireland joined their association, and that of fourteen resident physicians but two were not members.

Dr. Bucknill: The visiting physicians appear, without the slightest reason for it, to have imagined that we were hostile to them.

Dr. R. Stewart: This, as he had already mentioned, was unfortunately the case, but there were no just grounds for it.

Dr. Duffey could not let the present opportunity pass without expressing his extreme surprise at the special report made by one member of the royal commission—that the experienced and highly qualified resident physicians of the district asylums of Ireland were incompetent to treat their patients medically. A more gratuitously insulting or extravagant statement than this could not have been made—one for which there was no foundation whatever, but in the mind of the royal commissioner himself, who had never lived in an asylum, and of course was incompetent to advise the government on this practical

matter of so much importance, the resident physicians being a body of men second to none for their knowledge and acquirements, as well professional as general.

After some further discussion, the motion was put from the chair and carried unanimously.

A committee, consisting of the President, Dr. Bucknill, Dr. Flynn, Dr. R. Stewart, Dr. Gilchrist, Dr. Delany, Dr. Power, Dr. Boisragon, and Dr. McMunn, was then appointed, invested with full power to carry out the objects of the above resolution in such manner as they might deem best, whether by deputation to the government or otherwise, and to report to the next meeting.

The standing committee of management was specially instructed to watch any legislative measure that might be proposed during the ensuing session of parliament, and to take such action thereon as they might deem requisite.

Dr. Power said that he felt they were under many obligations to Dr. Neligan, the editor of the 'Dublin Quarterly Journal of Medical Science,' for the great interest which his journal had taken in all matters relating to the insane, and the important services which it had rendered not only to them specially, but to the profession at large, by the yearly publication of a paper on "Insanity and Hospitals for the Insane." He would therefore move that the best thanks of this meeting are justly due, and are hereby cordially given, to Dr. Neligan, the distinguished editor of the 'Dublin Quarterly Journal of Medical Science,' for the valuable aid his journal had given for a series of years in the promotion of the best interests of the insane generally, and the institutions devoted to their treatment.

Dr. Thurnam had great pleasure in seconding the resolution now proposed. He had read several of the papers referred to by Dr. Power, with both interest and profit, and considered that a vote of thanks was eminently due to Dr. Neligan as the able and independent editor of that excellent periodical.

Dr. Flynn said that, in giving his fullest concurrence to the vote of thanks now proposed to Dr. Neligan, and before being put from the chair, he felt it but an act of justice to mention before so influential and respectable a meeting of professional men as the present, that the 'Medical Times and Gazette' had ever been the firm supporter and advocate of the rights and independence of the resident physicians, always affording the benefit of its weight in furtherance of that important principle, namely, of paramount authority being placed in the hands of but one responsible officer of an asylum, that officer being the resident superintendent physician. (Hear hear.)

The President, in putting this resolution, said he did so with heartfelt pleasure, and this the more especially as he knew that the very independent views propounded in the papers published in the 'Dublin Quarterly Journal,' on "Insanity," were not given without

offence to certain parties, who had endeavoured to turn the able and worthy editor from the independent course he had invariably pursued, but entirely without effect.

The motion was carried unanimously.

The regular proceedings having now terminated, and the President having been moved out of the chair, Dr. Bucknill was called thereto; when the best thanks of the meeting were given to the President, for his dignified and able conduct in the chair that day, and who having suitably replied, the meeting was declared dissolved.

THE DINNER.

The Association dined together, as usual on occasion of their annual meeting, the same evening, in Reynolds' Hotel. The dinner provided gave the greatest satisfaction. The chair was occupied by Dr. Lalor, and the vice-chair by Dr. Bucknill.

After the cloth was removed the President gave—"The Queen," which was received with all the honours. "The Prince Consort, and the rest of the Royal Family." "Prosperity to the Association of Medical Officers of Asylums and Hospitals for the Insane."

Mr. Sankey replied to the toast with much effect.

"Dr. Bucknill, ex-President, and editor of the Association's 'Journal of Mental Science,'" was next given.

Dr. Bucknill eloquently replied, and on concluding proposed "The Health of the President, Dr. Joseph Lalor," who heartily thanked the meeting for their cordial reception of his name, and promised nothing should be left undone on his part to continue to keep up the high character this Association has so justly obtained.

"Dr. Neligan, and the 'Dublin Quarterly Journal of Medical Science.'"

Dr. Neligan, in returning thanks for the complimentary manner in which his health has been proposed and received, went on to say that, as regarded the resident physicians of the public asylums, it had not been without due consideration he, in the 'Dublin Medical Journal,' advocated persistently that the entire authority, as to the superintendence and the general treatment and management of the patients, should be placed in the hands of the resident physicians; and in respect of this being calculated to interfere with the rights of the profession, or trench upon the small amount of patronage which they had at their disposal, he conceived it would be quite the reverse (hear, hear), inasmuch as resident medical assistants would necessarily have to be appointed in our Irish asylums, as in the English and Scotch institutions, thus increasing, in point of fact, the number of medical appointments, instead of diminishing them.

"Dr. Stewart, our Irish Secretary."

Dr. Bucknill, in the absence of his friend, *Dr. Stewart*, who had been obliged to leave early, returned thanks on that gentleman's behalf, observing that the Association owed him not a little for his continued efficient services as their Irish secretary since the formation of the Society, now some twenty years in existence (Hear).

"Our English and Scotch Associates," to which *Dr. Boisragon* replied in an excellent speech.

"The Medical Profession, and may we always cherish our connection with it."

Dr. McCullough, Abergavenny, having been generally called upon, replied to this toast, in the course of which he stated that, though the superintendent of an English asylum, he was proud to claim being an Irishman (Hear, hear), and also to say that he received his professional education in Ireland, than which there could not be a better or more practical school in all its departments (Hear, hear).

VISIT TO THE RICHMOND ASYLUM.

On Saturday, the 17th of August, *Dr. Lalor*, the President of the Association, invited the Association, together with some members of the "National Association for the Promotion of Social Science" (then holding its meeting also in Dublin), to a luncheon at his residence in the Richmond District Asylum. Amongst the guests present were the Right Hon. *F. Shaw*, the Hon. *Captain Lindsay*, *Dr. Neligan*, Vice-president of the King and Queen's College of Physicians, *Dr. Edwin Lankester*, *Dr. Nelson Handcock*, LL.D., *Dr. John Moore*, *Dr. Gilchrist*, *Dr. MacMecan*, *Dr. Corbert*, *Dr. Henry H. Stewart*, *Dr. Duncan*, *Dr. McCullough*, *Dr. Robert Stewart*, *Dr. John Eustace, jun.*, *Dr. Kidd* (now editor and proprietor of the 'Dublin Quarterly Journal of Medical Science'), *J. S. Stanley, Esq.*, *Dr. Boisragon*, *Dr. Mackessy* (Waterford), *Dr. H. Kennedy*, Surgeon *MacNamara*, *Dr. Robert Macdonnell*, *Dr. Delaney*, *Dr. Duke*, *Dr. Daniel*, &c., &c. After luncheon the greater portion of the company visited the wards and spacious grounds of the institution, and with the general arrangements of which much satisfaction was expressed. The inmates under treatment amounted to between 600 and 700, large numbers of whom were employed in a variety of useful and healthful occupations, both in-door and out-of-door. The females, in particular, were well provided with suitable employment, and were very comfortably and respectably clad. School instruction is carried on amongst them to a large extent, and the progress made in singing in this department has been very considerable and successful; fair proficiency is also made in band music by the men. The company, after spending some time in their visit to this great institution, retired much pleased with its general appearance and the hospitality and attention of its chief officer, *Dr. Lalor*.

DEPUTATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR
THE INSANE TO SIR ROBERT PEEL, BART., M.P.*(Official Version.)*

On the 23d of August a deputation, emanating from the recently held meeting of the "Association of Medical Officers of Asylums and Hospitals for the Insane," waited by special appointment on the new Chief-Secretary at Dublin Castle. The gentlemen who composed the deputation were Dr. Lalor, president of the above association, and Physician Superintendent of the Richmond District Asylum; Dr. M'Munn, Physician Superintendent of the Sligo District Asylum; Dr. Delany, Physician Superintendent of the Kilkenny District Asylum; Dr. Power, Physician Superintendent of the Cork District Asylum; Dr. Robert Stewart, Physician Superintendent of the Belfast District Asylum; Dr. Gilchrist, Physician Superintendent of the Crichton Asylum, Dumfries, and Dr. Boisragon, Birmingham. The object of the deputation was to bring under the special notice of the Government, through Sir Robert Peel, the present most anomalous position of the resident physicians of the Irish district asylums, who, being the really conducting officials of both the medical and moral treatment of the inmates of their institutions, are, nevertheless, according to the existing code of Privy Council rules, recognised in no such character. It being known that the rules in question are undergoing revision, the association has respectfully called upon the Government to give the resident physicians their proper professional status, as the heads of these important public institutions, and to request that the existing gentlemen, acting as visiting physicians, should be the consulting and advising physicians of the respective asylums. Dr. Lalor brought the whole subject under the notice of the Chief Secretary, by reading the following paper:

"As the President of the Association of Medical Officers of Asylums for the Insane, and through your kindness, I am honoured with the privilege of asking your favourable consideration for the resolutions which I shall have the honour of presenting to you. Before doing so it is my first and most pleasing duty to offer to you the cordial thanks of this deputation for your promptness in granting us this interview. This promptness is the practical evidence of that anxiety which you have expressed in Parliament to give your best attention to the subject of the improvements which may be introduced into Irish lunatic asylums, and to co-operate cheerfully with persons of both sides in endeavouring to promote the happiness and prosperity of the Irish people, a declaration with which you have so happily inaugurated your assumption of office, and by which you have established for yourself at once the highest claims to a hearty welcome from Irishmen of all parties.

“It is a source of gratification to me that circumstances render it unnecessary to occupy much of your valuable time in details or arguments in support of the first part of the resolution which lays down the principle which, in the opinion of the association I represent, should regulate the position of the resident physicians of lunatic asylums in Ireland. I am happy to think that for this purpose it is sufficient to refer you to the conclusion come to by the majority of the Parliamentary Commissioners of Inquiry into the state of Lunatic Asylums in Ireland, who, after taking the fullest evidence in all parts of Ireland from the most competent witnesses, and after the most patient investigation of the question, expressed their opinion at page 9 of their report in the following words:—“We are all of opinion that the resident physician should have charge of the asylum, and be responsible for the treatment of the inmates as regards their insanity. Four of us consider that the resident physician should be solely responsible for the treatment of the patients, both as regards their bodily health and their mental diseases, but that he should be assisted, when necessary, by a visiting physician, whose duty, however, should be confined to cases where his attendance may be required in consultation by the resident physician.” When I consider that this is the recommendation of the medical members of the commission, who have had large personal practical experience of the subject, and who have obtained a high reputation and promotion in consequence, I cannot think that you will allow it to be outweighed in your mind by the single opinion of a gentleman who, however high his character may be in some other branches of the profession, has had so few opportunities of acquiring knowledge in this. I therefore trust that you will not deem it desirable that I should go over ground so well beaten. It would not be in unison with those kindly and benevolent feelings which have ever distinguished the profession to which I have the honour to belong to forget our brothers, the visiting physicians, and it is therefore with pleasure that we find them provided for, in the recommendation of the commissioners, as consulting physicians.

“The portion of the resolution which I submit, which has reference to the visiting physicians, is meant to convey not alone the expression of the association of their participation in the opinion of the commissioners as to the public advantage of having consulting physicians attached to Irish lunatic asylums, but of the injustice it would be to the gentlemen who fill those offices at present to trench upon their pecuniary emoluments. Any differences which may have arisen in some asylums between the resident and visiting medical officers have been, as I consider, the result of the false position in which those officers have been placed towards each other, from the want of rules to define their duties, and for the promulgation of which the time has now happily arrived. I allude to the absence of such rules to explain circumstances which, without such explanation, might make an un-

favourable impression on your mind either on one side or on the other, and not as intending in the remotest degree to cast blame anywhere. Such occurrences are a necessary consequence of the progressive principle of improvement which characterises all the institutions of our empire, and to which we are proud to refer as a proof of wisdom, and as the basis of the solidity and the permanency of our progress. Similar difficulties have existed in English and Scotch asylums, and have been surmounted there, as here, only gradually and by successive steps. In superintending and in guiding the course of improvement in the treatment of the insane in this country, it is no disparagement to our inspectors that they have followed the principle which wisdom proved to lead to safety and to permanency in both English and Scotch asylums, whilst the successive steps in the march of progress have been fully and ably set forth in the reports of those gentlemen, which, for variety of information and for the copiousness of their statistical returns, will, I think, bear favorable comparison with similar reports in any other country.

“As the Irish district lunatic asylums have been brought unfavorably under your notice and that of the public, I will take it as an indulgence if I be permitted to say a few words in their favour. The personal inspection of the Irish asylums will, I am satisfied, confirm the opinion you have already so kindly expressed, that their condition does not contrast so unfavorably as has been represented by some with the condition of asylums in England. I believe that such an inspection will show that the resident physicians of Irish asylums have not only largely adopted such improvements for the better and more humane treatment of the insane as have been so fully developed in England, more particularly by the celebrated Conolly, but that they may be deemed to have introduced, or considerably extended, other principles of great value.

“In the Belfast Asylum the appliances of military training and marching amongst the male inmates in large masses, as well as of musical instruction, have received a development not to be found, I believe, elsewhere, and which has had a most beneficial result, and deservedly obtained public approval.

“In Cork the use of the Turkish bath in the treatment of insanity is receiving a full and cautious trial of the greatest interest, and attended with an amount of expense and trouble the outlay of which proves that the resident physicians and authorities of that institution are regardless of such considerations where a probable good is likely to result.

“In the Kilkenny Asylum may be seen most successfully carried out the plan of having all the male and female patients take their meals in large halls, without any classification but that of sex. I believe that this plan, which was favorably noticed in the report of the English Lunacy Commissioners, was first tried in this asylum.

“In the Sligo Asylum this principle is still further developed, and all the patients, without distinction, even of sex, take their meals together, in the same refectory, and in this institution the male and female patients also take out-door recreation, ordinarily, during the summer months, with the accompaniment of a musical band, partly constituted of patients.

“In the Richmond Asylum school instruction, as a moral agent in the treatment of the insane, has received a development in form and extent, I believe, not to be witnessed in England or Scotland.

“Thus, four out of sixteen, Irish asylums exhibit, as I believe, what may be looked upon more as original than as imitative improvements, the carrying out of which has been a source of much labour and anxiety to the resident physicians, which proves that they have not been unmindful of their duties, and that (although labouring under the disadvantage of divided power and responsibility and of an uncertain and disputed position) they have maintained, perhaps an unequal, but still an emulative struggle, with the resident physicians of English and Scotch asylums.”

Sir Robert Peel, at the conclusion of the above, having asked several questions in connexion with its statements, which showed how admirably acquainted he was (as his recent speech in Parliament so fully showed) with the present state of the Irish asylums, and having promised to give his immediate and best attention to the several important matters brought before him, the deputation retired, greatly pleased with the very courteous reception which they had received and Sir Robert's anxiety to hear all the information submitted for his consideration on this occasion.

*Five Cardinal Questions on Administrative Psychiatry.**

By J. MUNDY, M.D.

“Non progredi est regredi.”

WE have in two previously published papers† promised to discuss the following questions, and now attempt to fulfil the promise in the following pages. The questions are :

1. What false ideas are still prevalent among the public at large in relation to lunatic asylums and their superintendents and psychological physicians in general ?

2. Are the mode and description of state supervision and control, as exercised over asylums, sufficient and satisfactory ?

3. To what persons, and under what conditions, shall the privilege be exclusively conceded to establish, superintend, and carry on establishments for the insane ?

4. Ought lunatic asylums to be entrusted to religious corporations ?

5. May not families of position and competency be lawfully permitted to retain the charge and management of their mentally afflicted relatives, under the “patronal or family régime” ?

I. The first question renders it necessary for us at the outset to fix the signification and precise meaning of the phrase “public at large,” so as to obviate any misconception.

* It is right to state that the learned author of this paper has, with one or two exceptions, visited the asylums of every country on the continent of Europe, and that it is the intention of the following pages to convey the result of his impressions on those asylums. Dr. Mundy has now commenced an investigation into the state of our own asylums, and we trust that he will be able to pass a more favorable judgment upon us than he has done upon our continental fellow-labourers ; but we must expect severe criticism from one who is opposed to the asylum system generally, and is a zealous advocate of the Gheel system at large. The maxim, however, is sound—“*fas est ab hoste doceri.*”

“Rien n'est si dangereux qu'un ignorant ami ;
Mieux vaudrait un sage ennemi.”

—[E.D.]

† See in the ‘*Journal de Médecine de Bruxelles,*’ 1860, the article “*La folie du suicide et le suicide du Comte Etienne Szchenyi,*” p. 193, and in connexion with Question IV, the ‘*Correspondenz-Blatt,*’ 1860, p. 303.

In the questions advanced, we divide the public into the wealthy educated, and the poor who have had no extended instruction or education; of the lower classes or the masses we do not speak at all. If we now examine the opinions and views of the so-called educated class, first, in relation to the administration of lunatic asylums; then with reference to the superintendents or directors of such institutions; and, lastly, with regard to physicians specially engaged with the insane, we shall arrive at the following results:

Of the condition of the insane in past centuries, till within the short space of about twenty years, next to nothing is known, even by the educated public. The reason of this is to be found in the fact that the writers of history have never put themselves to the trouble of describing in ever so few words the barbarities of those bygone times, the dreary episode of human brutality and ignorance. Records of this special department of knowledge have only existed during the last few years, and their details have always been meagre. Men seemed to be ashamed of the past, and to regard with terror, not altogether unreasonable, the disclosures of the present, and it was a few high priests of our science, who, with self-sacrificing courage, tore aside the veil from the disgraceful picture.

Wherefore the names of Daguin, Pinel, Esquirol, Brierre de Boismont, Moreau de Tours, Willis, Hill, Conolly, Schröder van der Kolk, Guislain, Parigot, Langermann, Roller, Damerow, &c., should be regarded as the fixed stars lighting up the still very clouded firmament of our science.

But who knows aught of the above-cited or of many other benefactors of mankind who emulate them, except perhaps their names, beyond the narrow circle of specialists, or the still more restricted circle of fellow-countrymen or fellow-citizens.

Yes, alas! it must be confessed that men of this sort, hallowing only the place in which they work, avoid the pompous glitter of publicity. Wherefore it mostly happens that even the educated man only becomes acquainted with them when he, or some friend or relative, has been smitten with the greatest of human ills. Yet scarcely has such a patient recovered when he, or if he dies, his friends or acquaintances, forget only too soon the great and self-sacrificing toil endured often through many years of solicitude and care by the physician, whose name soon almost vanishes from memory. Respecting the last twenty years we must speak more at large, and will represent the opinion of the public in the following words:—"It cannot be denied," says the educated man, "that in bygone ages the insane were very much neglected, and frequently inhumanly treated; but in modern times this state of things is entirely changed."

On perceiving in the vicinity of a capital or provincial town, in any country, a stately building, which lies apart from the streets,

presenting peculiarities in form and construction, and surrounded by extensive and beautiful grounds, the observer may be well nigh certain, on putting the set question, "What fine building is that?" to receive the answer, "It is a lunatic asylum." After receiving the above reply, the observer will notice the walls, of greater or less height, which inclose the whole establishment, and give the necessary security.

Should he receive permission to inspect this palatial charitable institution,—and the permission is readily and courteously accorded by the director, he will be perfectly satisfied, and have his misgivings removed respecting the care and treatment which the insane now-a-days enjoy. Indeed, in this matter, humanity has advanced with the advancing knowledge of the subject. Even the architectural details exhibit taste and constructive skill, and very often display an unusual luxury.

The approach to such a building is through a beautiful portico, doors and entrances, adorned with columns, and artistically wrought gates; and we are next ushered in by the polite porter into a tastefully furnished waiting-room, where, in the company of books and journals, we wait by the comfortable fire-side for permission to make a farther inspection of the asylum.

If it be a public institution, or one maintained by the State, it is mostly of very considerable extent, and its director, physician, or other officer, can seldom, indeed, on account of the loss of time, personally accompany us in our visit; but if it be a private asylum, the manager or proprietor will, in most cases, courteously act as our conductor. And, first of all, we pass by some side stairs into the well-ventilated and lighted corridors, adorned with pictures, and from the tasteful windows, protected by safe but not obtrusive gratings, we can mostly enjoy a beautiful prospect of the immediately surrounding neighbourhood. Opposite to, or running parallel with, the decorated corridor, we find a number of rooms, which differ in no respect from our usual dwelling-rooms, and contain everything in any way conducive to comfort. In these apartments, neither flowers nor books are wanting; a cage, with its feathered inhabitants, cushioned couches and divans, mirrors, rich curtains, candelabra, and clocks, with carpets of the most exquisite patterns, combine to make the *ensemble* of the sitting-room of a lunatic member of a rich family, in the well appointed public or private establishments of the present day. Moreover, we must not forget that the patient is not obliged to pass his whole time in this one room, for frequently he has several such, and a separate sleeping-room for his use; and indeed, in most cases, he is encouraged to pass his time and to amuse himself in the general drawing-, or reception-room, in the company of other quiet inmates, and of the director of the asylum

and his family. This reception-room is usually handsomely decorated, and contains, besides a piano, with the newest musical publications, other instruments, and among them the harp; while adjoining it is a billiard-room, with every sort of appliance for other games, such as chess, backgammon, draughts, shuttle-cock, races, cards, dominos, puzzles, &c. Indeed, every new game invented is sure to be procured for the asylum. Another apartment contains a rich and well-selected library, set apart for the use of the insane, and always freely open to them. But how much will the visitor be astonished to find a highly decorated ball-room and orchestra, which in large asylums are sometimes splendidly appointed,—where the unfortunate, or as he might be almost tempted to say,—“the lucky inmates” of both sexes enjoy themselves with music and dancing, with balls and concerts. To render a complete account he must also remark their liberty out of doors, and their participation in occupations, in intercourse, and in amusements, as well as in all other salutary and agreeable pastimes.

The wealthy insane patient, who can appreciate such influences, will often enjoy in the company of the family of the physician of the asylum, or of the officers and attendants, excursions and drives, country parties, and visits into the town, and may even be not unfrequently allowed to attend the theatre or other place of amusement, when it is not likely to be prejudicial to his disorder.

The poor, like the rich, receive, without impediment, in the asylums, the visits of relatives, friends, and acquaintances.

The man of letters here occupies himself with his books, whenever so inclined; the politician, with the newest journals; the painter and sketcher, with brush, pencil, and palette; in short, each profession with its usual and favorite employment. In the same manner, the mechanics and labourers are furnished in the workshops belonging to the institution with opportunities to usefully employ themselves and divert their minds.

Hence it is that asylums are so constructed as to resemble small manufacturing towns, and have their special shops for smiths, locksmiths, turners, house-painters, upholsterers, cabinet-makers, bookbinders, &c., and not unfrequently printers are found, who execute all the printing for the establishment; whilst brewers, bakers, butchers, and millers, carry on their several occupations in the particular departments allotted them, and supply the wants of the asylum. The agricultural labourers are employed in the fields and meadows belonging to the asylum, and the farm servants take care of the well-stocked cow-house, the horses, oxen, goats, pigs, sheep, and cows. The masons are employed in the repairs of the building, and instances happen where the chimney-sweep is one of the diseased inmates of the establishment.

Nor must we forget the other sex, some of whom are engaged with the delicate work of ladies, such as embroidery, whilst others are occupied with the hard work of the washhouse, ironing and cleaning, and with the business of the kitchen, or with housekeeping; whilst others, again, are industriously engaged in needle-work and knitting.

It is at once evident that all these occupations and amusements are not forced upon the patients, but are entirely the results of their own free will, and the disposition to them is looked upon as a lever to their restoration to health.

The economical value of such an organization to an asylum needs no words to elucidate it.

After viewing the regally fitted kitchens, where gas and steam take the place of fires, and the brewhouse, bakehouse, and larder, which are arranged on the newest principles, we proceed to view the model farming department, the fields and stables; nor must we omit to visit the store-rooms, well filled with linen and clothing, and with sugar, tea, and other articles of food; the newest contrivances for washing and drying, and, lastly, the steam-engine, the boilers, and the reservoirs,—in order that we may fairly arrive at the conclusion that all is here provided which it is possible at any time, under the circumstances, to desire.

We must say a word respecting the beautiful church or chapel, with its organ, which constitutes one of the ornaments of the institution; and of the schools, in which pains are taken to impart instruction, even to the poorest idiot, in religion, and in writing, reading, arithmetic, drawing, &c. Having sufficiently indicated the presence of these things, we must proceed further in our walk through the building.

Adjoining the reception-room in the institution we usually find the dining-room, which, like all the other apartments in the house, is lofty, roomy, well-ventilated and lighted, and in winter well and judiciously warmed, and, in the evening, illuminated with gas. The table-linen is of very good quality, and so also the dinner-service; ingenious arrangements are contrived for raising the food to the different stories.

After the short description already given of the kitchen, and of the entire domestic economy, no doubt will be felt with respect to the food and drink, that both its quantity and quality are superior. Three or even four meals are allowed every day; in the morning, between seven and eight, breakfast consisting of soup, or tea and coffee, with white and black bread and the best and freshest butter; dinner, between twelve and three o'clock of soup, vegetables, meat, or farinaceous food, often, also, fish, fruit or pastry, and sufficient bread; for drink, wine or beer; supper between six and eight

o'clock, of soup, tea, and some other article of food. In many asylums there is besides either a luncheon, or a slight afternoon repast, according as the meals are divided. Extras are also allowed those who are sick, and on festive occasions.

Consideration must necessarily be given in such matters to the circumstances and customs of different countries and people, and the usage be regulated accordingly.

Between seven and eight o'clock in the evening, all the inmates of the asylum retire to rest. For the more delicate and wealthy patients, the separate sleeping rooms are in winter well warmed, the beds are broad and well supplied with bedclothes; for the poorer classes, the common sleeping rooms and dormitories are spacious, and also well warmed, and the beds and bedding ample. In these dormitories which have night-lights, properly protected, vigilant attendants are always on the watch, ready to attend to the wants of those entrusted to their charge. For the nightly quiet and security of the asylum, there is a night-watch, sufficiently numerous, both within and without the building.

Those insane whose condition forbids their association with others, are placed in special rooms and cells, and tended with still greater attention and care. Since such a cell, when occupied, is not an agreeable sight, instead of opening it, another, without an inmate, will serve our purpose of inspection, and we observe it to be softly padded throughout, and arranged in a very practical way, and its aspect leads us to conclude that the dangerous patients are comfortably lodged and well cared for.

We have yet to mention the several courts, which are mostly laid out as gardens, and afterwards, the large and beautiful gardens, or rather parks of the establishment, where there are places set apart for skittles and gymnastics.

The establishment is moreover provided with warm and cold baths and douche apparatus, with water-closets of the best construction, and lastly with a well-appointed dispensary. The professional staff, and that of male and female attendants, and all the officials of the asylum, are above all praise.

Some officially accredited inspectors, and a Committee of Visitors exercise a frequent supervision, mostly unexpectedly, over all the affairs of the asylum, give their sanction to the Reports, and transmit them to the Ministers of State.

On quitting the asylum we shall pass by its principal wide staircase, and be courteously invited by our conductor to enter our names, and any casual observations we would make in the register prepared for that purpose.

We thereupon leave this establishment, which on the first sight of it induced us to inspect it, and which truly deserves to be called an

asylum for the unfortunate insane. We find quiet and order reigning where we had feared discordant wailings and confusion; gentle and judicious arrangements and comfort, often, in fact, luxury and elegance, where we presupposed restriction and wretchedness; extreme cleanliness, where we expected the contrary in its highest degree; agreeable diversions and amusements, where we had reason to expect only force and restraint; and instead of roughness and dull indifference, we find the most indefatigable, affectionate, and sympathising treatment of the insane.

The strictest control on the part of the superior authorities, the assiduous chronicling of everything that can be of interest to the public at large, to science, and to art, at the present and in future time, that completes the picture of our impressions which we may sum up in the following words: "truly in our century the utmost endeavours have been made to cure the insane, and to make the lot of the incurable as agreeable as possible."

Who, after reading the above account, does not feel called upon to render thanks to the legislators and promoters of such humane institutions, and also to the superintendents, officers, and physicians, of asylums, who have herein certainly done the most valuable service. It only remains for us to remark, that the insane themselves whom we have seen, almost without exception, seemed contented and pleased, were exceedingly well fed, and gave the most ready answers to our questions; indeed the majority of them declared themselves well contented with their lot. Praise was liberally bestowed on their attendants and physicians, and they spoke with affectionate regard of the Director of the Asylum. Such would be the general colour in which the educated classes might express themselves in recording their observations and opinions, after having inspected one of the larger or smaller of the so-called "Model Asylums of Europe."

We might, however, look to meet with individuals, who, after repeated visits to their relatives, the unfortunate inmates of lunatic asylums, would give less favorable accounts of their treatment and care, but the number of these is very small; some others, indeed, are met with who make loud complaints of violence, restriction, selfishness of greed, and neglect of their friends confined in asylums, and ridicule the impotence and inefficiency of the system of treatment of the insane, and its apostles.

First among the latter must be reckoned those general malcontents, who daily quarrel with the sun, and earth, and the water, air, and heat; and next again a select few, who appropriate to their purpose any facts and data of science, as well as of experience, as proofs to substantiate their own morbid impressions. To this latter class only need any heed be given by us. But as we have here to treat of what is the general rule, we must keep to the opinions and judgment of

the great approving majority, who have been accustomed to represent the management of asylums at the present time to be not otherwise than we have stated.

Let us now endeavour without bias to examine the other side of this description, and in doing this it is our duty to carry on our observations in a more precise and professional manner. For this purpose we shall propound for solution the practical question:—What is the actual condition and the arrangement of asylums at the present time?

To answer this comprehensive question thoroughly, is beyond the scope of a periodical, and one needs for it the space of a bulky volume.

This being premised, we shall escape the onus of duty which might be expected of us, and at the same time shall have recourse in the first place, to our independent views based upon our own long experience, and on the minute inspection of asylums, and in the next to the information obtainable from the highest authorities in this department of knowledge.

With this end in view, we have made it our duty to specially study the matter in most of the countries of Europe. Of those countries in the south and north of this continent, which we have not yet visited, and of those not in Europe, we have diligently studied the literature of our subject, and have taken the opportunity to correspond with many specialists of foreign countries, both by oral and written communications.

At present, however, we shall exclusively speak of Europe. And as we have above intimated, we can here make only a very limited use of all the materials in our possession, and are obliged to treat this essay throughout in an aphoristic manner.

We hope hereafter to be able in a systematic work, to go into detail respecting all the matters relating to the subject before us. (We are at present engaged upon such a work, and have put forward some of its leading topics in an essay on “Gheel, un Asile patronale,” published in the ‘*Journal de Médecin,*’ Brussels, 1860, and later in a paper, in the ‘*Medical Critic, and Psychological Journal,*’ July, 1861, “On the Gheel Question.”)

In no department of administrative psychiatry, do we find such utter contradictions and inconsequent reasoning, indeed, to an extreme degree, as exists in this one. It would be a satirical, or rather a tragi-comic proceeding, to take up one of the first and best annual volumes of our special journals, and to search for proofs of this fact, and to cite them in evidence. Here we light upon a brilliant encomium, to the effect that everything in administrative detail has been accomplished for the insane; and by the side of this a long-winded jeremiad, that as yet nothing has been accomplished in this direction.

Where are we then to look for the golden medium? A candid "Non possumus" is our only answer.

Our extended observations and experience, alas! lead us to the lamentable conclusion, that the present condition and organization of the asylums of Europe, are at large, and in general, unsatisfactory and bad.

Let no one venture to cite exceptions to us as counter-evidences; we know of these only too well, and speak here of what is the general rule; we must still more protest against any presumed exaggeration in the following descriptions; the more so as we have regarded it as our duty to speak very guardedly. If compelled, we must respond by giving data, which would be disagreeable both to ourselves and others. Propositions of reform we can do no more than allude to in passing, for such matters do not belong here, but are the subject of the great question of the day, which the radical reform of lunatic asylums has opened up for debate.

It is a generally admitted fact, that there are in Europe about 250,000 insane persons. Taking this number in relation to the entire population of Europe, viz., 250,000,000, it appears that the proportion of the insane is as 1000 to 1,000,000 souls; but this ratio is doubtless much below the fact.

Indeed, the official reports of every country coincide in asserting that there are always many insane persons kept concealed with their families, and others indiscriminately scattered as harmless cases, both in town and country, without being officially registered as lunatics. A large number of idiots are referable to this class, and likewise nearly all cretins, whose number in some countries is very considerable.

We cannot by any means accept the official calculation of 250,000 insane in Europe, for in our opinion that statement is quite set aside by the fact, that in many countries the per-centage of the insane to the population is shown to be much higher than 1000 in the 1,000,000, and we cannot go far wrong in assuming the round number of 300,000 insane. For these 300,000 lunatics in Europe, in the year 1861, there are, according to official data, 1000 asylums. This number does not comprehend all the institutions which bear the name of asylums, but only those where lunatics are received as a rule.

It would be a preposterous proceeding to take the entire insane population of 300,000, and to divide it equally among the 1000 asylums, and therefrom deduce the statement that there are 300 inmates in each asylum. On this matter, no further proof is requisite. The special analysis of the foregoing figures is forbidden, not only by the limited space of these pages, but still more by the perpetual variation in the number of lunatics, and lastly, by the entire deficiency of data from many private asylums.

From all we know, this much may be received as completely established, that the number of asylums at the present time is entirely insufficient, and in every country of Europe, whilst we are preparing this paper, new asylums are in course of erection, or projected (see our remarks in the second of the two articles already quoted). The greatest impediment that presents itself to us, in the examination of the condition of lunatic asylums, is the mode of classification adopted in them. On this point, we must first reply to the questions:—

- A. What is a model asylum? B. Are there any such? C. Which institution can be called good, and which indifferent or bad? D. Which of these classes is the most common? E. Which constitutes the exception? If we desired to proceed in detail, in replying to these queries, and to adduce the examples necessary as evidence, we should be involved by such a course in personalities, which it is our especial wish to avoid. Let us therefore assume these questions to be answered summarily, by the fact, that, with special reference to the professional direction and administration of an asylum, of which the first is the most important factor in our discussion, that that institution is pronounced by us and to be accounted good, in which—

1. The curable insane are restored, “*cito et jucunde.*”

2. The lot of the incurable insane is rendered as agreeable as possible.

Where these two conditions are wilfully and knowingly omitted, or where, from ignorance or neglect, their fulfilment is impeded, we are compelled to reckon those institutions, according to the extent of the omissions, either among middling or bad asylums.

So-called model asylums, or particular models of asylums, do not, generally speaking, in our opinion exist; for on account of the peculiar relative institutions of different countries and people, and their requirements, very many modifications occur in their direction, and these even must be extended to the separate provinces of different states.

We must with pain confess that in the latter portion of the 19th century the charge is valid “that it must be allowed, as a rule, that the lunatic asylums of Europe, and their arrangements, are still in a very unsatisfactory condition, whilst the number of those suited to their purpose form only a small exception.”

This statement calls forth from every side the shrill cry, “Prove it!”

This we will at once prove objectively (avoiding the subjective aspect of our inquiry). But for the sake of the clearness of our summary, and for the necessary condensation, we will put our proofs into the form of the following decisive questions to our opponents.

1. Is not the systematic, unrestricted and indiscriminate sequestration of all the insane, which is still held as an established prin-

iple, a piece of barbaric routine that must be broken through, and the more so inasmuch as this proposed change has been proved, scientifically and practically, both possible and necessary? Shall we not soon see that system come forth from Belgium's Bethlehem-Ephratah's little town of Gheel-Campine, which shall be the saviour of the insane? or shall more than half of the 300,000 insane in Europe be for ever uselessly and ruthlessly shut up and restrained in places of seclusion?

2. Shall and must not the system of "non-restraint," as proved on the strongest evidence to be practically the best, both for the treatment and the management of the insane, be generally adopted for those who require continual seclusion? Shall the practical proof of this supplied to us in England, and so nobly asserted theoretically, and established practically, by the illustrious John Conolly, be treated with indifference?

Cannot the distressing sight of thousands of our fellow-creatures, intrusted to us to cherish and care for, fettered with strait-jackets, bound in chairs, or in beds, or in dark cells, with the various apparatus of restraint, induce us to completely cast away the whole system of coercion?

And what is it that hinders the largest number of our opponents from acknowledging the necessity of this reform and of its application?

We assert in plain words, that it is the power of custom, of indolence, of love of ease, and of ignorance of the new system, of unwillingness to accept the evidence and to undertake the study of it, and probably in many instances, of the want of opportunities to undertake such studies. And may we not accuse those who practise this barbaric routine of timidity and selfishness?

Indolence and ignorance keep the various governments from putting an end to the present practice by the force of law. With the public at large, of every class, indifference, egotism, and complete misconception or ignorance of the existing state of things, concur to render it apathetic. There now remains but a small number of men who devote their time, money, and position to the defence of these principles, and who may consider themselves fortunate if they are not, on that account, themselves presumed to be insane, and in consequence secluded, imprisoned, and confined in strait-waistcoats.

But to proceed to our remaining queries:—

3. Who can accuse us of exaggeration, or it may be falsehood when we assert, on the basis of our own researches, that:—

(a) Of the 1000 asylums existing in Europe, scarcely the half can be said to be adapted to their purpose, and even this proportion will only pass muster if we abstain from opposing the old system?

(b) That it is a matter of fact, that the larger proportion of the insane population of Europe is not collected in specially built and regulated asylums, but scattered in most unsuitable places, in hospital wards, workhouses, indeed not seldom in penal institutions?

(c) What, we may ask, if we would be honest, are the so-called model asylums of modern times, but citadel-like barracks, or prison-houses, which, alas! the public regard with amazement, and erroneously describe in the manner we have done in the first part of this essay?

(d) Who will deny that every country in Europe has a very insufficient number of asylums to meet the wants of the present time, of which, with reference to the foregoing query (b), the new buildings in course of erection, and the enlargement of old asylums, furnish the best evidence?

(e) Are not private asylums for the most part undertakings of non-professional persons?

(f) A general outcry is everywhere raised that the status of psychological physicians, especially in the larger asylums, is much too low,—but what will be said of the fact deduced from our own calculations, that in Europe there actually is, on an average, but one physician to every 300 lunatics?

(g) The miserable salaries which, in England, perhaps, alone excepted, the psychological physicians of Europe receive, the complete disregard on the part of the State of the performance of their self-sacrificing duty, the contempt of their colleagues who are engaged in other departments, are incontrovertible facts, to which there are few exceptions.

(h) It is likewise known, that the number of attendants is in general much too small, and that their characters and qualifications leave very much to be desired. Their salaries and future provision are lamentably insufficient. We have not yet arrived at the recognition of the necessity of schools for the education of attendants.

(i) With respect to the administrative arrangements of an asylum, to which so much praise is given by non-medical writers, we advance this plain proposition, that there are few asylums in Europe which, on this score, deserve unmixed commendation.

Few asylums are to be met with, the design and carrying out of the structure of which are not improper and unsuitable; the gardens and courts confined and dull (indeed, often none at all); the stairs and passages gloomy and inconvenient, frequently too, not lighted at all; the day-rooms mostly of a cell-like aspect; and sometimes the corridors or the larger common rooms are made to do duty for them; decorations altogether wanting; comfort in most asylums, particu-

larly in private ones, likewise deficient; much pretence and show without reality; and the same holds good of the diversions and amusements provided, for these are extremely seldom undertaken, and are mostly illusory.

Once a year a ball or a concert is given, to which high officials are invited; it is paraded pompously in the special and other journals, and is mostly a matter of pure ostentation.

We would except from this charge all those asylums where such amusements are frequent, and actually provided for the diversion of the patients—but the number of these is very small, and descriptions in such matters are less to be trusted than one's own eyes.

Billiard and music rooms are mostly found empty, and the requisite instruments damaged and useless; the journals and books scattered about are old; and the different games undiscoverable; the library, when indeed there is such an apartment, is kept shut, and disused.

The dietary, with reference to the number, is often sufficient both in quality and quantity to satisfy all, but more frequently it is insufficient, and the bill of fare badly selected.

Uniformity prevails as the rule; often at the mid-day meal too little, and at supper too much food is given; all extras are great exceptions. Bread in general is too heavy; beer and wine are in many places not attainable, in others, their quality is inferior.

Other great evils are: want of light and air, defective ventilation, ill-arranged and ill-placed passages, and very neglected closets; completely unwarmed or very defectively warmed sleeping-rooms, which are to be so found almost everywhere, even in the severest winters; the want of window curtains, which indeed the darkness of the rooms and passages often render needless: too scantily and insufficiently furnished beds; a very negligent, or often entirely wanting supervision at night; and a regular night-watch within the building itself, and outside, not seldom absent altogether.

The moral treatment by occupation and amusements is often exceedingly defective, and in very many asylums entirely neglected. To appeal on this head to the proportion per cent., we learn, that of one hundred insane capable of being employed only one is actually engaged. Baths of every description, including those required for the purpose of cleanliness, are altogether wanting in many European asylums, or else are very insufficient and ill-contrived. Moreover, in many institutions neither baths nor the douche are often used. Vapour baths are scarcely ever met with.

The hour for retiring to rest is in many asylums absurdly early; in winter frequently between four and five o'clock, and in summer betwixt five and six. Moreover in most sleeping-rooms no protected light is provided.

A certain amount of cleanliness and so-called order is generally

seen everywhere; still this has no merit, but is a natural duty. The staff of attendants is often inadequate and indifferent; and that the number of physicians and medical attendants is too small has indeed been already stated in a previous paragraph.

Visits made beyond the walls of the institution, indeed, are to be reckoned among rarities. The instruction of the insane, on which we lay no particular stress, although we estimate it as one means of diversion (of moral treatment), exists in very few asylums, and in these indeed in a very incomplete form.

The regulations for the government of the establishment are generally defective, and often a dead letter; medical and pathological anatomical studies and pursuits are also greatly neglected.

The central control over asylums and its value, of which we have hereafter to speak, when treating the second cardinal point of our essay, we shall not at present refer to.

Shall we picture in detail all those examples of mental disease, all those lunatics congregated together in general day-rooms, and specify their several conditions, by day and night, and their manifestations of depression or exaltation? or shall we speak of those among the 300,000 insane in Europe, whose whole life is a dreadful sacrifice to the system of coercion, shut in dark cells, or in restraint-chairs with camisoles, or confined by other apparatus, and who pine in restraint, until death delivers them from their torments? But of what use would all our efforts be, if—

4th. It is well known that the lunacy laws of Europe (with the exception perhaps of Holland), are throughout defective and insufficient; in fact, in many countries, none yet exist, and quite recently a compilation of such laws is for the first time undertaken.

5th. As yet nothing has been done effectually anywhere in Europe, towards the clinical investigation of the treatment of insanity, and most of the universities seem to take a pride in the fact that they do not possess a chair of psychiatry. Surely these two last points in question are melancholy truths to be developed on all sides, and yet hitherto they have been only partially remedied in a few places!

If we now compare the conditions portrayed by us in the five propositions now examined, presenting the reverse of that bright picture drawn by the pencil of a non-professional visitor, all those false ideas and delusions completely vanish, which the public still at this day entertain respecting the condition of asylums. That section of the public which obtains its opinion respecting the insane, and their treatment from encyclopædias, romances, periodical and their *feuilletons*, is by no means small, and acquires, as a matter of course, perverted and fantastic notions, mostly difficult to combat

and to rectify, for they become assimilated to the whole current of ideas.

Along with this, we must take into consideration that what such books and journals actually publish on such matters is, for the most part, the greatest trash.

We might have believed ourselves to be living in the middle ages, when we perused in all the political journals of Belgium the following notice, which we present word for word :—

“ A hundred pensioners of the asylum of Ghent, on Monday last, took a walk out under the surveillance of their attendants. They marched in the greatest order and regularity to the sound of music, which kept them in step like old soldiers. On being conducted to a tavern, they partook of ham and a pint of beer to wash it down.

“ One of the pensioners called out to a passer by,—we have got a thousand francs to spend. The time of departure having arrived, they re-arranged themselves in their ranks to return to their hospital. Some of them exercised surveillance over the others, and the fear of the control kept up perfect discipline.

“ The attendants (*frères*), spoke to them as though they were children, and all were instinctively obedient to their voice. The one who had been posted as sentinel at the door of the tavern, not having received his share in the distribution of the good things, very rightly protested against the forgetfulness of which he was well nigh the victim. A substantial portion at once re-established the equilibrium of his feelings, and gave satisfaction to the complainant.

“ They ate after the fashion of the Chinese or the Persians, knives and forks would be in their hands too dangerous weapons to entrust to their use. Fingers took their place, and the appetite suffered no abatement therefrom in any respect.” ‘*L’Indépendance Belge*,’ 15th Avril, 1861.

This, however, is not the most extraordinary example we might adduce, for we could quote other illustrations more glaring.

One characteristic feature of our time is the universal cold indifference to the lot of the insane, and it is to this circumstance alone that we must look for the explanation, that to the majority of the public the present condition of the insane is not only unknown, but also indifferent. The opinion here pronounced is truly not to be found expressed in the debates of psychiatric meetings and societies, nor is it mentioned in the official reports and accounts of asylums, but nevertheless our observations are borne out by facts, and as we have before said, we hope we shall not be provoked to establish them by specific details.

Now with regard to the second part of our first cardinal question ; viz., what gives rise to the false conceptions entertained by the public respecting the directors and superintendents of lunatic asylums, and

how, in general, psychological physicians are estimated by them? We shall reply to it in the following paragraphs :

If the opinion relative to an object be false, we must, by a logical consequence, assume the reasoning with respect to the subject to have also been incorrect, inasmuch as the subject defines and governs the object.

To obtain a clear insight into this subject, we must be content to analyse the ever-recurring dreary chant, which the educated public have for years been repeating, respecting the courtesy, the gentlemanly and polished manners, the thorough knowledge of their profession, the self-sacrificing disinterestedness, &c., &c., attributed to the directors of lunatic asylums.

Sometimes individuals are likewise found, who utterly despise the idea of medical science as applied to the insane, and therefore regard with equal contempt both the directors and the physicians of asylums. This exemplifies one of the peculiarities of human nature, and bears out the well known saying, "*tot capita, tot sensus.*"

We are proud to be able to substantiate in the most emphatic manner the optimist views held by the public generally, with regard to asylum physicians, and even consider it our duty to declare that the majority of them pursue their arduous and depressing round of duties with an amount of zeal, intelligence, and thorough devotion to their calling, which place them above all praise.

Psychological physicians must, indeed, in most instances, be content to find their only reward in the performance of their professional task, and in the study of their special subject; for, as we have already stated, the inducement of salaries, future provision, and honours, as usually awarded by the state, is entirely wanting in this peculiarly arduous branch of the profession. Even the educated classes, moreover, generally reward the medical care bestowed upon their lunatic relatives with oblivion and ingratitude, and professional colleagues in other departments are accustomed to shrug their shoulders in prophetic disparagement of the exertions of phrenopaths or psychologists. With respect to non-medical directors of lunatic asylums, we must speak in a very qualified manner, and frankly confess that, with the exception of a few worthy and experienced individuals, we have to deal, in general, with so many hotel keepers, good or bad, whose object it is to extract the largest profit from their respective establishments; hence they treat the insane as guests, charging them according to their several grades, and, as a matter of course, those who pay the best and cause the least inconvenience, are the longest kept.

Our experience has taught us that the State asylums of Europe generally possess the best and most conscientious superintendence, and here we would draw particular attention to Holland—the only country in Europe, which, possessing numerous good public insti-

tutions for lunatics, is distinguished by the absence of private asylums; a circumstance which is the result of the labours of the world-renowned Schröder van der Kolk.

The professional duties of the psychiatric physician allow him, on the one hand, very little unoccupied time to mingle in general society, whilst on the other, the "phrenopath" courts retirement, and thus the public have few opportunities to know and to appreciate this class of physicians.

That the public at large, who regard with so much indifference the treatment of the insane, should extend this feeling to the practitioners and representatives of this specialty is therefore not surprising.

Even to the educated portion of the community, as a general thing, that asylum physician or director is the most welcome, who engages to receive a diseased relative at the lowest cost, is most profuse with brilliant promises, and raises the fewest impediments to admission. And not uncommonly, moreover, an unfavorable prognosis operates as a special recommendation. Sad as this statement may sound, it is no less a bitter truth.

We here speak only of what is the rule, for we cannot, from want of space, extend our remarks to particularise the exceptions, and for the same reason we must be silent respecting that class of the public which drags its disordered relatives from one asylum to another, never showing itself satisfied, nor of those persons who accept the morbid statements of the malcontent insane as evidence whereon they form their opinion of an asylum.

The quackish practice of many proprietors of private asylums, to envelope themselves and their establishments under the mysterious cloke of secrecy, induces a large proportion of the public to view lunatic asylums with some degree of superstition, and especially with mystery. Many still believe in the existence, behind those high securely guarding walls, gratings, and cells—of profound Eleusinian mysteries—in places where, alas! the Furies only rage, born to disease of Bacchus, Venus, and Pluto, or evoked by the unsearchable decree of Fate.

In many cases the public choose to assign the chief value to the moral treatment and discipline, and reserve their gratitude for the system characterised by it; in other instances they attribute no value to such measures, and raise an outcry concerning the neglect of therapeutical treatment.

In the first case they are accustomed to say, "Now I have the right physician." In the second, "medicines must be given as in other diseases." And again, they say, "Nothing can be done; when a man is mad, he remains so." The string of questions which has been a hundred times repeated to us and answered, is characteristic.

Question. How is my relative?—He is tranquil. I am pleased

with his state. Question. What does he want, what does he require, what can I do to gratify him? Answer. He needs nothing; we have supplied him with everything; he makes no request; it would only disturb him. Such is the general colloquy, and it satisfies, as a rule, half the friends of 300,000 insane in Europe. Every method of restraint is, with the public at large, a mysterious object to be wondered at, and educes no feelings of compassion or sympathy. These are significant facts which we cannot too strongly commend to general consideration.

Institutions managed by females are more valued and sought after by the male public than those conducted by persons of their own sex.

The burdens and collisions which are entailed upon the physicians and superintendents of asylums as a consequence of the authorised inspection by administrative boards, and which naturally quite escape the notice of the public, cannot, from the limited space at our disposal, be further alluded to.

This is the substance of what, in answering the first cardinal question of our essay, we have considered necessary to select from the multitude of ideas which the subject naturally suggests to the mind.

But in answering the second cardinal question, we have still some remarks to make.

It behoves us, in reference to that portion of the public which we designate as the "poor," and which has not enjoyed the advantages of instruction and education, to make some short observations relative to the above points.

The opinion entertained by the educated public exercises as a matter of course, the greatest influence on the latter class, and produces the same impressions under different forms and characters, which are modified moreover, as a natural consequence, by individual character. That in this class, superstition still exerts considerable influence, and that the devil, according to their interpretation, has much to do with insanity, is a wide-spread, popular belief in the south and north of Europe, and this is a circumstance not to be passed over in silence. Likewise, the delusion of a portion of the people that only poor persons become actually insane, but that the rich are kept shut up in asylums, on account of the commission of crimes and offences.

The modern Pinel-Esquirol reforms of asylums which at present constitute the general stagnation principle of our practice, enjoy among the uneducated classes, as is very intelligible, the same praise and wonderment they excite among their educated fellow men. The conductors of such asylums are uniformly looked upon by the uneducated as disinterested benefactors of mankind, whilst the psychiatric physician is regarded by them with indifference, and frequently taxed with quackery.

When personal risk, extreme poverty, or the injunction of

magistrates, along with urgent need demand it, then only is it that the poor will, as a rule, entrust their insane relatives to an asylum. This often happens, indeed, from ignorance and want of judgment, yet on the other hand, it is also the consequence of a certain mistrust of such institutions.

It is conceivable that the rich, and those occupying a position in the world, on account of the many consequences which often disturb the family interests for many generations, and compromise their position, may strive to conceal their insane relatives; but with the poor this cause is entirely inoperative. The public, moreover, cannot be sufficiently warned against the concealment of those labouring under insanity. We know well that it is in mental disease pre-eminently necessary that the physician should be speedily, frequently, and perseveringly consulted, and his behests cheerfully and unhesitatingly obeyed.

Selfishness and bad advice and ignorance, are daily inflicting great mischief. Mankind in general, and in particular in poverty and in wealth, readily run into extremes, and hence it happens that both portions of the public, the educated and uneducated, either expect wonders from the physician, or reject his labours as worthless. Both the poor and rich put the question from time to time at an asylum, "Is my relative well or dead?" "*verbum sapienti sat.*"

We close herewith our reply to the first cardinal question. Did Pinel reappear among us, he certainly would be greatly astonished, that we have stood still in the same field of practical knowledge which he bequeathed to us as a productive ground for progress. He would marvel that our generation held the same false ideas concerning our art and the institutions connected with it, as well as regarding their superintendents and physicians, as prevailed during his time. But we must confess with shame, that we have remained at a stand-still since his death, until the present day, in the practice of our specialty; nay, worse than at a stand-still, "*Non progredi est regredi.*"

II. The question relative to the control and supervision of asylums has indeed been frequently enough discussed; but the results of these discussions, we must honestly admit, are very insignificant.

Moreover, official debates on this question are seldom published, because as state-affairs they are not considered eligible for publication. We do not as yet possess, as has been before remarked, any adequate code of lunacy in Europe, and it follows as a necessary consequence, that the supervision of lunatic asylums must also be imperfect. For it is evident, that one of the most important chapters in the law must be the fixing those definitions which shall invariably determine the sort and character of the control to be exercised.

If we look to the official reports of any country, which are prepared under the direction of different supreme commissions, committees, or boards of control and trustees, and periodically submitted to

the ministers of state, and by them again laid before the representatives of the nation, we find—on a repeated and impartial examination of them—incontestable proof of that lamentable condition of things which we were compelled to delineate in the paragraphs 1 to 5, occurring in our answer to the first cardinal question.

Without mentioning that, as a rule, in the preparation of such reports, the greatest consideration must be accorded to colleagues and others associated ; it is further a fact that not rarely they are the production of non-medical men, or at least are not prepared by special physicians ; and besides are published irregularly, and very tardily. A still greater evil is the circumstance, that such reports are in many countries not published at all, whilst in others they are addressed only to ministers and representatives, as scientific returns to be laid by among the archives of the country ; and seldom does any public man venture an observation respecting them, and when it does so happen, the remarks are only of local interest, and scarcely ever touch upon any leading principle.

Before a subject of this kind is debated in a full assembly, and made the subject of legislation, more than ten years may glide by. Just as if this branch of knowledge did not deserve to rank among the most important questions that affect mankind.

We will now briefly discuss the questions :—(a) By whom? (b) How often? (c) In what manner, and (d) With what result are lunatic asylums inspected at the present day?

(a) Those who, in the several countries of Europe, inspect lunatic asylums, are usually very pains-taking and cultivated men, but very rarely physicians, and well nigh never asylum or psychiatric physicians.

Though they may be perfectly well qualified for the discharge of the administrative, and still more of the philanthropic portion of their duty, yet they stand in absolute need of the most weighty requirement, or of a practical fitness for the fulfilment of their office ; and this essential requisite is a knowledge of the pathology and the medical treatment of insanity. How, then, can the most important questions touching the good government of the insane be decided on by the supervisors, when these are not themselves physicians who make insanity a special study? And must we, for the future, as we do at the present day, allow the therapeutical details of asylum superintendence to remain without any control whatever?

It is an extraordinary circumstance that the directors and superior officers of charitable institutions, or indeed, of prisons, are frequently, at the same time, the principal inspectors of lunatic asylums. Asylums and prisons are too readily brought within the same category : a fact which affords striking evidence that the unconditional, indiscriminate sequestration of every lunatic leads to unreasoning uniformity or assimilation.

The committee of management ordinarily consists of several government officials, or benevolent persons, a secretary, and now and then a physician, who, as before said, is scarcely ever an asylum physician, or one looked up to as an authority in this special department of medicine.

In many countries there is no higher superintending authority over asylums, except that supplied by members of the provincial sanitary boards. Many states again only delegate, as cases arise, some individual government official to undertake the particular control of the treatment of the insane.

With what want of design such arrangements are made can be further perceived from the fact, that in different countries of Europe lunatic asylums are included in the jurisdiction of the Minister of Justice, or in that of the Minister of Public Instruction, or again, in the department of the Interior; indeed, we know of one state where a short time ago the lunatic asylums were entrusted to the Minister of Commerce.

We must not forget to mention the several provincial, district, or county committees, in the composition of which likewise, as a rule, physicians are excluded.

These local committees, however, interpose the greatest obstacles to practical and speedy reform in the administration of asylum treatment. They are the drags to rational progress. What passion and weakness may not be found among their members! And hence arise those continual collisions between the professional superintendence and the administrative management of the institutions.

These committees commonly act only as a permanent opposition, paralyse the authority of the physician, make him appear as a very subordinate instrument, and often manifest themselves only as an element of disorder in the whole conduct of the institution. * What asylum physician has not the saddest experience of this?

Divided authority is to the physician a source of great evil, whilst a subordinate position (as, for example, in private establishments belonging to non-medical men) annihilates his usefulness altogether.

We need devote several sheets to illustrate and exhaust this chapter, but as we fear lest our essay should become too voluminous, we shall pause here, and briefly discuss the other cardinal questions.

Besides, we believe enough has been already stated to demonstrate that, for the purpose of securing effective supervision this principle must be accepted, "that the position of the physician must be independent," and, as far as possible, officials and all the staff be always subordinate to him.

In our opinion, moreover, the control of lunatic asylums requires that the president of the committee should always be a member of the profession of authority in this specialty; and the majority of its

members also, physicians, and as far as possible psychological physicians.

We would add, by way of further remark, how important are regulations for the psychiatric judicial department of our science, and leave our readers to deduce their own inferences.

(b) How often should lunatic asylums be visited? is a question easily answered.

As a rule, this is done only once a year, and frequently only once in every two or three years. In many countries, indeed, an inspection of an asylum is only called for and exercised when some scandal occurs. Commonly, also, such inspections were formerly notified in a private manner to the asylums concerned, or sometimes even officially announced. It is superfluous to trace the consequences of such proceedings more minutely.

In our opinion, lunatic asylums should be inspected at least once a month, and always without notice.

(c) The inspection of receptacles for the insane has been always conducted in a careless and superficial manner. The building is walked through, the store-rooms surveyed, some few patients or attendants spoken to, and then the inspector's room is re-entered, and after a shorter or longer talk with the officers of the institution and the physician, and after entering their names in the inspection-book, after a few hours thus spent in the asylum the inspectors quit it with a full conviction that they have sufficiently discharged their duty.

In our opinion, an inspection consists of two parts,—the one concerning the administrative, the other respecting the medical details; and to the latter we assign considerable importance.

But how is a commission to examine the insane and the history of their disorder, as well as the diagnostic, prognostic, and therapeutic entries in the case-books, when, as the rule, no psychiatric physician is found among its members? The consequence is, this most important part of the economy of the institution entirely escapes inspection. To arrive at any results on such points, certainly not a few hours in every year, but several days in every month can alone suffice. For these frequent inspections the staff of inspectors ought to be proportionately constructed, organized, regulated and paid. How necessary such inspections are for private asylums belonging to non-medical men, would very quickly be proved by their results. And we could produce illustrations of a recent date, which would confirm, in the strongest manner, the proposition advanced.

(d) The remarks on the question treated in section *c*, show clearly that the consequences of such inspections can generally only be of a negative character. The results of such inspections are conveyed in the official reports of inspectors. And we must wonder in fact, at the indulgence and indolence of those gentlemen to whom such

reports can be addressed. Confusedly put together, they contain praise and blame distributed pell-mell, and very seldom any positive suggestions of improvements. Year after year complaints are made respecting local and district difficulties, but the grumblers have not the sense, or do not take the trouble, to solve the difficulties or to annihilate them. With measures for improved organization they scarcely ever deal, and pure medical questions are almost entirely ignored. And it is the fact that the editor of the reports is usually the secretary of the commission, and always, indeed, a non-medical man.

If we are desired to cite some good reports by way of models, we may be allowed to call attention to those of the Dutch asylums, and especially to the periodical returns of the present chief-physician of the Belgium Asylum at Gheel, Dr. Bulckens.

At the close of the answer to our second cardinal question, we have proved the correctness of the assertion with which we started, respecting the supervision and control of lunatic asylums, that a radical reform is exceedingly wanted.

III. We firmly entertain the opinion that physicians alone should be permitted to establish lunatic asylums. If we hold that the administrative department is the only ruling power in the management of such institutions, as it is now, alas! the custom of the day to think, those great evils which we have sought to depict in discussing the fifth point of the first cardinal question, must necessarily arise. Nothing can be more absurd or erroneous than the granting of licences for the erection of lunatic asylums, as they might be given for the opening of hotels or boarding-houses, to which establishments, after all, a house-surgeon is not unfrequently attached.

Monetary speculation on the misfortunes of others is a pitiable employment, and, as a rule, private lunatic asylums, established by non-medical men, are nothing else than investments of this kind.

Only asylum physicians who have for a considerable time practised in other, and particularly in public asylums, and who have thereby acquired considerable experience and skill, should receive as a reward for past, and an encouragement to future exertion, and as a distinction and means of provision, the privilege of a licence to establish an asylum for the wealthier classes. To this it may be objected that a certain capital is required, which asylum physicians generally have not at their disposal.

We reply to this objection that, very frequently, asylum physicians are in a position easily to obtain advances of capital for such generally profitable and privileged undertakings.

The heads of such institutions must be familiar with the treatment of insanity; that is, they must be physicians—experts, if they are to be qualified for their duties. How then can such privileges be rightly conceded to non-medical men, or, indeed, to women? Is it not complete nonsense? And it is with great justice that in England protests, especially against the latter abuse, have been urged.

We must not be supposed in any degree here to animadvert against the "patronal or family care of the insane," under the supervision of an asylum physician, of which we have to speak, in discussing the fifth cardinal question. Though a lunatic asylum established by a non-medical man always has a permanent inspecting or house physician, it must be borne in mind that the relative position of this officer is always one of dependence on the director of the establishment. Again, it is very seldom that the physician is an alienist physician. Often, too, he does not live in the asylum, but is sent for as occasion requires. Under these and similar circumstances, the proceedings of non-professional directors and their attendants may be readily imagined. Official control, which supplies the only counterpoise in such matters, we have already shown to be extremely inadequate and impotent. It should therefore be established in the lunacy laws, as a principle, that none but physicians specially engaged in lunacy practice, and medical men who have made it their particular study, shall be allowed the privilege to establish lunatic asylums.

This should be the primary condition for such a privilege, the others would be guaranteed by the oath by which every physician binds himself to the performance of the general duties of his office.

Special guarantees, which this exceptional position require, must likewise be laid down in the lunacy laws. There is no fear of neglect in the administrative details, for these a practical psychological physician can soon learn. It is self-evident that the chief control or inspection by commissioners of asylums, conducted by psychological physicians must not be abolished, but be completely preserved in every point. This comprises, in a word, all we have to say in reply to the question before us.

We have intentionally avoided to discuss the reasons in detail which are adducible against the administration of lunatic asylums by non-medical persons, that we might not have continually to give examples of scandals, and illustrations of the evils prevalent in such institutions; and I trust the impartial reader will give me credit for this.

IV. The reply to the foregoing third cardinal question, solves this present one by enabling us to give a categorical negative.

If non-medical persons should not, as a general rule, be entrusted with the management of lunatic asylums, this conclusion holds good in a special degree, with respect to religious corporations of either sex.

Let it not be overlooked that one-thirtieth part of the insane population of Europe is afflicted with religious madness. And another very important element in this matter is, that the clergy, and especially catholic priests, monks, and lay-brethren, are wanting in the most essential qualities requisite for a proper treatment of persons of unsound mind.

Is not a perfect acquaintance with people of all conditions from the palace to the hovel, a thorough practical conception of human existence and human motives in fortune and misfortune, in joy and sorrow, a condition for the right understanding and treatment of the insane? And need not a man have a family of his own, and live a social existence, in order to comprehend the multiform events occurring in families, and to be able to arrive at a correct opinion?

But these and many other matters are not to be learnt in the solitude of the cloister, but rather in the great places of human concourse, which the member of a religious order is compelled by his vocation to avoid.

Monastic discipline, pedantry, uniformity, lazy quietude, penuriousness, severity, moroseness, and silence, or in one word, perverted and impracticable ideas and performance, are found to be rife in most lunatic asylums conducted by religious fraternities. Long-continued religious exercises are actually expected to supply the place of medical treatment! Restraint is cherished, and flourishes in barbarous completeness, and all those evils prevail which have been pointed out in private asylums belonging to non-medical men.

The same objections apply to the servants belonging to religious houses of both sexes.

Whilst acknowledging the devotion with which these services are sometimes performed, we cannot admit that those gratifying practical results are attained which might be anticipated from them.

A certain degree of cleanliness and order generally found in institutions of this description, imposes upon the inspectors, who are accustomed to consider the fulfilling of a requirement, which though important, is only a necessary and general sanitary condition of every hospital, as the one thing needful. Indeed, we must here expressly allude to this circumstance as an oft-repeated vulgar error. In our opinion, religious corporations ought to be declared incapacitated to undertake the management and custody of the insane, in a special clause in the lunacy act, and thus be debarred from the management of lunatic asylums.

The only exception admissible to such restrictions would be where such corporations engaged in the systematic study of medicine, with the particular object of serving in hospitals, as for example, the corporation of serving-brothers in Austria.

V. By "patronal or family régime," we mean that kind of attention to the insane which is, in principle, wanting in asylum-life, for which family guardianship and care under the supervision and management of a psychological physician is substituted.

Such a method of treatment has hitherto unfortunately only been carried into practice on a large scale, at one spot in the world, namely, in the district of Gheel, in Belgium.

It still remains a duty in this century to create a Nazareth for the

curing of the insane from this Bethlehem, for their care and treatment.

The eagerness with which this question has latterly been seized upon, augurs good. We have in other places (see the essay in the May and August numbers, 1860, of the Brussels 'Journal de Médecine,' entitled "Gheel et ces Adversaires;" also "L'indifférence de notre siècle pour l'infortune des Aliénés," and lastly, the 'Psychological Journal,' July, 1861) treated of Gheel, and the system there pursued, and we reserve for a systematic work the discussion of our views on this subject in general; we shall, therefore, as it does not concern our last cardinal question, say nothing in this place upon Gheel and the patronal system. Gheel is, as a rule, called a colony of insane, but in place of this, we substitute the term, proposed by Dr. Bulckens, the chief physician of Gheel, of "patronal or family-like asylum;" and for the system pursued, the expression "patronal or family-like régime."

Dr. Bulckens makes use in his last report for 1860, just published, of the terms "Patronal asylum," and "Family-like régime." Prof. Parigot calls the system "L'air libre et la vie de famille," or as it may be expressed in English, "Free air."

In England, the so-called system of cottage asylums and cottage-treatment, depends on the same principle. Lastly, we would reckon in the same category, if it were otherwise understood and carried out, and were subjected to reform, the arrangement alluded to in the reports of the "Select Committee on Lunatics," under the head of "lunatics with friends."

It is quite immaterial which expression is employed, if only the principle is sufficiently enforced. But at the same time, we retain the phrase "family-like régime" as most correct and convenient.

According to this, the wealthier classes of the insane should be brought together and taken charge of, in families—as a matter of course in others than their own, and this plan of providing for the care of the insane should, in our opinion, be established by law as the rule.

We have repeatedly added, in connection with this method of management, the clause "under the supervision and direction of a psychological physician." And this we desire not to let pass unnoticed.

As an avowed enemy to the indiscriminate sequestration of the insane, and upholding non-restraint in its widest signification, we feel called upon in the case of all those insane, where the cost of their care and treatment is of no moment, to advocate for them the "family régime."

All that can be generally urged respecting the disadvantages and evils of asylum-life, and of the benefits and successful results of family treatment, finds its application here. But as we consider

these matters to be acknowledged, we will not now repeat them, but put forth the single question :—Why should not the law secure for the wealthy insane the most approved plan for their cure and attendance?

We avoid reverting to the general indifference to the lot of the insane ; nor will we mention the influence of family intrigues and their frequent sad consequences. As soon as it is once demonstrated that “family management” is the best system for the insane, the law should say, “sic jubeo,” wherever the question of “posse” does not interpose.

This form of disorder cannot be compared with any other, for here it is the individual will, or the self consciousness that is paralysed, and the protection of the law is needed.

Family care must prevail as the rule, established by law, and extended to all who, having the means necessary to afford it, and the ability to remunerate professional attendants, are considered fit subjects for it in a judicial and scientific point of view. We are fully acquainted with the difficulties involved in the practical carrying out of this proposition ; but the courage to attempt at least to overcome them, ought not to be wanting.

As the “family régime” can only spread and flourish under the management and treatment of a psychological physician, it is self-evident that it must be the chief concern of the physician to select for each patient a family suited to his station and the character of his malady, and at his first entrance to give effective assistance in the management and care of his patient.

Extreme and impracticable as this may sound, at the present time, it would in course of time come to be regarded as the natural course, if it were only earnestly pursued. It is certainly more convenient to call at the very first and nearest asylum in one’s way, and there for a certain sum, to be freed from a lunatic relative.

In illustration of this method, the reader may peruse again the first five points of our first cardinal question.

We need scarcely explain that we do not intend to recognise as “family treatment” that method of hiding away rich lunatics, who are kept in distant places, in houses where they receive no aid from a psychological physician, in such a secret manner that they may be removed from public observation. Like Conolly, we denounce such deeds of barbarian ignorance. These are among the abuses we would wish to see abolished by the law.

Nevertheless, the “family régime” should be made the system of treatment, not only for the wealthier, but for all classes of society, without exception. We, therefore, do combat with the lunatic asylums of the present day, and advocate the “family régime” with all its consequences.

But all these propositions are, as before said, intimately connected

with the radical reform of the practical part of our science. They should be discussed repeatedly. We need to speak out often, and at greater length, than we have been able to do here.

We have fearlessly ventured to portray in unvarnished truth, and with the responsibility of being held to our words, five of the weightiest questions of administrative psychiatry; questions the successful solution of which must exercise a powerful influence upon the therapeutics of insanity. May we not be misunderstood!

Is it desirable to advance in the practical treatment of the insane? for what does it profit mankind to make daily progress in theoretical knowledge, to multiply handbooks of psychiatry like mushrooms, to swell our special journals with extensive theoretical observations of all sorts, but at the same time to leave the practical part of phrenopathics, including the administrative portion, in a state of lamentable stagnation; while we reject every measure of true reform, and still vainly hold on to the rotten cable of "Routine?"

"Coupons le cable; il est temps."

The Scientific Place and Principles of Medical Psychology. By J. STEVENSON BUSHNAN, M.D.; Fellow of the Royal College of Physicians of Edinburgh; late Senior Physician to the Metropolitan Free Hospital; Resident Proprietor of Laverstock House Asylum, near Salisbury.

UPON a recent occasion we took some pains to review the various significations in which the word "psychology" has been of late employed. We found that among some writers the use of this word had absolutely run wild. We pointed out that the word had not been very long established in the language of science, and that its significance, even at present, admitted of some latitude. We expressed our opinion that the most warrantable use of the word is to signify the phenomenology of the human mind, including—1, the phenomena of knowledge; 2, the phenomena of feeling; and 3, the phenomena of effort; but that it seemed still possible to give an extension to its meaning, so that it should include the psychology of man in the sense just indicated, or anthro-psycho-logy, and the psychology of the dumb creation, or enco-psycho-logy. If such an arrangement as this were adopted, it would nearly correspond with that which may be termed metaphysical psychology. The epithet metaphysical, as here applied to psychology, is not to be regarded as tautological or superfluous,

because it is designed to denote that old form of the science of the pneumatology of the human mind which rests exclusively upon what is taught by consciousness ; while physiological psychology includes all that can be determined upon probable evidence of the phenomology of the functions of consciousness in the animal kingdom at large.

The title of this article, "The Scientific Place and Principles of Medical Psychology," we have borrowed from the introductory address to a course of lectures by Professor Laycock, whose work on 'Brain and Mind' we reviewed in the January number of this journal. The phrase "medical psychology" we should regard as properly synonymous with physiological psychology. And in a practical point of view, we should prefer to consider physiological psychology as the genus under which the two species, anthro-psychology and eneo-psychology, are ranged.

But enough of preliminary definition. Our present purpose is to direct further attention to the views entertained by Dr. Laycock ; and as we are most desirous thoroughly to understand the whole scope of the learned professor's speculations, so we trust our readers will not unwillingly bear us company while we endeavour to extract from the tract before us, and from Dr. Laycock's larger work, some additional light to clear up a subject at once so obscure and so important. It appears to us that the accomplished author of the address commits the error of claiming somewhat too much for his own peculiar method in the study and cultivation of psychology. Of the vast amount and variety of topics of knowledge which Dr. Laycock's method brings within its sphere we may judge by the most superficial glance, but it does not therefore follow that that method is to be the parent of improvement coextensively with the width of range of subjects. If there be any one feature in our author's system more striking than another, it is the large extent of generalisation by which it is distinguished ; nevertheless, what he unceasingly dwells upon is the improvement he expects to make in practical metaphysics. Now, the way to practical improvements in almost every department is in the opposite direction to generalisation. Thence we assert that proof is required from Dr. Laycock, beyond what he has as yet afforded, that a system so characterised by extended generalisation is likely to be at once fruitful in practical results.

If we compare the vastness of Dr. Laycock's system, as exhibited in his former work and in the lecture before us, with any reasonable acceptance in which the phrase "practical psychology" can be received, we think it will be difficult to discover any such closeness of relation between them as should entitle him to claim a pre-eminently practical character for his views.

The questions, then, under debate are—what is the essential character of Dr. Laycock's method ? and what is practical psychology ?

Dr. Laycock's grand aim is to establish that the mainspring is a

teleological force—a supreme designer, not physical in character, but essentially personal, and therefore an infinite mind.

The foundation of this great generalisation is manifestly the observation that what is called MIND in man is characterised by the property of contriving means to ends. This, in short, according to the system under consideration, is the definition of mind—that which has the property of contriving or adjusting means to ends. Whenever, therefore, this property is observed to be exercised, there it is justly inferred that MIND is in operation.

Now, all the external life of the animals inferior to man, which in common language is referred to instinct, consists, for the most part, of the adjustment of means to ends; hence there is discovered an exercise of mind in the operation of such instincts. It is not necessary to suppose that mind exists in each of those inferior members of the animal kingdom; it is enough to infer that the power of exercising mental acts, under certain circumstances, is stamped upon them as a condition of their existence. Even in the vegetable kingdom there are certain acts strictly analogous to the effects of instinct in the animal kingdom; these, therefore, must, in like manner, be regarded as indications of a power of exercising mental acts having been stamped upon them as a condition of their existence.

Here, then, are already three distinct cases, in which is exemplified the exercise of MIND in as many separate parts of nature.

We are next called upon to consider that wonderful series of processes by which, out of certain mineral elements of the earth's envelopes, the germs of organic bodies become developed into the endless variety of the vegetable and animal kingdoms. There is, beyond question, in every quarter of this animated field the most remarkable adjustment of means to ends. There is, therefore, the same evidence, as in the previous cases of the operation of MIND. Such acts as fall under this great head are known in physiology as acts of vitality—they constitute the vegetative functions of organized nature, while the acts coming under the first three mentioned cases, namely, the human power of contriving means to ends, and the analogous effects of instinct in the lower animals and in the vegetable kingdom, belong to the relative functions. Thus, organic nature furnishes four great separate forms, in which the exercise of MIND is discovered; in other words, thought, the instinct of the two organized kingdoms of nature and the operations of vitality, in all are co-ordinate exertions of mind.

It is manifest there was a period when nothing living existed on the surface of our earth. It requires some reflection to determine whether the act of power by which the first parents of organic species were introduced into the earth should be pronounced at once an operation of mind, like that by which means are adjusted to ends. There is obviously a very large distinction between the two acts or two series of acts, that, namely, by which an individual or pair of

individuals is created possessed of certain endowments—among others, that of propagating offspring—and that by which the germ derived from such an original individual, or original pair of individuals, is developed and maintained, during a definite period, by aliment drawn from without. The two cases do unquestionably differ; but what is the nature of their difference? In the case of the first individual or first pair of individuals, an idea pre-existing in the Creator has been realised by development from the materials of the earth's envelope; whereas in the case of the germ derived from such an individual or pair of individuals, there is a series of potentialities which constitute the ends to be carried out by the adjustment of materials already existing within the sphere of its activity. But to carry out a plan is undoubtedly to adjust means to ends; thus, in the realisation of the idea of a species, the Creator manifestly puts forth an act of mind, to whatever source the plan or idea may be attributed.

Thus, then, to the examples of the operation of mind already accumulated, there is that overwhelming instance of mental power by which the earth was at first stocked with living beings.

Besides the act of development by which the pre-existing idea of a species is realised, it is discovered, by a survey of organic nature in the aggregate, that one plan pervades the whole; that there is everywhere a continuity of purpose; that, in short, amid an almost infinite diversity of development in different species, there is an unmistakable unity of design. Thus, as the entire range of organic nature conforms in one grand preconception, the event of its appearance, as a whole, in a planet previously destitute of every living thing, is the greatest exercise of mental power which falls within the reach of man's apprehension. For it is not the mere adaptation of each species to the circumstances under which it is to live that is so wonderful, but the conformity of the particular species to one great plan, while this plan is bent in every one of these to answer the special conditions under which each severally is placed.

Thus, then, the field of organic nature presents a succession of cases in which there is an unequivocal exercise of acts of mind, or of that force which, being characterised by the adaptation of means to ends, is properly termed teleological force. Dr. Laycock's conclusion is—“Mind, we have seen, is the cause of all phenomena; it is therefore the cause of all vital action and of all thought. And it is not the cause as if it were remote and occasional; on the contrary, it is an ever present, ever operating, internal force or energy. Now, since MIND, thus manifested, is but another word for the Supreme Designer and the Source of all Power, it follows that God is in a relation with all the phenomena of creation as their cause.”

Up to the point where our author concludes that the power to which organic nature owes its origin is MIND, or a personal, intelligent cause, his reasoning is unexceptionable; but it may be a subject of

doubt whether he has anywhere afforded satisfactory proof according to the views which he has adopted, "that mind is the cause of all phenomena," or that there is no other influence but MIND concerned in the order and course of the physical universe.

The link which is defective in his reasoning is that, while in all that relates to organic nature the operation of mind in the sense of an agent ever adjusting means to ends is self-evident, it is not equally evident that the same kind of agency determines the arrangements of the physical universe. We pointed out this defect in Dr. Laycock's system at some length in our review of his larger work. We do not perceive as yet that he has made any effort to remedy this imperfection.

If Dr. Laycock's answer to this objection is that the same difficulty with which we charge his system really belongs as much to the old method of psychology as to his, we are ready to admit that the point of attack chosen by the opponents of the conclusion as to the personality of the supreme power from the phenomena of nature is the same; but we nevertheless affirm that the defence supplied under that old system, as far as yet appears, is infinitely better than his. According to that old system, the argument as to personality of the supreme power rests on natural intuitive truths in the human mind; and if this first principle be conceded, the argument is throughout legitimate, and the conclusion irresistible. Whereas in Dr. Laycock's method there is an obvious flaw in the reasoning, while there will not be wanting opponents who will dispute his premises. We have ourselves elsewhere stated concisely the old form of the argument in the following terms:

"In fine, there is a God; and the argument by which we reach this truth is of the most complete character. It does not amount to a demonstration, solely because, from its nature, it cannot be made to rest on necessary truths. But it is securely based on fundamental natural truths intuitive in the human mind."

"To repeat what in fuller detail was said before, these natural intuitive truths are—that every event must have a cause; that every change implies the exercise of power; and that every cause is to be measured by its effects. But in the universe the unity of the effects proves a unity in the power exerted; their unlimited character proves the unlimited nature of the power; and the manifest design in these effects proves the intelligence of the power. In a word, there is a God, who, in the beginning, created the heaven and the earth." ('Miss Martineau and her Master,' by J. S. Bushman, M.D., p. 173.)

It would not suffice for Dr. Laycock to remark on this passage that he regards the intuitive truths referred to in it as not merely intuitive, but necessary, because he would then be reasoning in a circle; for, according to his system, these truths are

only intuitive and necessary from a teleological point of view, that is, after he has established the universality of teleological MIND.

But let us look a little more into the particular working of our author's system, and let us first consider how far the method of observation and experience which is what Dr. Laycock appears exclusively to rely upon, is adopted to the successful cultivation of psychology. This is a very important inquiry, and we profess ourselves ready to adopt whatever conclusion is best sustained by a review of the whole facts concerned. In the first place, is there any room for the notion that there are instinctive beliefs in the progress of the development of man's mental operations? And here it should be remarked that a source of misunderstanding exists among inquirers into such questions, some limiting the information derived from consciousness to the state of the mental faculties after their full development in adult age; others including recollections of childhood, or even inferences from what must have occurred in childhood, during the earliest operations of the mind. It seems manifest, however, that the proper rule in the old system of psychology is to take evidence solely from consciousness in the mature state of the mental faculties, and to regard at least all inferences from what must have occurred in childhood as belonging, not to the metaphysical, but to the physiological method of inquiry—that is, to the investigation by observation and experience.

It appears to us that in the development of the mental faculties there are numerous sources of instinctive belief; and although the truth of this fact, in regard to those of an early date in the progress of the child, must rest exclusively on what we have just called physiological evidence, yet that the existence of such beliefs at an early period serves to confirm the existence of the later instinctive beliefs which are claimed for the matured mind by the supporters of the old psychology. Mr. Stuart Mill, who is one of the most determined supporters of experience as the origin of our earliest knowledge, nevertheless says, "Truths are known to us in two ways—some are known directly, and of themselves; some through the medium of other truths. The former are the subject of intuition, or consciousness; the latter of inference. The truths known by intuition are the original premises (*sic*) from which all others are inferred. Our assent to the conclusion being grounded on the truth of the premises, we never could arrive at any knowledge by reasoning unless something could be known antecedently to all reasoning."

"Examples of truths known to us by immediate consciousness are our own bodily sensations and mental feelings. I know directly, and of my own knowledge, that I was vexed yesterday, or that I am hungry to-day. Examples of truth which we know only by way of

inference are occurrences which took place while we were absent, the events recorded in history, or the theorems of mathematics. The two former we infer from the testimony adduced, or from the traces of those past occurrences which still exist; the latter, from the premises laid down in books of geometry, under the title of definitions and axioms. Whatever we are capable of knowing must belong to the one class or the other; must be in the number of the primitive data, or of the conclusions which can be drawn from these."

"Whatever is known to us by consciousness is known beyond possibility of question. What one sees or feels, whether bodily or mentally, one cannot but be sure that one sees or feels. No science is required for the purpose of establishing such truths, no rules of art can render our knowledge of them more certain than it is in itself. There is no logic for this portion of our knowledge."

"But we may fancy that we see or feel what we in reality infer. . . . A truth, or supposed truth, which is really the result of very rapid inference, may seem to be apprehended intuitively." . . .

"The perception of distance by the eye, which seems so like intuition, is thus, in reality, an inference grounded on experience; an inference, too, which we learn to make, and which we make with more and more correctness as our experience increases; though in familiar cases it takes place so rapidly as to appear exactly on a par with those perceptions of sight which are really intuitive—our perceptions of colour." ('A System of Logic,' by John Stuart Mill, vol. i, pp. 5—7, 3rd edition.)

With reference, then, to the existence of instinctive beliefs, let us take colour. The discrimination of colour is certainly not at first an acquired faculty. It is an instinctive or intuitive judgment as to the differences of colours. It implies an instinctive belief that red differs from green, yellow from blue; in its ruder exercise it requires no experience. It is a perfect example of a series of instinctive beliefs. The very fact of the occasional occurrence of colour blindness is a proof that it is not an acquired judgment, or dependent on experience. Moreover, the evidence of this being an instinctive or intuitive judgment is as patent to the psychologist who studies the mind by reflexion on the phenomena of consciousness as to the inquirer by a physiological method.

Let us take another example in which vision is concerned. Our knowledge of the distance of bodies is probably, as is commonly taught, the result of experience; but there is plainly no experience concerned in our judgment as to the direction of the visible point on which the optic axes meet in distinct vision. The knowledge or belief which every child quickly exhibits, that, that point is in the direction of a straight line at right angles to the surface of the cornea cannot be other than instinctive or intuitive.

If we prick a metaphysician's heel of either school with a needle, he will at once say where the pain is felt. Does he recognise the seat of the pain by experience or by an intuitive judgment? It is by experience, indeed, he knows the relation of the point affected to the adjacent parts of his bodily frame, but he refers the pain to the point touched, altogether independently of experience. The physiologist knows that unless a particular point of the distant nervous centre were sound, and in nervous communication with the part touched by the needle, no pain would be felt; the subject of the experiment knows nothing of the conditions under which the pain takes place; his instinct merely teaches him where the pain is felt, and where he a child newly born, the pain would occur nowhere else but in the point touched by the needle. What else is this but an instinctive belief? And the extent of this belief should receive more attention from metaphysicians and physiologists than it has as yet obtained, since this law of belief cannot but exert the widest possible influence upon the development of all the faculties from the earliest infancy. Sir William Hamilton states this law in the following terms :

“The physiological law is—that a nervous point yields a sensation felt as locally distinct in proportion as it is isolated in its action from every other.”

But let us proceed to some examples of the truths which in the old metaphysics are claimed as intuitive or instinctive, and therefore independent of experience. There is the order of necessary truths, of which we have instances in the propositions that the whole is greater than its part, and that two and two make four; also in the belief of personal identity. As the opposite of each of these propositions involves a contradiction, the belief in them independently of experience is justly termed necessary. In short, the human mind, independently of experience, is endowed with the power to apprehend a contradiction in terms, and this undoubtedly is the foundation of man's capacity for logic. Another set of examples of intuitive truths usually claimed for the human mind consists in the belief in an external world; in the free agency of self; the feeling that every event has a cause, and that there is an exercise of power wherever an event in nature takes place.

What the metaphysician affirms of these two orders of truths is, that they are independent of experience, and that he learns the fact by reflexion on the phenomena of his own mind. What those who adopt such views as Mr. Mill affirms is, that those truths are the result of observation and experience, and that they are best studied, like the several parts of physiology, by a like observation and experience.

We in the mean time pronounce no opinion; but this much we cannot but say, that the debate in the old manner of metaphysicians re-

specting the claims of these propositions to be intuitive or instinctive truths has proved one of the most useful exercises ever introduced for the enlargement and strengthening of the human understanding. And this, we must be allowed to add, is one of the chief uses of metaphysical studies as a preparation for those practical departments of life in which the more refined kinds of analysis are required. It will not, then, be unreasonable to require, before we consent to Dr. Laycock's method being allowed to supplant the old system, that he shall prove, not only that that method is equally conducive with the old to the advancement of our knowledge of the human mind, but that it is equally suited for that kind of exercise of the mental faculties to which we have referred.

Now, while we acknowledge that Dr. Laycock's views are in their several parts sufficiently distinct and intelligible, we cannot but think that there is some deficiency in clearness of connexion between particular parts of his reasonings and conclusions. But a system deficient in these qualities is not well fitted to the purpose just indicated, namely, that of strengthening and enlarging the mental powers of the student. This defect of clearness in the connexion between the several parts of his system appears, in a great measure, to arise from his contrasting his own views, not with the recent systems of the old metaphysics, such as these are found in modern works and in the prelections of the metaphysical teachers of our own times, but with all that has ever been written under that old system, from the time of Plato and Aristotle downwards; the consequence of which is often an inextricable confusion in regard to the points which are really under debate. We desire to call Dr. Laycock's attention to this defect, as we deem it, because it interferes very much with the good which really is in his system from being made either apparent or available.

We think we shall be able to illustrate what we mean without departing from the point now under consideration, namely, how far our judgments are intuitive or instinctive, and how far the result of observation and experience. We shall first cite a passage from Mr. Stuart Mill, and then some passages from Dr. Laycock, with the purpose of discovering how far the latter, under a particular head, really debates such questions as are held in the present day to rank under that head.

“Of the science which expounds the operations of the human understanding in the pursuit of truth, one essential part is the inquiry—What are the facts which are the objects of intuition or consciousness, and what are those which we merely infer? . . . Its place is in that portion of mental philosophy which attempts to determine what part of the furniture of the mind belongs to it originally, and what part is constructed out of materials furnished to it from without. To this science appertain the great and much-debated questions of the

existence of matter; the existence of spirit, and of a distinction between it and matter; the reality of time and space, as things without the mind, and distinguishable from the objects which are said to exist *in* them. For in the present state of the discussion on these topics it is almost universally allowed that the existence of matter or of spirit, of space or of time, is in its nature unsusceptible of being proved; and that if anything is known of them, it must be by immediate intuition. To the same science belong the inquiries into the nature of conception, perception, memory and belief, all of which are operations of the understanding in the pursuit of truth. . . . To this science must also be referred the following and all analogous questions:—To what extent our intellectual faculties and our emotions are innate; to what extent the result of association. Whether God and duty are realities, the existence of which is manifest to us *à priori* by the constitution of our rational faculty; or whether our ideas of them are acquired notions, the origin of which we are able to trace and explain; and the reality of the objects themselves, a question not of consciousness or intuition, but of evidence and reasoning.” (‘A System of Logic,’ by John Stuart Mill, vol. i, pp. 7, 8.)

Under Dr. Laycock’s section entitled “Definition of Intuitive Ideas and Necessary Truths” we should expect to find a distinct statement of his views respecting some of the topics referred to in the quotation from Mr. Mill, or on some other topics having, at least, an alliance with these. Nevertheless we have felt disappointed, nor do we imagine our readers will feel otherwise when they peruse the following quotations:

“Metaphysicians have discussed in various ways, and under various phases, the question whether all our knowledge is the result of experience; or whether, by the constitution of our nature, we have knowledges independently of experience, or which only require experience for their development. According to the one view, the mind is a *tabula rasa*, or like a sheet of white paper on which experience writes its teachings; according to the other, there are innate ideas, powers, or capacities, in the *tabula* or paper, which are there independently of experience.

“Whenever these questions have been discussed according to the usual method—that is to say, when the sources of our knowledge have been inquired into without regard to the laws of action of the vital forces in those corporeal structures in virtue of which we acquire any knowledge at all—incurable confusion has been made the result. The two great sects between which philosophy has been divided have both truth on their side; that they disagreed at all was due, in fact, to the one-sided view each took of the questions. In particular, in discussing the various moral and philosophical questions to which the problem has given rise, the phrases *intuitions* and *intuitive ideas* have been used synonymously with the terms *intuitive*

truths and *necessary truths*. Now, these terms are not, in fact, synonymous, if we look at mental phenomena in their correlations with vital changes. Strictly speaking, an idea, considered as a causal agent, is neither true nor false; we might with equal propriety say that the force of gravity is true or false. . . Truth, then, as a quality, is a derivative, contingent, and variable idea; a special truth is the knowledge of an idea in its real relations—*i. e.* is a cognition of accurate experience. The essential quality of an idea is its necessity, in which it correlates law and force. Hence metaphysicians use the term *necessary* (literally never-ceasing) correlatively with terms applicable to all the great laws and forces of nature." ('Mind and Brain,' vol. i, pp. 287, 288.)

Surely Dr. Laycock will not seriously say that in placing a passage such as that just quoted before young students of mental science, he is fairly representing the state of the old metaphysics at the epoch when his volumes were published. He speaks of incurable confusion being introduced into the subject by the old mode of dealing with it, but the phrases and terms he has himself employed in the passage above quoted will be liable to create greater confusion. What recent author will he produce who has insisted upon innate ideas? What recent author will he refer to who has denied innate capacities? Does he regard ideas and capacities as synonymous terms? We believe he will find no one in recent times to dispute that the mind is originally a *tabula rasa*—a sheet of white paper. The only question, as plainly appears by Mr. Mill's statement of the case, at present debated is, what is the nature and extent of the characters which appear on the white paper, when impressions begin to be made upon it in the exercise of the senses and the subsequent exercise of the mental faculties? Is there any notion more familiar to physiologists than that of potentiality? It is hardly possible to suppose that Dr. Laycock can think it conducive to clearness of statement to confound the potential with the actual, by treating innate ideas as synonymous with capacities for ideas.

The mind of the infant is undoubtedly a *tabula rasa*—a sheet of white paper—but that *tabula rasa* already holds within itself a potentiality of a future, or, what is the same thing, susceptibilities of all that is to constitute the mental history of the individual, ready to be developed when the appropriate conditions arise. The view adopted in general, at present, on this point, is clear and distinct. Nothing is or can be present to the mind until it is brought before the mind under a *condition* which originates independently of the mind. Thus, a red surface comes before the eye—an impression is made on the retina—the optic nerve carries the impression to a certain tract of the nervous centre—a sensation arises, and this state of consciousness is an operation of mind—it is referred to the points of the retina on

which the impression is made, while the consciousness is attended with a belief of its own externality: a condition has arisen under which, by its essential constitution, the mind wakes into action. There are ideas, but they are not innate or intuitive. They follow on the application of an external condition. Next, let us suppose a green surface presented to the eye. The like phenomena take place. There is in the mind the potentiality of discerning the difference between the effect of the red surface and that of the green. This is a distinct idea. But it is not an intuitive idea—it is not an innate idea; it had no existence, except in potentiality, until the requisite conditions were applied. We will concede to Dr. Laycock that it is a necessary idea, in so far as it necessarily results from the constitution of the human mind under the application of the conditions concerned. But this is not the kind of necessity referred to in the debate of the questions under consideration. It is plainly a logical necessity, not a necessity in the order of nature. Whatever is, is—is a proposition of logic; and Dr. Laycock's necessity, as applied to ideas in the above passage, falls under that head. If the human mind be constituted after a certain plan, then it is constituted after that plan, and no other. But there was no necessity in the order of nature for that plan. It might have been different.

Before saying more on this matter we will cite the next passage to that already quoted from Dr. Laycock's chapter:

“Looked at from the teleological point of view, all truths are obviously necessary truths, inasmuch as what we term truths are only our cognitions, intuitional or acquired, of the fixed, immutable, and necessary order of events in creation, or of the correlative forces upon which these events depend. Hence it is the quality of necessity which correlates all truth whatever. But we can distinguish between universal or general and particular or derivative truths, just as we distinguish between general and derivative ideas and general and derivative laws and forces. Now, as these are variable and contingent, because derivative, so there are truths which are correlatively variable and contingent, because derivative; these are the truths of experience. The fundamental truth of mental science is that mind regulates the application of force to desirable results. Within this generalisation all the other truths of mental science are contained as derivative truths. Or if we examine the order of events as determined by the law of design, in discovering the results of that order we learn what are the fundamental or derivative ideas and truths.

The truths are none other than the generalisation of science or of experience as to that order; *e. g.* it is a truth that all men die, that life is finite, that air has weight, that we see with our eyes, hear with our ears, &c. The ideas are none other than the result converted into cognitions, and considered etiologically and apart from the phenomena, as the law by which events were made to succeed each other in a

fixed order. Thus, while an *idea* is that which conceivably and necessarily precedes the order of events in the mind of the designer, as cause, the *truth* is that which expresses the results of the order, as the manifestation of the idea in creation. The idea expresses the *nou-menon*—*i. e.* the order as it is thought or designed; the truth expresses the correlative *phenomenon*—the thought realised, or the order effected. Hence the idea is necessarily potential, the truth necessarily actual. It follows from these premises that ideas and truths correlate the laws of creation; that fundamental ideas and truths correlate fundamental laws; derivative ideas and truths correlate derivative ideas and laws.” (Laycock, *ibid.*, pp. 288-90.)

It is obvious that all this is nothing more than a commentary on the logical proposition already referred to, *viz.*, what ever is, is; and that no part of it has any reference to the question indicated by our author at the commencement of the chapter, namely, “whether all our knowledge is the result of experience, or whether, by the constitution of our nature, we have knowledges independently of experience, or which only require experience for their development.” Our author next proceeds as follows :

“Turning now to an examination of the distinction made by metaphysicians between *a priori* truths and the truths of experience, we find that the distinction is the same as that made between the universal and the particular, the absolute and the contingent, the primary and the derivative, and the like. Examined teleologically from this point of view, the truths of experience are like those derivative results of general laws and forces which we attributed to chance; they are cognitions in which we do not perceive the absolute and the universal; they are generalisations in which the fact that they are intuitive or fundamental is not expressed or recognised. It is very obvious, then, that the truths of experience, when attained, are logically as necessary truths as the phenomena of so-called chance are logically necessary phenomena. A truth of experience ceases, therefore, to have the quality of uncertainty when the general truth from which it is derivative is detected and formalised.” (Laycock, *ibid.*, p. 290.)

Here, notwithstanding the promising outset of the paragraph, the author approaches no nearer to the real question at issue. It is quite true that the truths of experience are necessary truths so long as the law under which they fall continues unchanged. But that manifestly is merely a necessity of logic—not a necessity in universal nature. An unsupported stone falls to the ground of necessity so long as the law of gravitation remains in force. But is the law of gravitation a necessity of nature? Is it not possible that gravitation may be conditional, like the magnetism of a mass of soft iron under the influence of galvanic currents, which magnetism comes instantly to an end the moment the galvanic currents are interrupted.

Perhaps Dr. Laycock will tell us that his views are limited to

things as they are. We know that it is a common aphorism at present to say that inductive science has nothing to do with the origin of things or with anything else than things as they are. But as there is no teleology in the systems of those who profess this aphorism, we trust that Dr. Laycock has in this respect nothing in common with them. If Dr. Laycock regards his "teleological force" a merely directive force, and in no respect author of the forces of nature, we fear his system will fail to realise the conception of a Being with such attributes as we are entitled to demand in the Creator of the universe.

We wish the author would revise his use of the word "necessary" throughout the work. There can be no doubt that many misconceptions of his views must be the result of his frequent use of that word, without sufficient qualification or explanation.

There is no word which at present requires to be more carefully defined in philosophical speculations than this word *necessary*. We would remind Dr. Laycock that there has been much discussion in recent times on the question whether cause and effect be necessarily connected; and that we very commonly hear David Hume's doctrine approved of—namely, that there is no necessary connexion discoverable between cause and effect.

When Hume taught this doctrine he had no intention of denying what Dr. Laycock has so laboriously inculcated in the passages quoted above; that is to say, he did not deny, if one thing is truly called a cause and another thing as truly called an effect, that there is a necessary logical connexion between them. What he denied, for example, is that there is any necessary connexion between the production of carbonate of magnesia in the form of a white precipitate when a solution of Epsom salts is mixed with a solution of carbonate of soda. If Dr. Laycock say that, if the whole laws of chemical attractions were known, it would be seen that the connexion between the antecedent and the consequent is necessary, he will be obliged to add, "so long as things remain as they are at present;" for if it be denied that infinite power might have established a different law, then necessity is made supreme in the universe.

We quote the paragraph which follows, where we think Dr. Laycock fairly goes into mysticism:—"If we apply the fundamental law of all cognition to an elucidation of this question, we cannot but see that, in the widest sense of the term, all truths whatever must be truths of experience, for conscientiousness itself is but an experience of the vital changes within us. We do not even know that we exist as one, out of relation to something else. Now, a knowledge of that relation implies an anterior cognition of self and not-self, which cognitions can only be results of the teleiotic or teleorganic changes going on within us to that end. Mr. Mill, therefore, has rigidly attributed even our ideas of number to experience ('System of Logic,' book ii, chap. v, vi), if the term be used in the sense here indicated; for it is obvious

that a man can only know himself numerically as one by knowing that he is one in numerical relation to another *one*, or to several ones. In his own consciousness he has the intuition of *two*—viz., his mind and his body. An organism devoid of these intuitions is, *mentally*, non-existent—it is 0. ‘The first form of the expansion or manifestation of the mathematical monas, or of 0, is + —. The + — is nothing else than the definition of 0. 0 is the reduction of the positive and negative series of numbers upon which the whole of arithmetic depends. A series of numbers is, however, nothing else than a repetition of $a + 1$ or $a - 1$; consequently the whole of arithmetic reduces itself to $+ 1 - 1$.’ (Oken, ‘Elements of Physico-Philosophy,’ translated by Tulk.) The same *law* applies to our cognitions of things in space or time. It is of no consequence by what sign we indicate the two things in relation. If it be A, then $A = A$. That is, A, as known in one portion of space or time, equals A as known in another portion of space and time. The two states of consciousness differ only, in fact, as to the different relations of the A to space and time. But to the application of this difference a double experience of A in space and time is needed, and a synthetical comparison of the two experiences. This means nothing more than that experience is reduced to its simplest element; it is mind in synthesis with organization—mind active.” (Laycock, vol. i, pp. 290—291.)

What possible connexion has this with the simple question with which we set out, namely, “whether all our knowledge is the result of experience; or whether, by the constitution of our nature, we have knowledges independently of experience, or which only require experience for their development”?

In the beginning of this passage Dr. Laycock tells us that all truths whatever must be truths of experience; yet he cannot but apprehend that this use of experience is totally different from the established use of it in the discussion of the question under consideration.

Moreover, when the author says that the “cognition of the relation of self and not-self can only be the results of the teleiolic or teleorganic changes going on within us to that end,” he most plainly says, in the sense well understood in the discussion of this question, that such a cognition is an intuitive truth wholly independent of experience for its origin.

Our author in this passage next gives his approval of Mr. Mill’s views as to number, but with a qualification which proves him to be of a totally different opinion from Mr. Mill. There is another example of Dr. Laycock’s tendency to perplex us by refusing to adopt the language of metaphysical discussions in the sense in which it is of now established use.

Mr. Mill is the most determined supporter of the view that the sciences of number and quantity rest, not on necessary truths, but on truths deduced from observation and experience. Now, the qualification made by Dr. Laycock is that Mr. Mill is right if he believes that,

by telicolic changes within us, the cognition of number exists potentially in the mind "antecedently to the act of *experience* on occasion of which it is first actually elicited into consciousness." Mr. Mill most distinctly entertains no such qualification. The passage in the last sentence marked as quoted is from Sir William Hamilton, and is introduced by Dr. Laycock, manifestly with approbation, in a subsequent part of the chapter we have been considering. But what is the sense of the word "experience" in that passage? Sir William Hamilton most distinctly makes it appear that such an act of experience as is here referred to is not *experience* as opposed to *intuition*, but the single act of experience which constitutes the condition on which the possession of an intuition is discovered.

But to proceed with what remains of the last passage quoted from Dr. Laycock—he goes on to say that a man has originally the intuition of two in his mind and his body. We doubt this altogether. We do not think that man finds number upon his mind being one, and his body another one. We strongly suspect that self is from the first one, uniting both mind and body, and that the distinction of mind from body is an ulterior effort of thought.

An organism devoid of these intuitions, that is, mind and body, is = 0. Hence, according to this reasoning, a majestic oak, the monarch of the wood, being an organism destitute of the aforesaid intuitions, is = 0.

With respect to Dr. Laycock's quotation from Oken, without questioning its truth, what has it to do here! If it explain the origin of numbers in the human mind, it must be in understandings very differently constituted from those commonly possessed by the ingenuous youth such as we have come in contact with in this country. They do not profess to understand intuitively the language of symbols, and generally think it time enough to read such language when they study algebra.

With respect to A being equal A, whether known in one portion of time and space or in another—the conclusion from which is that the simplest form of experience is *mind* in action—we think Dr. Laycock's pupils would have had more distinct ideas imparted to their minds if he had said—"Gentlemen, you remember that A was an apple-pie; that B bit it, that C cut it, that D divided it, that E ate it. Now, A is an object, while B, C, D, E are so many different states of consciousness, so that the biting, the cutting, the dividing, the eating, are so many distinct and separate acts of experience."

Our author, we have no doubt, for such remarks will reproach us with shallowness and inability to penetrate the profoundness of his views; but we feel confident of this, that whatever may be the grasp of Oken's intellect in respect to the general economy of the universe, his speculations as to number have nothing to do with the subject of the chapter (so often already cited) which we have been criticising.

To cite that subject once more, the question is “whether all our knowledge is the result of experience; or whether, by the constitution of our nature, we have knowledges independently of experience, or which only require experience for their development;” nevertheless, after leading us to believe that he holds the side that all our knowledge is the result of experience—Dr. Laycock most obviously adopts the opposite side, as the following quotation most clearly demonstrates :

“We know that there are potentially present in the man a series of universal, fundamental, and necessary ideas, correlating equally universal, fundamental, and necessary cognitions or truths, with which the faculties are necessarily busied in all present states of consciousness, and which, becoming active during each state, are the necessary causal elements of the thoughts and acts.” (Vol. i, p. 299).

We have exhibited a view of some of the learned author’s doctrines, and have also afforded a specimen of his mode of treating a special subject in detail, with the purpose of enabling our readers to judge how far his system is a suitable foundation for practical metaphysics. For our own part, we regard Dr. Laycock’s system as, in a great many respects, good; but at the same time we have seen too much reason to think that there are defects in its development.

We look on his system as essentially a physiological examination of that part of nature in which the more permanent forces and substances existing at the earth’s surface are made subservient to the adjustment of an infinite variety of ends in the production of new forms and motions. To this part of nature psychology belongs, and we have little doubt that the kind of investigation to which such a system must lead is favorable to the improvement of the philosophy of the human mind. But we cannot concede to our author that his system, as it exists in this work, greatly transcends the old methods of the metaphysicians, as a study fitted to improve the understanding and to give a new culture to the mental faculties.

What are practical metaphysics? What but a knowledge of the ordinary faculties of the mind, of the general laws under which these faculties operate, and of the modifications which these laws are apt to undergo in individuals; what but a knowledge of the appetites, desires, benevolent and malevolent affections of our human nature, of self-love, of moral judgment and obligation, and of the circumstances under which these are exalted, confirmed, or subverted.

How Dr. Laycock should consider his system in its present state pre-eminently fitted to teach young men practical metaphysics, such as to the points here indicated, we are entirely at a loss to comprehend. A principal use of a course of metaphysics to a student, whether his destination be to medicine, law, or divinity, is to enable him to understand the sense in which certain words are commonly used, when his professional pursuits carry him into disquisitions nearly bordering on the *metaphysical*. How would such a student

fare who had applied himself, however diligently, to Dr. Laycock's work, but to none other? We fear that the knowledge which he would thus acquire would not enable him to understand the ordinary sense in which many terms denoting states of mind in relation to questions regarding human character, are commonly employed, and would not afford him such an insight into psychology as would be of practical use to him in his professional pursuits.

Dr. Laycock's system is in no sense practical. In its present state it is a purely speculative view. It is on its trial. It cannot be of practical use in the ordinary sense of that term until it be more or less generally adopted; and in order that it may, if sound, be generally adopted, we are most desirous that it should receive fair discussion.

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Cases of Death in Epilepsy from Suffocation, caused by the regurgitation of food from the stomach into the larynx, &c. By JOSEPH LALOR, M.D., &c.

THE three following cases are examples of death from the cause above stated, which appears not to have received much notice or attention from writers on epilepsy:

CASE 1.—Margaret Phelan, æt. 21 years, inmate of the Kilkenny District Lunatic Asylum, labouring under dementia, with epileptic fits, recurring about once each month at the catamenial period, was attacked with one of these fits after supper on January 15th, 1856, in which she died suddenly and unexpectedly. She had been placed by the attendants in the usual position on her back. I was not called to see her till after her death, and on making a post-mortem examination I found a considerable quantity of semi-fluid bread and milk in the trachea and large bronchi, which had apparently regurgitated from the stomach.

CASE 2.—John Carpenter, an epileptic, æt. 55 years, who had been an inmate of the Richmond District Lunatic Asylum since September 15th, 1851, died about 8.30 a.m. on the 27th December, 1857, under the following circumstances. About two minutes after he had finished a hearty breakfast of stirabout and milk he was seized with an epileptic fit, commencing, as his fits usually did, with a slight scream. Being caught before he fell to the ground by the attendants, he was laid on his back. Whilst in the fits, in the early part of the seizure, stirabout was observed coming from his mouth and nostrils, having worked up apparently from the stomach;

the face got quite purple; the fits ceased. He became quite motionless, his breath stopped, his eyes became fixed as if in the agony of death, and one of the attendants, being alarmed, went for the resident apothecary, who was with Carpenter in about five minutes. When the apothecary arrived the breathing and pulse had ceased, the face was purple, and the body warm, and he was considered to be dead. I saw the man about an hour and a half after this.

On post-mortem examination a quantity of stirabout and milk, in a pultaceous and semi-fluid state, was found in the larynx, trachea, and bronchi. The other organs of the body presented no morbid appearance.

CASE 3.—James Keane, æt. 23 years, a patient of the Richmond District Lunatic Asylum, affected with epilepsy and paroxysms of mania, was seized with an epileptic fit on March 17th, 1861, about five minutes after he had stood up from a moderate dinner of bread, meat, and a pint of weak soup. He was placed on his back during the fit, which was of ordinary character at first, but in its course some of the food he had taken was observed to issue from his mouth and nose. His face became livid and his breathing suffocative. The resident apothecary was summoned from the lower house, distant about a quarter of a mile from the upper building, in which Keane resided, with as much despatch as possible, and on his arrival he found Keane dead. I saw the body about 4.30 p.m. the same day, and the face presented the bloated, purplish aspect usual when death is the result of suffocation. The larynx was opened about 3 p.m. the following day; a quantity of bread and of a liquid, apparently soup, was found in a semi-fluid state in the larynx and trachea. The other organs of the body were not examined, in consequence of the arrival of the father to take the body of his son for interment.

In the work of Paris and Fonblanque on 'Medical Jurisprudence,' vol. ii, p. 58, 1823, the following reference is made to the cause of death exemplified in the foregoing cases:

"We have no doubt that persons during the state of intoxication, or that of a spasmodic paroxysm, have often perished from suffocation, when the death has been attributed to other causes, and if the stomach should reject its contents during a state of insensibility such an occurrence is by no means unlikely. We have lately received the history of a case of this description, which occurred in the St. James's Workhouse, and fell under the particular notice of Mr. Alcock. The patient was seized, after a hearty meal, with an epileptic fit, during which he died; when upon opening the trachea it was found to contain a quantity of animal matter, resembling the pork upon which he had recently dined."

From my own limited reading and the inquiries I have made from others, I am not able to refer to any other notice of this cause of death in epilepsy unless what is presented in the above extract,

to which the attention of a medical friend of mine, to whom I had been speaking on the subject, was called by Dr. Thomas Brady, the Professor of Medical Jurisprudence in the Dublin University School of Physic. Many such cases have been publicly recorded, but as they do not appear to have received very general attention, I think the publication of those cases I have met with not wholly uncalled for. That such cases are not of unfrequent occurrence, I should presume from the fact that three have come under my own observation alone, and if any consideration is necessary to add importance to a subject in which human life is concerned, it will be found in the ages of two of the patients whose cases I have given, and who were cut off in the prime of life and in the enjoyment of robust physical health, if we except the paroxysms of the mysterious disease under which they laboured.

If a medical man should see such a case whilst life, or the hope of its resuscitation remained, what should be done? The semi-fluid nature of the suffocating material, and its general diffusion through the large bronchi, noted in two of the cases, are facts calculated to discourage hopes of relief from the simple performance of tracheotomy or from prone and postural respiration, as recommended by Dr. Marshall Hall.

If in addition to the body's being placed prone, as recommended by Dr. Hall, it were so placed that the head were most dependent, so as to favour the gravitation outward from the trachea and bronchi of the semi-fluid, suffocating material, in a similar manner as the exit of the gold coin from the trachea was effected in the case of Mr. Brunel, it appears to me that the other efforts to restore suspended animation, as recommended by Dr. Hall, *mutatis mutandis*, would have the best chance of success. But as the majority of such cases are likely to be beyond the power of medical aid when it arrives, it is the more necessary to consider how the regurgitation of food into the trachea during epileptic fits may be best guarded against. For this purpose I think that patients should not be placed, as is usually done in epileptic fits, on their backs, but rather lying on one side. The avoidance of taking a meal, and still more a hearty one, when, from any reason, the advent of an epileptic fit may be expected, is also a clear indication, as is likewise the necessity for having epileptic patients under constant observation, not only during the epileptic fits, but during the state of insensibility after them. In no case of death occurring in the course of epileptic fits, when a post-mortem inspection is made, should it be omitted, in my mind, to examine carefully the trachea; and if this is done, perhaps death may be found to result from suffocation in a manner analogous to that exemplified in the cases I have related, and that quoted from Paris and Fonblanque, oftener than has been heretofore generally thought.

It is usual to attribute the cause of death in epileptics found dead in their beds or elsewhere (when death has occurred away from the observation of human eyes) to apoplexy, or to suffocation from the person turning on his face. I have myself met with such cases, and, like others, attributed death to these causes. But since I have found the appearances that I have detailed in the only three cases of death occurring in epileptic fits in which I have examined the trachea, much doubt has arisen in my mind as to the correctness of my previous conclusions, mixed with deep regret that I had not taken the means to prevent all doubt. When an epileptic is found lying in water, so that the mouth and nose are inaccessible to air, the presumption of death from this form of suffocation is obvious, and when an epileptic is found dead in bed, lying on the face, the position is naturally suggestive of the same cause. Nevertheless, it would be no harm in such cases to place the matter beyond doubt or cavil by an inspection of the trachea.

But when sudden death occurs in epilepsy under the observation of bystanders, my own experience, at least, would suggest suffocation from the regurgitation of food from the stomach as the most likely cause.

In such cases the food does not appear to be vomited, but simply to regurgitate to the top of the pharynx, and thence to gravitate into the larynx and trachea. It may not be out of place to remark here that the occurrence of such cases proves that in them, at least, there is no spasm of the larynx, which by some is supposed to play an important part in the pathology of epilepsy.

Apoplexy is another of the assigned causes of death in epilepsy, which is, perhaps, sometimes so set down when the fatal termination may have resulted from suffocation from the regurgitation of food from the stomach. Some years before I had met with the first of the cases I have related I was called hurriedly at night to attend, in a dangerous fit of epilepsy, a male epileptic in the gaol of Kilkenny, who was confined there as a dangerous lunatic, and whom I found dead on my arrival. This patient had been under my observation for some time previous, and was remarkable for the enormous size of his head, like that of a hydrocephalous subject. His fits were at uncertain and very distant intervals, and notwithstanding the hydrocephalic size and shape of his head, he was so active in his mind and body that he was usually employed as a messenger from one part of the gaol to another. He was reported to have been in his usual health on the day of his death, but he had taken advantage of an unusual opportunity of gratifying an appetite at all times voracious, in consequence of being permitted to eat the dinner of a fellow-inmate as well as his own. On a post-mortem examination the cerebral hemispheres were found to be like two large serous cysts filled with transparent fluid. The cysts appeared to have originated

in the lateral ventricle, and their upper walls or vaults were formed by the expanded cerebral substance, so as to fill accurately the enormous skull. It is probable this disease existed from early life. I attributed death in this case to sanguineous congestion, supervening, as the result of too large a meal, in a brain already compressed to the limits of its endurance. But it is possible that the over-distended stomach may have caused regurgitation of food, and so tracheal suffocation. Apoplexy of a cerebrum which had for so many years borne the pressure of permanent serous accumulation, and, it is to be presumed, also not unfrequently the additional sanguineous congestion caused by gluttonous repletion, does not now appear to me to have been so plainly the cause of death as to leave me without regret that I omitted the opportunity of examining the trachea.

I have seen a patient attacked for the first time with epileptiform fits die very rapidly, and apparently from apoplexy, and in some chronic cases death appears to result from the same cause, but in others it occurs after a long series or succession of fits, extending sometimes over a period of some days, and frequently accompanied with profuse perspirations, and in such cases death appears to proceed from exhaustion of the vital powers.

The rationale of the causation of death in epilepsy, from an immoderate supply of blood within the cerebral vessels, or from laryngismus, is certainly not so clear a matter as to make it desirable to admit those affections as causes of death in this disease, unless on very clear grounds, and this consideration makes it the more necessary to search closely, in each case, whether some other cause of death may not exist.

Some Results of Night Nursing ; being a Record of the Wet and Dirty Cases in the Sussex Lunatic Asylum, Hayward's Heath, during the first six months of 1861. By C. LOCKHART ROBERTSON, M.B. Cantab., Medical Superintendent of the Asylum.

It has been suggested to me by a professional friend, in whose judgment I place much confidence, that I shall aid in demonstrating the value of night nursing in the moral treatment of the insane, and perhaps remove prejudices which yet exist against its use, by laying before the members of this Association a record of my experience of the system at the Sussex Asylum during the first half of this year.

This record of wet and dirty cases is daily checked, and can be relied on as strictly accurate. It was, moreover, not kept with any view to publication.

In order to make a fair and honest average extract from our records, I have taken the first complete week of each of the six months on both sides of the house. The most striking fact which this record exhibits is the small number of wet cases on the male side as compared with the female. I attribute this result partly to the more efficient performance of the night duties on the male side, but also to our having a large number of old chronic cases on the female side, partly removed, on the opening of the asylum, from the London licensed houses, and partly wisely transferred since from several of the union houses in the county. Still, the number of wet and dirty cases in the female side of the house is more numerous than it ought to be, and since I have made this analysis (after the last visit of the Commissioners) the numbers have further decreased.

The results on the male side of the house I print in full, both to show the manner in which this record has been drawn up and also to illustrate the mental condition of the patients who have thus transgressed.

Six Tables, showing the average number of cases wet and dirty at night in the Sussex Lunatic Asylum, during the first half of the year 1861; with the initials and the mental and physical state of the cases in the male department, wet and dirty, during the first week of each of the six months.

1.—*Week ending January 12th, 1861.*

Date.	Initials of patient.	Condition.
January 6.	H. A.	Epileptic.
„ 6.	A. P.	Ditto.
„ 6.	F. L.	Ditto.
„ 7.	H. A.	Ditto.
„ 7.	W. G.	General paralysis.
„ 7.	F. L.	Epileptic.
„ 8.	A. P.	Ditto.
„ 8.	F. W. S.	General paralysis.
„ 8.	F. L.	Epileptic.
„ 9.	H. A.	Ditto.
„ 9.	H. N.	Ditto.
„ 9.	F. L.	Ditto.
„ 10.	H. N.	Ditto.
„ 10.	F. L.	Ditto.
„ 11.	H. A.	Ditto.
„ 11.	F. L.	Ditto.
„ 12.	H. A.	Ditto.
„ 12.	F. L.	Ditto.

Total number of wet beds during the week	18
„ separate cases wet during the week	5
„ dirty beds „	0

In the female department during the same week—

Total number of wet beds	57
„ separate cases wet	18
„ dirty beds	14 (by 7 separate cases).

Mean population resident during the month of January, 1861—

Males.	Females.	Total.
168·4.	222·4.	390·8.

2.—*Week ending February 9th, 1861.*

Date.	Initial of patient.	Condition.
February 3.	No wet cases.	
„ 4.	H. A.	Epileptic.
„ 4.	W. G.	General paralysis.
„ 4.	F. L.	Epileptic.
„ 5.	F. S.	Ditto.
„ 6.	H. A.	Ditto.
„ 6.	W. G.	General paralysis.
„ 6.	F. L.	Epileptic.
„ 7.	No wet cases.	
„ 8.	F. S.	Epileptic.
„ 8.	W. G.	General paralysis.
„ 8.	F. L.	Epileptic.
„ 9.	J. G. K.	Dementia.

Total number of wet beds during the week	11	
„ separate cases wet during the week	5	
„ dirty beds „	3, viz.—	
February 6.	F. W. S.	General paralysis.
„ 6.	W. G.	Ditto.
„ 8.	F. W. S.	Ditto.

In the female department during the same week—

Total number of wet beds	64
„ separate cases wet	19
„ dirty beds	5 (by 4 separate cases).

Mean population resident during the month of February, 1861—

Males.	Females.	Total.
171·286.	224·75.	396·036.

3.—*Week ending March 9th, 1861.*

Date.	Initials of patient.	Condition.
March 3.	H. A.	Epileptic.
„ 4.	H. A.	Ditto.
„ 4.	F. S.	Ditto.
„ 4.	E. B.	General paralysis.
„ 5.	H. A.	Epileptic.
„ 6.	H. A.	Ditto.
„ 6.	W. C.	General paralysis.
„ 7.	G. L.	Epileptic.
„ 8.	W. B.	Ditto.
„ 9.	H. A.	Ditto.
„ 9.	E. B.	General paralysis.

Total number of wet beds during the week	11
„ separate cases wet during the week	6
„ dirty beds	1, viz.—
March 8.	A. P. Epileptic.

In the female department during the same week—

Total number of wet beds	53
„ separate cases wet	18
„ dirty beds	2 (by 2 separate cases).

Mean population resident during the month of March, 1861—

Males.	Females.	Total.
171·0.	223·199.	394·199.

4.—*Week ending April 13th, 1861.*

Date.	Initials of patient.	Condition.
April 7.	H. N.	Epileptic.
„ 7.	F. L.	Ditto.
„ 8.	F. S.	Ditto.
„ 9.	H. A.	Ditto.
„ 9.	F. S.	Ditto.
„ 10.	W. B.	Ditto.
„ 10.	F. S.	Ditto.
„ 10.	F. L.	Ditto.
„ 11.	H. A.	Ditto.
„ 11.	W. C.	General paralysis.
„ 12.	W. B.	Epileptic.
„ 12.	H. A.	Ditto.
„ 13.	F. S.	Ditto.
„ 13.	W. B.	Ditto.
„ 13.	F. L.	Ditto.

Total number of wet beds during the week	.	.	15
„ separate cases wet during the week			5
„ dirty beds		„	1, viz.—
April 8.		H. A.	Epileptic.

In the female department during the same week—

Total number of wet beds	.	.	37
„ separate cases wet			12
„ dirty beds	.		6 (by 3 separate cases).

Mean population resident during the month of April, 1861—

Males.	Females.	Total.
171·033.	223·966.	395.

5.—*Week ending May 11th, 1861.*

Date.	Initials of patient.	Condition.
May 5.	H. N.	Epileptic.
„ 5.	A. P.	Ditto.
„ 6.	H. A.	Ditto.
„ 6.	W. B.	Ditto.
„ 7.	H. A.	Ditto.
„ 7.	H. N.	Ditto.
„ 7.	S. C.	General paralysis.
„ 8.	H. A.	Epileptic.
„ 8.	W. C.	General paralysis.
„ 8.	W. B.	Epileptic.
„ 9.	F. S.	Ditto.
„ 9.	H. N.	Ditto.
„ 10.	None.	
„ 11.	T. H.	Epileptic.
„ 11.	H. A.	Ditto.
„ 11.	F. S.	Ditto.

Total number of wet beds during the week	.	.	.	15
„ separate cases wet during the week			.	7
„ dirty beds	.	„	.	0

In the female department during the same week—

Total number of wet beds	.	.	38
„ separate cases wet			16
„ dirty beds	.		3 (by 3 separate cases).

Mean population resident during the month of May, 1861—

Males.	Females.	Total.
174·67.	223·22.	397·89.

6.—*Week ending June 8th, 1861.*

Date.	Initials of patient.	Condition.
June 2.	H. A.	Epileptic.
„ 2.	W. C.	General paralysis.
„ 3.	W. B.	Epileptic.
„ 3.	W. C.	General paralysis.
„ 4.	H. A.	Epileptic.
„ 4.	W. B.	Ditto.
„ 4.	W. C.	General paralysis.
„ 4.	F. L.	Epileptic.
„ 5.	W. C.	General paralysis.
„ 5.	F. L.	Epileptic.
„ 6.	W. C.	General paralysis.
„ 6.	F. L.	Epileptic.
„ 7.	H. A.	Ditto.
„ 7.	F. S.	Ditto.
„ 7.	W. Y.	Dementia.
„ 7.	W. H. C.	Ditto.
„ 7.	W. C.	General paralysis.
„ 8.	H. A.	Epileptic.
„ 8.	F. L.	Ditto.

Total number of wet cases during the week	19
„ separate cases wet during the week	6
„ dirty beds „	0

In the female department during the same week—

Total number of wet cases	25
„ separate cases wet	13
„ dirty beds	2 (by 2 separate cases).

Mean population resident during the month of June, 1861—

Males.	Females.	Total.
175·26.	222·66.	397·92.

On these returns I would remark on the small number of offenders against cleanliness, and how, in each average taken, the same names (initials) appear.

Again, in the female department the numbers have decreased with the increased attention which I have paid to the returns. They are steadily decreasing, and ought to fall more still.

All the patients, without exception, have horseshair mattresses to sleep on, and, by the careful use of the waterproof sheet, hardly one of the mattresses is stained or injured. I keep for recent cases of acute mania a couple of mattresses sewed in strong canvass, and I

have two or three stretchers in occasional use only, otherwise every patient has a horsehair mattress, protected only by the waterproof sheet.

A careful use of the water sheet, and such as any competent night attendant ought to be required to give, prevents all staining or wetting of the mattress. Occasionally, of course, such an accident will occur, but the remedy is at once to take the mattress to pieces, repick the hair, and wash the cover and remake it. I dwell thus minutely on this point, as the uniform use of the horsehair mattress is still an open question in several of the county asylums. Thus, in the last annual report of the resident physician of the Surrey Asylum, it is recorded that "a straw house has been erected for the male division, and straw beds have been introduced, upon the principle that a sweet and clean bedtick, stuffed with fresh straw,* both renewed daily, is more wholesome and more comfortable for the use of dirty patients than hair or coir mattresses, dried daily and renewed at intervals." At a visit I paid to the Wilts Asylum I also found a large number of straw beds in use.

As I have said, with efficient night nursing, the small proportion of wet cases should, in my opinion, be so carefully watched and changed that no damage can occur to the mattress, protected as it is, in all doubtful cases, with the waterproof sheet—one of the most valuable additions to the moral treatment of the insane of late years introduced. I consider that the principles of efficient night nursing are summed up in the following extract from the 'Regulations and Orders of the Committee of Visitors of the Sussex Lunatic Asylum,' and I submit that I have illustrated their practical application by the statistics which I here record.

[*Extract.*]

"NIGHT ATTENDANTS.

"1.—8 p.m. to 10 p.m. The care of the sick, and especially of the Insane, is not limited to the daytime, but demands constant thought and attention throughout every hour of the day and night. The night duties commence at 8 p.m.; for the first two hours until 10 p.m. (when the master locks will all be closed, and the attendants return to their wards), the night attendants shall have the assistance of one of the day attendants by rotation.

"2.—10 p.m. to 4 a.m. Their first duty shall be to ascertain from the head attendant the names of patients requiring particular attention in the administering of medicine or other comforts for the sick,

* Did the writer ever sleep on a straw tick? I have, in the High Alps, and found it most uncomfortable, and a bed likely enough to break the rest of an excited, restless patient.

and of those disposed to acts of suicide. All such patients, as well as the epileptic patients, must be visited every hour during the watch.

“3.—The several wards shall be visited four times during the night, viz., at 10 p.m., midnight, 2 a.m., and 4 a.m. At each of these visits all the epileptic patients, and especially the paralytic, shall be examined as to the state of the sheets; if the sheets are soiled or wet, they must be changed at once.

“4.—*The night duty to wet and dirty patients.*—It is further the duty of the night attendants to become acquainted (as they will readily do) with the patients who habitually wet their beds, and all such patients must, at each of the prescribed visits, if necessary, be awoke and called upon to attend to the calls of nature. With some patients one such systematic call at midnight will suffice; with others it will be necessary to repeat the call at 2 a.m.; while others require to be called four times during the night.

“5.—*Its great importance.*—With the exception of an epileptic patient in a fit, these precautions should entirely obviate all wet beds in the ordinary cases of chronic mental disease. It will also be found that enforced habits of cleanliness at night result in cleanly habits by day.

“*Night report.*—The night attendants will be careful to record in their night reports, each morning before going off duty, the number of patients visited, and the number found wet and dirty.”

HAYWARD'S HEATH, SUSSEX; September, 1861.

Vital Statistics and Observations on the Causes of Death amongst the Male Patients in the County of Somerset Pauper Lunatic Asylum, from an Analysis of 295 Post-mortem Examinations. By ROBERT BOYD, M.D., F.R.C.P.

SINCE the opening of this asylum on the 1st March, 1848, to the 1st December, 1860, one thousand male patients have been admitted, in which are included 130 readmissions, the actual net number of individuals admitted being 870.

The admissions were least in winter, viz., 23 per cent.; most in spring, 27·9 per cent.; in summer 25·5, and in autumn 23·6 per cent. The admissions were most numerous between the ages of 35 and 45,

amounting to 24 $\frac{1}{4}$ per cent. of the whole ; amongst the persons at that period of life, the married considerably exceeded the unmarried, being as 60 $\frac{1}{4}$ to 36 per cent., and the number of children dependent on these persons for support was upwards of two per case. This points out the necessity of early attention to the poor in the acute stage of the disease, and shows the propriety of sending cases of insanity at once to the asylum, as the recoveries, according to all reports, have been shown to depend so much upon early treatment and removal from home. Under 25 years the number of admissions was 12 per cent., only three of whom were married. From 25 to 35, 23 per cent. were admitted, of whom nearly one fourth were married. Above the age of 45 years the number of cases fell off materially, from 45 to 55 the per-centage of admissions was under 18 per cent., the number of married nearly 3 to 1 to the unmarried. From 55 to 65 the number of admissions was about 12 per cent., the number of married to unmarried as 6 to 1. After 65 the number of admissions was above 9 per cent. ; only six were single.

The number admitted under a first attack of insanity was nearly double those admitted under a second and third attack.

The bodily health on admission was good in 31 per cent., bad in 32 per cent., and indifferent in 37 per cent.

More than half the cases were brought to the asylum when the disorder was of more than three months' duration, and in 18 per cent. of the cases it was of ten years' duration and upwards.

Nearly two thirds were reported as belonging to the Established Church, and above that number had received some degree of education, had learned to read, and nearly one half could write also.

The numbers brought from their own homes amounted to 77 per cent., from workhouses nearly 11, from hospitals and infirmaries 1, from prisons and other lunatic asylums above 11 per cent.

The occupations of the majority were day labourers, principally engaged in agriculture, 38 per cent. ; next, shoemakers 6 $\frac{1}{2}$, servants 6, carpenters and coopers 6, masons, miners, pensioners, shopmen, and tailors, each about 3 per cent.

In some parishes the number of lunatics was much greater in proportion to the population than in others, and it has been ascertained that many parishes, amounting, it is supposed, to about one third of those in the county, have never had a lunatic pauper in the asylum. So that the proposed amendment in the Poor Law Bill, by which lunatic paupers are to be charged to the common fund of the union, and be no longer charged on the particular parish, will be a great relief to small parishes, where it unfortunately often happens that a hereditary predisposition exists amongst the labouring classes.

Of the forms of insanity in the males admitted the most common

was mania, of which, including some cases of monomania, there were 45·5 per cent., of melancholia 15·2, dementia and fatuity 10·7, general paralysis 8·4, epilepsy and idiocy 17·7, and delirium tremens 2·5 per cent.

The physical causes were much the most common, amounting to 50 per cent., the moral to 23·3, and in 26·7 per cent. no cause was assigned. Hereditary predisposition was the most frequent of the physical causes; 89 cases, or upwards of 10 per cent., were ascribed to intemperance in drinking, half that number were from infancy, and the remainder were principally ascribed to disease and injury. Of the moral causes, 41 were set down to religious excitement, domestic grief, losses in trade, disappointments, and 18 cases to fright.

In a large proportion the memory was not affected, it was bad in almost one seventh, and quite lost in nearly the same number. The state of the affections was reported as altered in more than two thirds; self esteem is so common that it has been remarked that it almost invariably accompanies the ordinary forms of insanity.

The conduct was disorderly in nearly two thirds when admitted, including the violent, dangerous, noisy, mischievous, and those of dirty habits.

The expression was characteristic of the mental state in the majority, and the conversation was irrational in a large number; about one in seven were silent. Most of them seemed occupied with their own ideas, and they were seldom inclined to associate amongst themselves.

The state of the pulse in many male patients on admission was unusually frequent; in 7 it exceeded 120, and in 1 case was stated to have been as high as 150 in the minute; in 29 it reached 108, and in 139 it ranged between that number and 100; in 217 the pulse varied from 90 to 98; in 208 it varied from 80 to 88; in 170 from 70 to 78; in 32 from 60 to 68; in 4 from 47 to 58; and in 64 no statement was given. The tongue was clean in 438, white in 318, creamy in 6, red in 25, raw in 1, loaded in 21, furred in 14, brown in 4, flaccid in 5, rugged in 1, paralysed in 7, not stated in 30. The skin was cool in 450 on admission, cold in 90, clammy in 2, warm in 184, hot in 130, natural in 14.

Of 130 readmissions, 67 were readmitted once, 15 twice, 4 three times, 4 four times, and 1 five times. Of the 67 only once readmitted, 30 were cases of mania, 13 of melancholia, 5 of monomania, 3 of moral insanity, 1 of dementia, 1 imbecility, 2 epilepsy, 5 of general paralysis, and 7 of delirium tremens. The assigned causes of the disorder in these cases were, intemperance in 23, poverty in 5, domestic grief in 2, disappointed affections in 2, ill-treatment in 3, remorse in 2, exposure to the sun in 1, injury to the head in 3, cere-

bral disease in 2, bite of a fox in 1, hereditary disease in 8, no cause assigned in 9. Of the 15 individuals twice admitted, there were 7 cases of mania, 5 of melancholia, 1 of moral insanity, and 2 of delirium tremens. The assigned causes were 4 from intemperance, 3 from pecuniary losses, 2 hereditary, 1 religious excitement, 2 illness, 3 no cause assigned. Of the 4 males admitted three times, 3 were cases of mania and 1 of melancholia. Of the 4 cases each admitted four times, mania hereditary in 1, monomania from anxiety in 1, delirium tremens in 2. One with hereditary mania was admitted five times since 1848; during the intervals he earned his living.

The results of one thousand male admissions have been, recoveries 35·76 per cent., relieved 7, not improved 5·23, escaped 4, died 32·4, remaining 19·21 per cent.

The cause of death in 295 cases of male patients subjected to post-mortem examinations since the opening of the asylum, a period of twelve years and ten months.—An analysis of these cases has been given yearly with the statistics of the institution. So many important facts are to be deduced from them that it is desirable to place them in a connected form, especially for comparison, with cases of the opposite sex labouring under the same malady, or with the sane, at the same period of life.

It has rightly been observed that the connexion between symptoms and organic lesions in cerebral diseases has ever been one of the utmost difficulty and obscurity. Organic disease in the cerebro-spinal organs is more frequently found in the insane than in the sane, at the same periods of life, although we may not be very successful in connecting them with the symptoms during life. Extensive disease of the respiratory and other organs may exist, and even proceed to a fatal termination in the insane, without the usual phenomena as evinced in the sane labouring under a similar disease; thus, we find in the insane tuberculous cavities in the lungs, without cough or expectoration. The mental affection, when acute or severe, appears to mask the usual symptoms of other diseases, although it may not impede or retard their progress, for we find the insane are subject to a variety of fatal diseases, as will presently be shown.

The Hunterian opinion,* “that but one diseased action can exist in the constitution at a time,” is only partially correct in cases of insanity.

On this point my friend Dr. Moss, F.R.S., has favoured me with the following observations and quotations:

“Shakespeare has promulgated a theory (*aliis verbis*) identical with John Hunter’s axiom:

* ‘Hunterian Reminiscences,’ p. 36, by Parkinson, Sherwood, Gilbert, and Piper, London, 1833.

“ Take thou some *new infection* to thy eye,
And the rank poison of *the old will die.*’

“ ‘ For after I saw him fumble with the sheets.’

Shakespeare, vol. viii, p. 395.

“ ‘ *De signis mortis.*—Sapientiaæ vero ægritudini fibriarum curam et stragulæ vestis plicaturas’—*Plinii*, ‘*Hist. Nat.*,’ lib. vii, cap. li.

“ ‘ Illa quoque mortis indicia sunt,—aut si manibus quis in febre et acuto morbo, vel insania, pulmonisve dolore, vel capitis, in veste floccos legit, fimbriasque dividit, vel in adjuncto pariete, si qua minuta eminent, carpit.’—*Celsi*, lib. ii, c. vi.

“ ‘ Aut colligit festucas, aut de veste vellit pilos, aut de pariete stipulas carpit.’—*Hippocratis*, ‘*Prædict.*’

“ That this symptom of approaching death was derived immediately from Hippocrates, Celsus, or Pliny, positive proof may be adduced from the fact that there was no English translation in existence at the period when this play was acted at the Globe Theatre, of which Shakespeare was a principal proprietor.*

“ We may take this opportunity of introducing another medical remark. In ‘*Romeo and Juliet*’ we find—

“ ‘ One fire burns out another’s burning ;
One pain is lessened by another’s anguish ;
Turn giddy, and be help by backward turning ;
One desperate grief cures with another’s languish.’

Act i, sc. 2.

“ To Shakespeare Dr. Kentish was indebted for his theory respecting the treatment of scalds and burns ; although he has unfairly arrogated to himself all the credit which should accrue to the original promulgator. The supposed introduction of a new system of practice in the treatment of injuries of this description, respecting which little was known by the profession at that time, and by whom they were treated somewhat empirically, and not in accordance with any established principle, awakened a philosophic spirit of inquiry, and laid the foundation of a plan of treatment more consonant to common sense. Dr. Kentish’s theory is, ‘ that any part of the system having its action increased to a very high degree must continue to be excited, though in a less degree, either by the stimulus which caused

* Our poet Shakespeare has been confounded by his biographers with the son of “*Johnes Shackspere* (qui) nihil habet unde distr. potest levare” (according to the register of the Bailiff’s Court at Stratford, 1585-6). We find that even so early as 1597 Shakespeare must have been in comfortable, if not in comparatively affluent circumstances. In that year he purchased New Place, in Stratford, of William Underhill ; but at what price we are not informed. In the following year (1598) he lent £30 to a fellow-townsmen ; and, at the same time, expressed his willingness to advance, upon adequate security, any sum of money the Corporation of Stratford might require. In 1602 he purchased 107 acres of land in the vicinity of New Place, for which he paid £320. In 1605 he gave £440 for a moiety of the great and small tithes of Stratford ; and in 1613 he purchased a house in Blackfriars, London, for which he paid in part, the sum of £180, leaving a balance of £68, which was secured by a mortgage upon the property.

the increased action, or *some other having the nearest similarity to it*, until by degrees the extraordinary action subsides into the healthy action of the part.' With this view Dr. Kentish recommends the *burned parts to be held to the fire*, when practicable; but, when this is not available, he recommends the application of strong stimulants, such as turpentine, rectified spirits, and essential oils, increased in temperature. What can be more closely paraphrastic of Shakespeare than the foregoing hypothesis and the plan of treatment suggested by Dr. Kentish? We find a repetition of the theory again in Shakespeare:

“ ‘As fire cools fire
Within the scorched veins of one vein burned’

And again—

“ ‘One fire drives out one fire; one nail one nail.’

“ ‘Take thou some new infection to thy eye,
And the rank poison of the old will die.’

Romeo and Juliet, Act i, sc. 2.

“The application of blisters, issues, setons, and superficial irritants, with the view of relieving (by metastasis) deep-seated, acute, or chronic affections, was certainly known to Shakespeare, and the *ratio medendi* was fully appreciated and insisted upon by him. But, although the use of these remedies had been so long known to the profession and so generally adopted, it fell to the lot of my lamented friend, Mr. Abernethy (an ardent admirer of the works of Shakespeare) to carry out and fully develop the uses, objects, and results of COUNTER-IRRITATION, which, under the tutelar guidance of his masterhand, at once assumed a scientific character and received the formal recognition of the profession.” (J. W. Moss, B.M. Oxon, ‘Fraser’s Magazine’ for April, 1840, pp. 499-500.)

Instances have occurred of persons labouring under severe diseases suddenly becoming maniacal, and the symptoms of their disease suddenly disappearing. The most remarkable case of this kind that I recollect having met with was in a patient affected with chronic asthma; the dyspnoea and pulmonary affection seemed to have disappeared after mania had become established.

The insensibility of the insane to serious injuries is not less remarkable than the peculiarity just referred to, viz., their tolerance of disease. An illustration of this fact recently occurred here, in the case of a young man who for some time, from domestic affliction, had been in great mental agony; his case appears to have been sadly neglected, according to his mother’s account of it. He attempted suicide, by jumping from the top of a three-storey house; when taken up, he was apparently unhurt; he was conveyed to the police station, and thence he was brought to the asylum in a most furious

state, having partly destroyed the cell in which he had been confined. Although of small stature, it required three men at the railway station to get him into a conveyance, and as many in the asylum to restrain him whilst being fed, as he refused all sustenance. He attempted to choke himself by pushing his hand into his mouth, and it was found necessary to secure his wrists behind his back with a handkerchief for several hours, to prevent him mutilating himself. Food and medicine were administered by a stomach tube, and it was not until the fourth day after his admission that he became tranquil, and would take food without being forced. For the first time he complained of pain in his left side, and pointed out the place, on which there was a circular contused mark, between three and four inches in diameter. He was treated in the infirmary, and appeared to be going on favorably until the eighth day, when he had a severe attack of hæmatemesis, which recurred three or four times for two consecutive nights; there was also a fetid effluvia from the breath, as in cases of gangrenous lung. Death took place on the eleventh day after his admission. When the post-mortem examination was made, it was found that the second to the sixth ribs, inclusive, on the left side were fractured, about the junction of the middle and the anterior third; the pleura and lung were uninjured, and the left lung was quite healthy; there were old pleuritic adhesions on the right side, and a small portion of the pleura on the upper lobe of the right lung was dark coloured and had an offensive odour, and the lower lobe was congested with blood, weight 23 oz., the left lung $9\frac{1}{4}$ oz. A superficial laceration of the liver, about four inches long, extending from the upper part between the "lobulus quadratus" and left lobe to the neck of the gall-bladder, which was greatly distended with dark fluid; no clots of blood were found; the mucous membrane of the stomach was stained with blood, but the lining of the intestines was natural. The brain was firm; the cerebral ventricles were dilated, and contained about one ounce of clear fluid; weight of the encephalon $46\frac{1}{2}$ oz. The spinal marrow was natural. The cause of death was ascribed to the condition of the right lung, laceration of the liver, and hæmatemesis.

The forms of mental disorder, the ages in decennial periods, and the numbers of each age in each form of the disease, in 295 male patients examined in the County of Somerset Lunatic Asylum, are shown in the following table:

Forms of the Mental Disorder.	Ages in Decennial Periods.							Total.
	Under 30 Years.	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	Over 80	
Mania	13	16	25	14	13	5	1	87
Monomania	1	3	2	4	0	3	0	13
Melancholia.....	2	6	4	9	7	4	0	32
Dementia.....	3	6	13	4	14	5	7	52
General Paralysis combined with								
Mania	0	8	10	3	0	2	0	23
Monomania	0	6	0	0	0	0	0	6
Melancholia.....	0	1	2	1	0	0	0	4
Dementia.....	1	6	12	3	2	0	0	24
Idiocy	4	0	0	1	0	0	0	5
Epilepsy, combined with								
Mania	9	3	6	2	2	1	0	23
Melancholia.....	1	1	1	0	0	0	0	3
Dementia.....	1	1	0	2	1	1	0	6
Idiocy	11	3	1	0	0	0	0	15
Delirium tremens	0	1	1	0	0	0	0	2
Total	46	61	77	43	39	21	8	295

From the foregoing table it appears that mania was the most common form of mental disorder; that there were 57 cases of general paralysis, and many of these were also combined with mania, as well as those of epilepsy, of which there were 47 fatal cases. Dementia was next after general paralysis, and prevailed most in advanced age; several cases of senile fatuity have, in fact, been placed under that head. The highest mortality occurred in persons from forty to fifty, and nearly one half the deaths took place between the ages of thirty and fifty years. There were twenty fatal cases of idiocy; three fourths of these were subject to epileptic fits, and have been placed under that head. There were two deaths from delirium tremens, which is not generally classed as a mental disorder.

The assigned causes of death at the foregoing ages were as follows:

Diseases.	Under 30 years.	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	Over 80	To al.
Abdominal organs	5	2	4	4	3	2	0	20
Respiratory organs	27	32	43	23	13	5	4	147
Vascular system	1	0	0	0	4	4	1	10
Nervous system	11	26	29	16	16	10	3	111
Erysipelas (3), Typhus (1)	1	1	1	0	1	0	0	4
Sudden deaths.....	1	0	0	0	2	0	0	3
Total	46	61	77	43	39	21	8	295

According to the above, it may be said that half the mortality was ascribed to diseases of the respiratory organs; these were principally pneumonia and pulmonary phthisis, 91 cases of the former and 44 of the latter. It may be well to remark, that most of these cases were complicated with diseases of other organs, and that it was often difficult to determine to which to ascribe the immediate cause of death. The ten cases of the vascular system were chiefly pericarditis, enlargement of the heart, and cardiac dropsy. From diseases of the cerebro-spinal or nervous system the mortality was nearly 38 per cent. In three cases sudden death had occurred, as is not unusual in epileptics, without any sufficient cause being disclosed by a post-mortem examination.

The diseases of the abdominal organs included 5 cases of peritonitis, and 5 of inflammation and ulceration of stomach and intestines, 1 of cancer, 2 of scrofula, and 4 of disease of the kidneys.

There were fifteen cases in which there was cerebral disease, although the immediate cause of death was ascribed to more severe disease in other organs.

The diseases of the nervous system occurred at the following periods of life :

Diseases.	Under 30 years.	30 to 40	40 to 50	50 to 60	60 to 70	70 to 80	Over 80	Total.
Apoplexy	1	2	0	3	2	0	1	9
Paralysis	0	1	0	0	0	1	0	2
Meningitis	2	3	4	2	7	4	0	22
Cerebritis, &c.	7	14	15	7	7	3	2	55
Myelitis	1	6	10	4	1	1	0	23
Total	11	26	29	16	17	9	3	111

Of the nine cases of apoplexy, 3 had mania, 2 dementia, 2 melancholia, and 2 epilepsy. There were 11 cases of congestion of blood in the brain and spinal cord, not enumerated in the above table, in cases of epilepsy and mania. One case of paralysis was in a male in a state of mania, the other in dementia. Of the 22 cases of meningitis, 10 had mania, 6 dementia, 3 melancholia, and 3 epilepsy. Of the 55 cases of cerebritis, there were tumours in 2, 1 case of epilepsy, and 1 of mania; softening of brain in 13 cases of mania, and 7 of dementia, and 20 of general paralysis; fluid in the ventricles in 6,—3 mania, 1 monomania, 2 dementia. Myelitis 23, all in cases of general paralysis. There was hypertrophy of the brain in 7, and atrophy remarkable in 4.

The average weight of the encephalon in 100 cases—87 of mania

and 13 of monomania—was 48·36 ounces avoirdupois, the maximum weight 58, the minimum 39½ ounces; in 32 cases of melancholia, 47·1, the maximum 56, the minimum weight 35¼ ounces; in 52 cases of dementia, 46·44, the maximum weight was 53½, the minimum 35¾ ounces; in 57 cases of general paralysis, 44·3, the maximum was 57, the minimum weight 35¼ ounces; in 54 cases of epilepsy, including 5 of idiocy, the average weight was 47·3, the maximum 57¾, and the minimum 30 ounces.

These averages agree generally with the statement of Dr. Sutherland in his Croonian Lectures, p. 10, 'Journal of Mental Science,' April, 1861, except that in the above cases the highest average was in cases of mania instead of epilepsy.

On the Subcutaneous Injection of Morphia in Insanity. By W. CARMICHAEL M'INTOSH, M.D., Certificated Student in Medical Psychology and Mental Diseases, University of Edinburgh, Assistant Physician and Superintendent, Murray's Royal Asylum, Perth.

THE cases which one generally meets in an asylum often differ in no small degree from those of ordinary practice. To ensure sleep in a patient under delirium tremens, or other such short-lived malady, is to establish cure at once, and the result melts into the satisfactory finish of "cured in a few days thereafter." Fortunately or unfortunately, such bright prospects are not often held out to asylum practitioners, but yet the efficient means for procuring sleep are frequently not less clamant. In many of our cases there is no hope of recovery, even although sleep of the soundest nature was obtained; nevertheless, it is no mean aim to command such for one who, during a paroxysm, passes night after night in a morbid condition, whether wildly shouting and beating at the walls and doors he disturb the rest of all, and prostrate himself, or with a quieter demeanour remain in bed with unclosed lids in melancholy whispering. The boon conferred on the household in the former, and on the patients in both cases, is sufficiently obvious; and it is for such chronic, not less than the acute cases, that I would recommend the subcutaneous injection. We cannot, indeed, say in such cases that the patient went out cured shortly after, for that they may never do; but the comfort and advantage resulting from their successful narcotism must be familiar to all in our

department. Of acute cases I need say little ; in them the state of matters is conspicuous enough.

Most of the following cases were chronic and incurable, only two being recent and curable, viz., one of acute mania, and one of monomania of suspicion.

In these experiments, the apparatus used was the handsome little graduated glass syringe of Dr. Alexander Wood ; the needles, though made of steel, offer no inconvenience. Two solutions were employed viz., common Sol. Morph. Muriat. of the shops, and the solution mentioned by Dr. C. Hunter, in the 'Medical Times and Gazette' for 1859, p. 310, &c. Mine only differed in having double the quantity of water.

℞ Morph. Acet., grs. x ;
Acid. Acet. Fort., q. s. ;
Aq. Distill., ʒij.

The acid was also neutralized by Liq. Potassæ.

Having a high opinion of the efficacy of the injection method from many experiments on the lower animals, I determined, if possible, to apply it to some exceedingly troublesome and obstinate cases under my charge, with the sanction of our physician, Dr. Lauder Lindsay.

I shall detail them in the order in which they occurred, mentioning the results noted on the occasion.

The first case was that of a female of the strumo-arthritic diathesis, æt. 51, suffering from monomania of fear and suspicion ; had been insane for six or seven months. She was in a state of extreme restlessness by day, wandering about the airing-court moaning loudly, heedlessly coming in contact with her fellow-patients, and stripping off her shoes and stockings. She asserted that the devil was in me, and that I must not look at her. In mingled terror and defiance she dared the attendants, and wrestled with them on all opportunities, bruising her hands with her reckless tossing and violence. Night came only to aggravate her distress, ushered in by the usual struggle in undressing. She knocked at the door, tossed about bed and bedding, was filthy, and disturbed every one within hearing. In this condition, ordinary opiates of ʒij to ʒiiss Tinct. Opii, and a like dose of cannabis, morphia, hyoseyamus, and solid opium, were utterly impotent as sedatives.

On the 30th April I injected ℞xv of Sol. Morp. Muriat. into the cellular tissue on the inner side of the left arm. No case could have been more troublesome, though it was certainly much easier than the giving of the ordinary opiate ; she struggled, wriggled, and shrank in horror from me, but calmed a little when she found the attendants quite sufficient. Plunging the needle through the tense skin, and pushing it a little way beneath in a horizontal direction (as

is generally done), the fluid was poured in. A narrow strip of plaster secured the puncture, and the affair was over in as little time as one might take to read the description. She soon became quiet, and slept a good deal during the night, though she did not leave off the knocking altogether. On the following day she was also somewhat quieter. Next night m xvij of the same solution were injected into the other arm; she seemed stupid for an hour or two, but afterwards became restless, jumping out of bed and rattling at the shutter for some hours. The strength of the dose was evidently inadequate.

On the 1st of May, she had m viij (less than two thirds of a grain) of the above-mentioned solution of acetate of morphia injected similarly at 8 p.m.; she voluntarily gave me her arm for the injection, and dosed in ten minutes after. Sleep continued till morning; the first sound rest she had enjoyed for many a night. Next day she engaged in a little gallery-work, and promised to continue her good behaviour.

At the same hour on the nights of the 2nd, 3rd, 4th, and 5th, she had similar treatment, the dose being increased to m ix and m x successively. She slept soundly, became much more tranquil during the day, less tremulously suspicious, and assisted in the gallery- and sewing-room. She feels languid and sleepy in the morning, but afterwards becomes quite cheerful.

From the 6th to the 11th the injection was repeated nightly, with the best results. She is of opinion that the sleep she gets now makes her quite another person; busily employed in the sewing-room, and takes care of some of her neighbours.

11th. At 8 p.m. the dose (now increased to m xv , or $1\frac{1}{4}$ gr.) was injected under the skin in front of the clavicle. She did not sleep well, and next day was restless and excited, with hair dishevelled, shrinking and muttering. I now gave her ζ iss of Sol. Morp. Muriat. by the mouth, as an opiate, in the evening, and she slept well, continuing to do so under like treatment for many nights.

Though this chronic case is still with us, the above may be taken as a fair estimate of some of the benefits accruing from this method.

CASE 2.—A male, of well-marked strumous diathesis, æt. 38 , a rapid case of general paralysis; had been ill for two or three months at home. He had the wild delusions of wealth and magnificence, so characteristic of this disorder. During the day he walked round and round the airing-court in a restless and stupid condition, scarcely stopping when addressed. At night I generally found him bathed in perspiration, tossing the bedclothes about the room, and annoying his neighbours by getting into their beds and rapping at the window. His strength was evidently breaking, and sleep became imperative.

On the 1st of May I injected m viij of the usual solution into his

arm; in an hour and a half he slept soundly, and continued to do so till the ordinary time for rising (6 a.m.). The same treatment on the evenings of the 2nd and 3rd (m̄ix) proved equally beneficial.

4th and 5th.—Injection of m̄x (about 1 gr.) each evening. He was rather restless, though not so bad as previously.

6th.—Had 5ij Tinct. Opii, which only increased the restlessness, for he clambered on the window, cut his lip by a severe fall, and next day was very excited. He stood in the airing-court slapping his hands on his thighs, and swinging his arms, till his trousers and hands were covered with blood.

7th and 8th.—Much quieter under the subcutaneous injection of m̄xij; strength failing.

9th.—Slept well with m̄xiv. I did not proceed with the treatment further, as he was rapidly sinking. He died on the 11th.

CASE 3.—A female of the bilio-arthritic diathesis, æt. 32; a case of acute mania. This was a very troublesome person, with a ready and abusive tongue, and a forward and imperious manner. She annoyed and distracted the attendants in charge during the day, and railed at all who interfered with her whims. But the day was nothing to the night; she sang, shouted, and otherwise broke the rest of all in her vicinity, defying all available opiates, which she swallowed with morbid avidity, but without any improvement.

May 1st.—She had m̄vij of the ordinary solution (Mo. A.) injected beneath the cellular tissue of her arm, which she voluntarily presented, scoffing meanwhile at the insignificance of the operation. Passed a noisy night.

2nd.—Slept pretty well after m̄x. She felt better; but tried to save her former assertion, by stating that she slept of her own accord.

3rd.—Had m̄x; slept soundly. A marked change is now evident during the day; she is much less forward and ill-tempered.

For several successive nights after this, however, she was rather noisy; but her demeanour during the day was quite satisfactory.

11th.—I gave 5ss of the solution of the muriate of morphia of the shops, which acted admirably. She began to work in the sewing-room next day.

14th.—After an injection of m̄xvj, rather noisy during the earlier part of the night, quieter towards morning.

In a night or two she began to sleep well enough without opiates, assisted daily in gallery-work, and conducted herself with quietness and amiability.

The most remarkable feature in this case was the beneficial change which resulted in the conduct of the patient during the day succeeding the administration of the opiate by injection, and this condition was not altered in any material degree by the failure of the drug to produce sleep. Her behaviour was uniformly more subdued till her recovery and dismissal.

CASE 4.—A hysterical female of the neuro-bilious diathesis, æt. 31 ; affected with monomania of suspicion. She used to scream or shout at the top of her voice, and annoy every one, or else by her giggling and laughing disturb the rest of her companions in the dormitory. For several nights she had been very troublesome, and being somewhat idiosyncratic with opiates by the mouth, I tried this method, injecting ℥xv Sol. Morp. Muriat. of the shops beneath the skin of her arm. Her sleep was interrupted, and next morning complaining of sickness and languor, she kept her bed. She was much quieter for a day or two, either from the sedative effect of the morphia directly, or from the secondary influence of the drug through depressing sickness. The same effects were produced on repetition, and with the other solution.

CASE 5.—An arthritic female, æt. 57 ; suicidal melancholia. This patient was subject to paroxysmal excitement, lasting for three or four days ; in her usual state she was industrious and orderly. At this time, she had been exceedingly restless and troublesome at night, and her habits filthy and degraded. For two nights I injected ℥viij of the acetate of morphia solution, with marked improvement, both in regard to her quietude and cleanliness. In this case the narcotic was sufficient to keep her in a moderate condition till her usual state returned, when such treatment was no longer necessary.

CASE 6.—Chronic mania ; a male, æt. 27, of the bilio-arthritic diathesis. This also was a paroxysmal attack, and the verage duration of previous ones had been about two days. He was a strong, powerful man, of a furious and most dangerous disposition. He had just torn a canvas dress to fragments, and was meditating further mischief. In the forenoon of the first day, I injected ℥xiv of the usual solution into the cellular tissue of his arm, not indeed with intent to procure sleep, but trusting that it would exercise its sedative influence on him in his temporary fit. I was not disappointed, for in an hour he calmed, and was so much better in the afternoon that he attended pump-work as usual.

CASE 7.—Chronic mania ; female, æt. 64, arthritic diathesis. She was a most noisy person at all times, thundering about forms and chairs, striking tables, shouting, swearing, and using most obscene language. She was also frequently troublesome at night. On one of these occasions, when she had begun her operations for the evening, intent upon terminating the rest of all around, I injected ℥xii into the arm. She continued her noise for some hours, but afterwards quieted. Next morning, however, she was sick and vomiting, and behaved much more quietly for that day. On another evening, ℥xiv kept her perfectly tranquil, the slumber lasting till seven next morning.

CASE 8.—Monomania of suspicion ; a female of strumous diathesis, æt. 34. During the day, she was quiet and distrustful ;

but at night became much excited, getting out of bed and asserting that people were about to murder her mother, and shouting to get out. I injected m^{viii} into her arm, and she had an excellent night; complaining, however, on the following morning, of headache. Next night she continued restless and sleepless under similar treatment. Seeing the distress which she experienced from the loss of her night's rest, I on the following evening, at eight p.m., injected m^{xij} into the cellular tissue of her arm. Enjoining that more than usual attention be paid to her, and that she be visited frequently, since she looked like one predisposed to vascular disease, I retired. On visiting her again in an hour and a half, the attendant in charge reported her all right. Certainly she seemed quiet enough; but bringing the candle over her face, I found her completely collapsed, lips blue, features cadaveric, eyelids drooping, and pupils much contracted, while her pulse seemed fleeting. She was quite insensible, and her muscular system completely prostrate. Respiration could scarcely be detected. Cold water was immediately dashed on her face and repeated; this brought about some faint moans; vigorous stimulation of various kinds was at once put into requisition, and, recovering a little, she was supported and walked about. Both pupils continued much contracted, and drowsiness was excessive, the lower jaw hanging, and the head tumbling forwards on the chest. Cold water was injected into her ears and over her face; her limbs were put into hot water and mustard; vapour of ammonia, toddy, and rapid walking were all duly persevered with. She threatened to succumb every moment, and only by loud and constant talking, conjoined with the other means, was she kept from dozing off. Dr. Lander Lindsay now saw her, and he added galvanism, Spiritus Ammon. Aromat., and the cold douche to the thorax and abdomen. For a moment she would reply rationally, but almost immediately sank into a drowsy and insensible condition.

On examining her chest an hour or two afterwards (1.10 a.m.) we heard a loud bellows-sound (*bruit de soufflet*) with the systole of the heart. The peculiar lividity of the lips, nose, and cheeks, the intermittent pulse, and her general bearing under treatment, no doubt indicated a serious affection of the central organs of the circulation; but was this the effect of organic disease, or the influence of narcotism on the pneumogastric? The restorative measures were cautiously adapted to the latter supposition.

Whenever she was free from excitants, she became collapsed, her lips livid, and heart and pulse gave marked tokens of intermittent action. On rousing her, these disappeared to a great extent. By unremitting attention all night she was kept from falling into the comatose condition. Her feet and hands were bathed, now and then, in warm water. Her tongue was dry, and thirst excessive; she drank coffee in cupfuls. Towards morning she became more lively,

though complaining of beating and pain at the cardiac region. The countenance remained somewhat livid; eyes drowsy and half closed. Being constantly watched for a day or two, she gradually emerged from this troublesome condition.

With such heroic results, it need not be wondered at if the subcutaneous treatment in this case was not persevered with. She felt weak and faintish for some days, and was apt to become drowsy, complaining of pain and palpitation when she reclined on the left side. She could scarcely bear touching on the chest. Cardiac dullness somewhat increased; the murmur disappeared before the second day.

Whether owing to this treatment or not, her mental improvement dated from the above occasion, and only once, within a few days of the occurrence, did she evince any of her former delusions. She shortly afterwards became a steady worker, and is now quite recovered.

CASE 9.—Suicidal Melancholia; female, *æt.* 44, of the bilio-strumous diathesis. The subcutaneous injection of m x , alternating with other opiates, was of great service. She was always much quieter on the days succeeding such treatment than after the ordinary opiates.

CASE 10.—A female, *æt.* 69, of the arthritic diathesis; chronic mania. She has paroxysms of intense excitement, in which she is noisy and destructive, picking and tearing the bedclothes to pieces, and bruising herself by knocking against the walls. Under such circumstances, m x of the usual solution of the acetate procured sound sleep on the three occasions on which it was tried.

CASE 11.—Melancholia; female, *æt.* 38, strumous. Being in a state of the greatest trepidation, weeping, and knocking at the door of her bedroom, to the annoyance of her neighbours; and ordinary opiates being ineffectual or contra-indicated, I injected m x of the solution of the acetate into her shoulder. An excellent night resulted; but in the morning she vomited a good deal, and complained of languor and heaviness. She was quite composed and subdued all day, engaging in her ordinary duties, and requiring no further treatment during the paroxysm.

From what I have seen of the above treatment, I would advocate its restricted use in every asylum, as one of our most effective opiates—a sedative to the furious, a calmative to the depressed and despairing; and, moreover, I should apply it to cases where restlessness, excitement, and dirty habits occur at paroxysmal periods. Many other drugs than opiates might thus be introduced into the system of the patient with ease and rapidity. The advantages which this method has over opium and morphia administered by the mouth are evident; for seldom did I ever find cannabis or hyoscyamus particularly beneficial. Caution may suggest that it be not used in the

first instance, it is true; but after the failure of the ordinary opiates, or their contra-indication, it should certainly be the duty of the physician to administer it. If, having succeeded at first, it afterwards does not act so well, either from too frequent repetition or idiosyncrasy, an opiate by the mouth will often prove beneficial. Idiosyncratic cases doubtless will occur in this as in all other remedies, but should only increase the caution used in applying it, not in abrogating its use. It is likewise found of especial benefit in cases where a course of laxative medicines is necessary; a condition so common in asylums, and frequently no less distressing than obstinate. I have heard of no fatal issue resulting from the treatment, nor would such invalidate the above remarks.

With regard to the operation itself, even in the most violent cases there is little difficulty in performing it; indeed, there is often much less trouble than with the ordinary opiates. In terrified ones the simplicity of the operation reassures them, and by-and-by they give their arms voluntarily. In the demented, no notice is taken of the proceeding.

In no case was there any inconvenience attending the puncture, although sometimes a slightly brownish circle marked the injected portion for a day or two.

CAUSE IN LUNACY.—REDUCTION OF A WILL.

A most important and interesting lunacy trial, the result of which has been to set aside the will of the late Colonel Maclean, has recently attracted great attention in Scotland. A writer in the 'Edinburgh Medical Journal' has given so dishonest a view of the cause that in the interests of justice we feel bound to lay before our readers a comprehensive statement of the medical evidence. The medical evidence for the pursuers we give *verbatim* from the shorthand writer's notes; a great portion of the queries as well as the answers are also given, in the belief that the whole will afford a good illustration of the searching examination to which alienist physicians may be subjected. And we beg here in passing to observe, that although nothing could be more subtle than the cross-examination of the Lord Advocate, and more efficient in sifting and testing to the utmost the evidence of an adverse witness, yet not only was the spirit of this cross-examination eminently fair and honorable, but the manner in which it was conducted was so courteous and gentlemanly as to afford a striking contrast to the treatment which medical experts have too frequently to endure in the witness-box. This trial occupied the Court of

Session in Edinburgh seven days, but we are enabled to separate the medical part of it, in consequence of the practice of the Scotch courts in civil causes with regard to medical evidence. In English courts the medical expert must be in court during the whole of the trial, and hear the whole of the evidence; a rule no doubt founded upon the presumption that he will be better able than either the court or the bar can be to make the distinction between those parts of the evidence which have a bearing upon the medical question and those which have not. The English practice is for the medical expert to attend in court, and hear all the evidence, after which the counsel or the solicitors ask him privately his opinion, and upon that determine to put him into the box or not. The Scotch practice is to exclude the medical expert from the court while the general evidence is being given; when this has been gone through, the medical experts in attendance for the pursuers or defenders are called into court, and such portions of the evidence as are considered to have an immediate bearing on the medical aspect of the cause are read over to them by the judge; they are then, one after another, brought into court to give their evidence, so that no one of them is able to hear any evidence, medical or otherwise, given in the cause, before he is called upon to give his own. The only advantage which we can see of this mode of proceeding is the possibility that it may, to some extent, prevent medical experts from identifying themselves with a cause by the feelings of sympathy or antipathy which the conduct of witnesses is too apt to excite, even in the serene atmosphere of the judgment-seat. Against this has to be put the impossibility of the judge being able to separate the evidence into that which has a medical bearing and that which has not. The arrangement, moreover, does not provide for the medical expert retiring from the cause privately if he should be dissatisfied with the evidence given on the side for which he is present. In the English courts such a circumstance occurs without attracting notice, at least without attracting that of the jury. But this would be impossible under the Scotch system, and the inevitable effect upon the minds of the jury, if any of the medical witnesses, after having been called into court, and having had lengthy evidence read to them by the judge, should decline to go into the box, would be to create a strong, though perhaps an unjust, prejudice. As far as the comfort of the medical experts themselves is concerned (a very secondary consideration to the ends of justice), we decidedly give the preference to the Scotch method, since it saves the medical witness the labour of making, mentally, that analysis of all the evidence which is thus made for him by the judge; it saves him from weary days spent in court, and it ought to save him from much of that personal rivalry which is too apt to develop itself in medical experts on opposite sides of the question in our English courts.

COLONEL ALEXANDER MACLEAN died at Millport, in 1859, aged eighty. He had entered the army in 1804, and retired in 1847, and during this interval he had spent fifteen years in service in the West Indies and four in Sierra Leone. After residing for a few years at Glasgow, visiting Millport, in the Island of Cumbrae, in the summer, he went to live permanently at the latter place in 1852, where he resided until his death in 1859. In 1850, while at Glasgow, he met a girl of fifteen years old, carrying buckets of water across the bridge, whom, two years afterwards, he engaged to be his housekeeper, and who in that capacity resided with him to the day of his death. Colonel Maclean is supposed to have made his first will in 1856, directing his property, which amounted to upwards of £20,000 in the funds, to be set apart for the education of 140 boys, of the name of Maclean. In 1858 a codicil was added, which first provided that only boys who spelt their name Maclean, and not Maclaine, should be admitted to the benefit of the trust, and also directing the trustees to set apart £1500 of the funds for the erection of a Gaelic church in Glasgow; this church was to be named "Reilig Oain Eglis na Brann." In 1859, shortly before his death, the Colonel added a second codicil to his will, giving an annuity of £50 to his housekeeper, Mrs. Crawford, and, after her death, annuities of £25 each to her two daughters. By this will he disinherited his relations and heirs, namely, three of his own sisters, aged widows, and women of unblemished character, and a number of nephews and nieces.

The cause was heard in Edinburgh, from the 1st to the 8th of August, before the LORD JUSTICE-CLERK INGLIS. *Counsel* for pursuers, MESSRS. YOUNG, MILLAR, and BLACK. *Agent*, Mr. D. CURROR. *Counsel* for defenders, the LORD ADVOCATE, Messrs. MACFARLANE, CLARK, and McLEAN. *Agent*, Mr. J. MARTIN.

On the third day of the trial, the medical experts for the pursuers were called into court, and the judge read over to them such portions of the evidence and documents as in his opinion had a bearing upon the medical question at issue. We have no record of the amount of evidence thus read, but we believe that most of it will be found in the following extracts from the best accessible report. We have some doubt whether the remarkable evidence of Archibald Campbell was read.

Mrs. MARY M'DONALD examined by *Mr. Black*.—I am a sister of the late Colonel Maclean. He was born in Mull. My father was a farmer and drover in Mull. I am about seventy years old. There were fourteen of a family of us altogether. There were four sons who grew up. John was the oldest son; the second, Sandy, the Colonel; the third, Archie; and the fourth, Duncan. They were all officers in the army. John and Archie were married. Of the daughters, four of us were married and the others died young.

Besides me, there are Mrs. Morrison and Mrs. Fletcher still living. I don't know when the Colonel was born. I was told he was about eighty when he died. Sandy entered the army when he was about twenty-one years of age. He gradually rose till he was Lieutenant-Colonel. He sold out, and came back to Glasgow. He was two or three years in Glasgow before he went to Millport permanently, which he did about seven years before he died. When he went to India I was about twelve years old. Before he went away my brother could not have been kinder to us. The whole of them were that, but he most of all. He continued so till he came back from Africa. His mind and temper so changed that, for all his money, I couldn't put up with him. There was the greatest change in his way of speaking when he came from Africa. Sometimes I couldn't make any sense of what he said. There was an impediment in his speech, which I never noticed before. He was sometimes very irritable and cross. I never saw a gloom on his face when he was young; I never saw a better natured man. He told me he was so long in hot climates that he got altered. He said nothing about a sunstroke to me, but said he had a very severe illness in Sierra Leone when he went there first. It was a severe fever he had; he was so ill he didn't think he could live. I saw him often when he came from Africa, for I was stopping in Glasgow. He afterwards went back to St. Kitt's, in the West Indies, and returned to this country after he retired from the army. I saw him often when he came back from St. Kitt's. His temper was wild when he got into a rage. I'll tell you what it is, I was very glad when he left Glasgow. He was rude, irritable, and cross, and when he got into a rage he could scarcely speak. He stammered very little in his ordinary speech. He was very often in a rage. That was his custom, I believe, abusing people that way. I just saw him once in Millport, five months before he died. He was in the house when I went to see him. He didn't say much, but he was preparing to scold, as he used to do. He began to abuse his sister, Mrs. Morrison; I heard more than enough of that. He said everything but what was good against Mrs. Morrison. When he lived in family with us as a young man Mrs. Morrison was his favorite. He told me in Glasgow that he never had a sister or a brother but one brother and one sister. I left the room, and thought he had no sense. I thought he was out of his mind long before that. It was easily seen at that time that he was out of his mind. Since ever he went to Africa he was not the same man, he turned so wild and so cross. I began to think he was out of his mind shortly after he came back from Africa; it was easy seeing the place changed his mind. The change after he came back from Africa was the way he went on abusing people. (Shown letter, 456 of process.) I received that letter from the Colonel. That is the letter telling me about the eagle's nest. It surprised me much. There was no truth about the

eagle story. I never heard of it before. I don't believe there is a word of truth in it.

ARCHD. CAMPBELL, examined by *Mr. Young*, deponed—I am a joiner. I resided in Millport between 1852 and 1857. I left in April 1857. I knew the late Colonel Maclean by name. He was called the daft Major. I did not know his proper name. I first became acquainted with him in 1852, when he was residing in the cottage at Kames Bay. He was always strolling along the shore, and I walked there occasionally too. He spoke to me, and afterwards used to cry—"Holloa, Campbell!" There appeared to me to be a screw loose somewhere in him. I mean he appeared to me not to be in his right mind. I thought so from the first, because he varied so much in his story-telling—I mean he was confused. He would forget the story he was telling, and begin another, without being aware of it himself. He had a kind of a stutter at the commencement of every sentence. There was always a trembling in his person. His body was very much bent forward when he walked. He was always mumbling away to himself. When I knew him first his favorite subject of conversation was women. The language he used was very unseemly. He had other subjects, but the subject of women was generally introduced into his conversation. We got pretty intimate, and in 1853, when he used to talk about what he did in the Indies, I asked how he could call out the soldiers to duty when he had a stutter. "Oh," he said, "I wasn't always that way—I had an attack of sunstroke in Sierra Leone." When the children were round him in the streets he would enjoy the sport for a time, and then get into a fearful rage. I have heard him use improper expressions to girls of from six to eight years of age. He would say to them, "Come here, my darling! my darling!" I have heard him say that to little girls like that and older girls dozens of times. His conversation to me always consisted of a mixing up of a sensible story with a love story or a bawdy story. In 1854 he told me he had no relations. When he told me he had no relations, I asked if he did not tell me he had two sisters. He said he never had any sisters, and that it was the greatest curse a man had to have a father and mother. I argued with him about it, but he stuck to his statement. He seemed to seriously believe when we were speaking on the subject in 1854 that he had no relations. He said he didn't come into the world as other people did—that he never had a father and mother. He didn't say how he had been brought up. When he said he never had a father and mother I thought him out of his mind; he spoke like an insane man. It is my firm belief that after 1854 the conviction on his mind was that he had no relations. I tried more than twenty times to convince him that he had, but I never shook his mind upon the subject.

MRS. CATHERINE MACLEAN OR BUCHANAN examined by *Mr.*

Young.—I was at one time in the service of the late Colonel Maclean. I went there at Whitsunday, 1854, and remained till August, 1855. Mrs. Macdonald, Mrs. Crawford's mother, engaged me. Mrs. Crawford was married before I went to Millport. I didn't pay much attention to his health at first. His language was very rude. He attempted to speak improperly to me, but I went away, and would not listen to him. He generally did so when I took in his meals. He did not attempt to lay hands on me. I always kept out of his reach. Mrs. Crawford and her husband left the house during the first summer I was there, and after being away a few months they returned. In the spring of 1855, Colonel Maclean had an illness. I went one morning to his bedroom door to tell him breakfast was ready. He always breakfasted between six and seven. When the porridge was ready I used to rap at his bedroom door, and go away, not expecting an answer. He would then go into the parlour, and, after taking his porridge, come into the kitchen and infuse his tea himself. On this occasion he did not come into the kitchen, and I went back to the bed-room and opened the door and put in my head. I saw him lying below the bed. His head and body were under the bed, and his legs out. He was in his night-gown. He asked me to come in, but I went out and shut the door. This would be a little after seven. There was nobody in the house besides myself. I went back in a short time, and rapped; he called me to come in, and I went in, and found him in bed. I went forward to him and saw that he was shivering with cold. He said he was very cold, and wanted more blankets. I put a good many blankets on the bed, but he continued to complain of cold and pain in one of his shoulders and arms. I put on a fire in the bed-room. He lay in bed all day and took no food. I proposed to get a doctor to him, but he said no; he didn't care for his life. He wasn't able to sit up in bed for a week or a fortnight. I alone attended him. He continued to complain very much indeed of the pain in his shoulder downwards. When he was able to get up, he wasn't able to dress entirely for the pain. During the time I attended him he was very strange in his ways, and spoke a great deal. He pulled the clothes over his head and spoke to himself under the clothes. I never could make out what he said. The Crawfords returned after he got up, but before he was able to put on his clothes. His appearance was greatly changed for the worse after this. Both his head and his mouth shook a great deal; his lips always moved. He bent very much when he walked. I got away to see my friends in June, and I left him recovering. I was only away a week. He was able to put on his clothes after I returned. After I left in August, 1855, I was in Millport in August 1856, and called at the Colonel's house. Mrs. Crawford took me in to see him. He did not know me at first,

but on being named twice by Mrs. Crawford, he recollected me. He had failed a good deal both in mind and body since I had seen him before. In July, 1857, I went down to Millport for a sail, and saw him. He was confined to bed then. He was very, very far gone in weakness of body. He didn't know me. I had to talk to him a good while before he recollected me. All that he said was that he wanted me back to serve him again, and I said I couldn't go back.

JANET CRAWFORD examined by *Mr. Young*.—I now live in Port-Glasgow, and I am a native of Millport. I remember Major Maclean coming there, when he was living at Logan's Hotel. I was quite a young girl. He often spoke to me in the street at the time, both when I was alone and when there were other little girls along with me. He at different times used obscene language. He was making love to young girls sometimes in a manner that could not be expressed. This was done very often, and it happened to myself among others. The children called after him sometimes "Morgy," and sometimes "Daft Major." I don't know the meaning of the word "Morgy;" it was just a nickname. He seemed to us children to be daft. When I was a little older, I was a servant in the house where Major Maclean lived. That was in 1853. Mrs. Crawford was Miss Macdonald. She engaged me, and told me that I was to be her servant. Miss Macdonald was about eighteen years of age then. She had a servant before I went. I remained nine months in her service. I looked upon Miss Macdonald as my mistress. She and the Colonel took their meals together. She appeared to have a command over him. She got everything from him that she wanted. She ordered him to do everything she wanted. She sometimes ordered him out of the kitchen, and told him to go to bed. I have heard her tell him to hold his tongue, and go out of the kitchen, and he went out. She had the upper hand of him. His mode of speaking was peculiar. He had a kind of stutter. He often spoke to me when I was in the house. He mixed sense and nonsense always together. I do not know whether he knew the difference between the two. I have heard him speaking of an eagle's nest, but I do not recollect exactly what it was. He spoke about a basket being lowered up and down from the nest. I understood that he had been in the eagle's nest himself when he was a child.

By the Court.—I understood that he said he had been fed by the eagle; but I do not recollect the exact story.

By Mr. Young.—I have heard him say that he had neither friends nor relations. He was much about the same on Sundays as on other days. He never went out on Sundays, except to the garden, and he went out on other days. I cannot say whether he read the Bible on Sundays, but he had it open before him. He was in the habit of

swearing very violently. I have heard him do so with the Bible open before him.

By the Court.—If anything annoyed him about the house he would go ramping and swearing about the house all day.

By Mr. Young.—He was suspicious of people coming about the house. He seemed to be suspicious both about thieves and sweet-hearts, as he locked the doors and nailed the windows.

By the Court.—He used to take a fit of being violent at times. Sometimes he was good natured.

By Mr. Young.—The front door was always locked when I was there, and he himself always went out and in by the back door. The kitchen window was always nailed down at night, and the nail was taken out again in the morning. When I was a servant in the house he spoke to me in an improper way frequently, as he had done when I was a little girl. I used means to keep him out of my room at night. He once made an attempt to get in. His talk, when he got an opportunity, was very dirty. He had a bad stutter in his speech. His head and body shook, and he was very much bent.

MARGARET BUSHEL examined by *Mr. Young.*—I am now in service in Glasgow. I am 21 years of age. I know Mrs. Crawford, who lived with Colonel Maclean. I was engaged by her to be a servant to her in 1855. I was then between fifteen and sixteen. I was there nine months, and left on the 11th of November, 1856. I was told by Mrs. Crawford that I was to attend on her and her baby and her husband, and an old gentleman that was living with them. I understood she was the mistress of the house. When I entered on the service I saw the old man for the first time. I was engaged in Glasgow. If Mrs. Crawford was well enough, and free from drink, she would take her breakfast with Colonel Maclean. Sometimes when she was in bed the old colonel would bring her some tea, and tell her not to hurry herself, but to take her tea and to take some rest, and he would tell me to keep quiet, and to keep the kettle boiling. She had been drinking the night before on these occasions. The old gentleman never seemed to know what had been the matter with her, and was very kind and affectionate to her. He was a frail-looking gentleman, and very much crouched down in his appearance. His body shook, and he often had to steady himself on his feet. He appeared to be at times a paralytic. He had a hesitation in his speech. There was never anything the matter with Mrs. Crawford, except drink, when I was with her, with the exception of the time when she had her baby. She had the complete command of the old gentleman. She ordered him very rudely about, and in an unbecoming manner telling him that he was not wanted, and that he was to go to his bed. He would run away very quickly after she spoke. He gave up his room to her after she had the baby, because it was larger. He seldom

spoke any other thing but nonsense. It was very difficult to follow his speech. When he would be telling you something he would just drop it and go to some other story. He would often just go out and come in again, and say, "That memory of mine." Mrs. Crawford was not kind to him, as he was to her. She called him "Old Morgy," when she was speaking of him; and when speaking to him, she would say that no person would do for him what she was doing. He seemed quite persuaded that he could not do without her, and said there was no one like her. She frequently boasted that she could get from him anything that she wished. She said that all the Colonel's relations were very rich and had titles, and that she did not like them. She spoke in this way when she was sober as well as when she was in drink. She spoke about Ralph Maclean, and said that he was too intimate with the servant, and that she told the old Colonel to put him away, and he did so. The old gentleman had a habit of speaking to himself at all times, and he frequently roared very loudly in his room. I would ask what was that, and she would say, "It is old Morgy; he's daft." He went about the garden a good deal with his stick in his hand, and then came hurriedly back. He was a great deal worse at some times than at others, but he was always restless. He kept some large boxes, tied up with ropes and padlocked, in a back room. He was often among his boxes, locking and unlocking them. I never saw what was in them. He sometimes shut himself up in his room, and on these occasions I have heard him speaking very loudly and making a noise in the room. He had two illnesses when I was there. The first occurred shortly after I went there. Dr. Waddell was sent for. He was affected with his bowels at that time. He was confined to bed for a short time. The second illness was before November, 1856. He was confined to the house a month, at any rate, at this time. Dr. Waddell attended him again. He could not speak so as to be understood, and he could not lift up his arms. He lay on his back, and he would roar when Mrs. Crawford came to touch him, as if to prevent her. He was quite powerless, and could not turn himself. She got him into a hot bath. Before I left, at Martinmas, he was able to be up. From the time I went I did not think the Colonel was in his right mind. I knew there was something wrong with him, but what it was I couldn't tell. He was very suspicious of people coming to the house. He said that coals would be stolen, and the people would come and steal the tubs. The front door was never open, except once, while I was there; and he locked the kitchen door, and said we were all to stay in the house. He sometimes used improper and indecent language to me, but just a few words. When Mrs. Crawford was there they both carried it on, and she frequently commenced it.

MARGARET MACLACHLAN examined by *Mr. Millar*.—I am in service

in Glasgow. I am nineteen years old. I was a servant in Colonel Maclean's house in Millport. [Witness generally corroborated preceding witnesses as to the influence of Mrs. Crawford over Colonel Maclean.] If he came to the kitchen, she would shove him out by the shoulders, and he submitted, and she would order him out of the way, and he went. The Colonel several times used obscene language to witness. He very seldom spoke anything else. The Colonel was very suspicious. I have seen him open the doors of the beds (which were all concealed) during the day, to see if there was anybody there. Nobody was ever found there. I did not think he was in his right mind.

The deposition of SARAH M'MILLAN, now in America, was then read. She was a servant with Colonel Maclean from Martinmas, 1857, till May, 1858. The kitchen was the Colonel's favorite place. He used to sit there and tell stories. Sometimes they were not nice stories. His favorite talk was women and men. He abused Mrs. Crawford a great deal. When in a rage he was always swearing and sending them to the lowest pits. If he saw a door open, or the coal-cellar door open, or the gate at the head of the garden open, he got into a passion. He was oftener in ill temper than in good temper. Deponent never heard him finish a story. When out of bed he was very restless. He frequently went to bed in the afternoon, and ordered me to go to bed too. He did this in the afternoon, about three or four o'clock. One evening, in the Colonel's second illness, Mrs. Crawford passed herself off as her (Mrs. Crawford's) mother. Mrs. Macdonald, with the intention of inducing him to make a provision for her. On one occasion the Colonel had got out of bed during the night, under the idea that there were soldiers with yellow fever in the bed, and lay on the floor with a blanket over him.

CAPTAIN MAON examined by *Mr. Young*.—I am paymaster of the 9th Lancers. I knew Maclean from 1837 to the end of 1840 or beginning of 1841. He had a habit of speaking to himself when there was nobody to speak to. He was excitable and passionate. His gesticulations were remarkable. He gesticulated with his mouth in a peculiar way, and talked incoherently. I slept in a room over his in Manchester and Rochdale. I have heard extraordinary noises in his room. One night in Manchester, especially, I was awakened by noises which exceeded even those which usually came from his room—I might say they were terrific. If I were to endeavour to describe them, it would be as if some men were contending with a parcel of hounds. It seemed as if there was a severe struggle going on underneath me. This peculiarity of his was spoken of in the regiment. Thirby came up to my room in a fright, having heard the same noise. Colonel Stewart has often spoken of it. The next day after this howling at Manchester he did not appear at parade. My own impression was that something very extraordinary had happened

to him the night before. It was a very rare thing for him to be absent from parade. I don't think any other officer saw so much of him during that time as I did. I think he was a temperate man. I should not suppose that these things were at all to be taken in connection with his being tipsy.

MARTHA LITTLE or GUILLILLAND, examined by *Mr. Millar*—I am the wife of Wm. Guillilland, grocer in Glasgow. I am 24 years of age. I was brought up in Millport. I knew Col. Maclean. Janet Hunter and I were at the back of Bute Terrace when Col. Maclean met us, made a run at us, and used very obscene language. The Colonel very frequently made use of such expressions to me, sometimes when I was alone and sometimes with others. When I was twelve or thirteen years old, the Colonel came up to me and my brother (who is two years younger than me) while we were digging potatoes. He assisted us to carry them home, and when we were at the door he offered me his watch and chain if I would go and be his housekeeper.

Cross-examined by the *Lord Advocate*—I don't know whether he was in earnest or not. It was his usual way of speaking to girls.

By the Court—When he made a run at us I think it was more to frighten us than anything else.

JOHN MACLEAN was called, and examined by *Mr. Young*—It was not difficult to catch what he said. He talked mostly about his relations. He said Mrs. Morrison was an adultress, and she had got the breast of one—meaning that when she was a child she had been at the breast of an adulteress. He spoke very bitterly against her.

JOHN MACGOWAN, surgeon, examined by *Mr. Young*—

I am a general practitioner, and have practised in Millport since 1857. I went originally as an assistant to Dr. Waddell, who died on the 15th of April, 1858, and I succeeded to his practice. Dr. Waddell was the only medical man on the island. I was called to see Colonel Maclean on the 4th February, 1858. I found him lying insensible in bed. His mouth was clenched, and the eyes were quite insensible to light from dilatation of the pupils; his breathing was stertorous, and there was paralysis of the tongue on the right side. His pulse was about 60, and full. I ordered him medicine for the purpose of opening his bowels smartly. I called again in the evening; he was getting a little better, but still insensible. I saw him again on the forenoon of next day. He was gradually becoming better, his breathing was more natural, and consciousness was returning. He spoke with an effort, I think; at any rate he spoke next day. After a great many explanations, I could get him to understand the questions I put to him. These were as to how he felt. The paralysis gradually wore away from the body, but it never completely left the tongue. I considered the attack was one of congestive apoplexy. I saw him again on the 18th March. He was very weak, and in a very excited state. He was going about the parlour half dressed. He had on one of those little jackets, no trousers, but a pair of drawers and shoes. I remonstrated with him about the impropriety of his going about that way. He was evidently astonished that I should think he wasn't dressed. He then said he had been summoned to a small-debt court, and wished me to give him a certificate that he was unable to go out. I wished then to feel his pulse, and make an examination of him; but

he objected to that very seriously. He got into a terrible state of rage and excitement, and said that when he was in the army he never submitted to be examined by a doctor; if he wanted a certificate he just called for it and got it. Seeing that he would not submit to an examination, and that he was so excited, I put on my hat and left. He called on me to return, but I would not do it. He walked about the room in a very violent state. I wasn't very sure about him, and kept rather near the door. I was rather alarmed. I could scarcely make out what he said. He sent a messenger for me two hours afterwards. He then submitted to examination. The examination I proposed was merely to feel his pulse. There was a great change on him when I went back. He was quite quiet and docile. I told him that if I had granted the certificate without having examined him, I would have been liable to a penalty. He said that though it had been £500, or £5000, he would have paid the penalty. I cannot medically account for the change on him. I cannot say whether the anger was caused by disease or excitability. I visited him again on the 21st May. I was sent for. I had got a galvanic battery, and the colonel said when I went into the room—"You've got some wonderful machine, doctor." He asked what I would take to make him straight. I said I couldn't undertake to do that. He asked again if I would do that for £50. I said I would not undertake it on any consideration whatever, as I could not do it; but I said I would give him a shock in the meantime, and we would settle about the price of it afterwards. He spoke in a stuttering, stammering way. When he saw I would not undertake the thing for £50, he asked me if I would do it for 1s. a time. I said I could not come up to the house and do it for 1s. Then he asked what was the price of the machine altogether. I named some price to him, and after a little he agreed that I should come and give him a shock. I did not think it likely to do him the slightest good; I said I would do it to humour him. I did administer galvanism without any benefit. I saw a good deal of him in May and June. His conversation was extremely wandering and incoherent. I attribute the stuttering to paralysis of the tongue. He could not command his attention to any subject that I started. The general tenour of his talk was telling bits of stories and jumbling them together. His restlessness was a very marked feature of his case. I never saw him sitting. I thought disease was the cause of the restlessness. I saw him on the 4th October professionally. He had had another fit, and was in the same state as I had seen him before. The attack was more aggravated than the previous one. Mrs. Crawford was from home at the time. I had him removed to a sofa in the parlour, where it was more airy. In the forenoon I found him a little better, but still unconscious. In the evening he began to speak. He was raving quite incoherently, and called out for a stick to kill every one that was near him. He recovered speech sooner this time, but did not recover consciousness so soon. He had a great difficulty in getting out the words. The paralysis of the tongue remained, and after this he dragged his limbs more than he used to do. I attributed these fits and his general condition to disease of the brain, and from the symptoms I thought it was softening of the brain. I did not see him again till April, 1859. I was called in on the evening of the 15th. He was lying in a very weak state. I was informed by Mrs. Crawford that he had been ill for three or four days. She told me that some days previously he had become sort of stupid, and that it was a bilious attack; but from the symptoms I thought he had had a slight attack of paralysis again. She told me that she had given him some medicine, but it had done him no good. I examined his pulse, which I found exceedingly weak—scarcely perceptible. I questioned him frequently, but the only answer I got was "You," and that only once. I saw he was dying, and medicine was unnecessary. I ordered him a little wine and water, and desired Mrs. Crawford to intimate to his friends immediately that he was dying. I saw him four or

five times next day (Saturday). I found him in the same dying state. He never rallied at all. When I saw him on the Sunday morning he was just expiring. He died on Sunday in the same state as he was on Friday. My opinion is that he died of softening of the brain, and I so certified to the registrar. I saw Colonel Maclean occasionally not professionally. I saw him only once on the street. That was the only time I ever saw him dressed. He was walking very badly. He had a waddling kind of gait, and had not quite the command of his legs. He was very much bent. His talk was very much the reverse of decent. It was very obscene, and most of his stories were of that character. That kind of conversation seemed to give the old man pleasure. From the time I saw him first he became weaker both in mind and body. He was evidently breaking up. One time we had a conversation as to what was the matter with him. I said I thought it was apoplexy that he had, and he was quite rejoiced at the idea. He said it was a very aristocratic disease to die of. He said also that all great military authorities had died of that disease, and mentioned the Duke of Wellington, Sir Henry Hardinge, and various others. I never asked if he had relations, but once Mrs. Crawford mentioned Ralph Maclean's name. The Colonel got into a great rage, called Ralph a blackguard, and said he had given him thousands of pounds, which he had spent in debauchery. He kept repeating that for some time. When he was in a great rage, he could scarcely speak at all—the effort was too violent. The disease of which he died was, I think, present during the whole time I knew him. To the best of my judgment he had the disease for at least nine months, and I mentioned that in the certificate. I should have liked to have had a post-mortem examination. Mrs. Crawford asked if I would like to have one, and I said I would, but I did not like to go on without having authority from some of his relations. Softening of the brain may exist for years. If he had had similar attacks before I knew him, I would infer from that that the disease was present at that time.

Cross-examined by the *Lord-Advocate*.—The Colonel gave out that he was a very poor man, and I only charged him for my visits as I did any labouring man. When I knew he was a rich man I increased my charges. He was called Major Maclean, but I never thought he really occupied such a position. I did not hear of a will until the night before he died. On one occasion before the Colonel's death Archd. Morrison asked me in Glasgow what was my opinion of Major Maclean. He said he was a friend of his, and that he had an interest in the Colonel. I could not suppose that he had any other interest than a friendly motive in asking about the Colonel. He called upon me in my temporary lodgings in Glasgow. This was during the winter before the Colonel's death. I had never seen Morrison before. He didn't tell me that he was a nephew, and I didn't know if he was a relative, or a friend merely. When he asked for the Colonel, I thought that probably there was some litigation here, and I didn't give my opinion. Mrs. Crawford had told me that some friends had entered a law process against Colonel Maclean. She told me this some weeks before, on coming up from the steamer. Mrs. Crawford told me that the Colonel had some money, and was to leave her some, but I thought this was nonsense. Some persons in Millport called him a colonel, and others called him a colour-sergeant. I took the Colonel to be about eighty years old. I don't mean to say that a man of eighty, who is bent, or who walks tottering, is necessarily insane. I don't think that indulging in loose conversation is a symptom of softening of the brain. Softening of the brain very often affects the mental powers. There are cases on record where patients, dying of softening of the brain, were not insane. A man with such disease has never the same power of reasoning as before. I don't know the reputation of Sir William Hamilton, but I think that if he had a stroke of apoplexy he would not have been as able to lecture as he had been previously. I think that after the second

time I saw the Colonel he would not be capable of conducting his affairs. If he could write intelligently and consistently on matters of business after that, that would make me qualify my opinion. I would have thought him capable of managing some affairs. It was, I think, after the second attack, in May, that I saw him on the street. When he saw me he began to curse and swear at me. He said doctors were a d—d set of impostors; they made people worse than they were. This would be after I had applied galvanism to him.

Re-examined by *Mr. Young*—He lived like a poor man, and I only saw him once dressed. The clothes he wore in the house were shabby. The house was dirty. He had been charged, by Dr. Waddell, just as poor people are charged.

Letter, Colonel Maclean to Mrs Captain Macdonald.

Millport 26th Augt. 1858

My Dear Marion—Donald who entered chearfully on your business, and who you will cause to take the different articles out of the trunk and box and place them as you wish before he quits, to see his relations in Ross where he was so anxious to go at the same time with his uncle who might have behaved better to both him and myself than he has done, Write to me and I shall enciose it to our sister—

When he goes round he will see the eagle's nest out of which I was fed when a child, to which the servant descended by a rope fixed to a peg, and filled a great coat with game he found in it, and put a stopper on the tails of the young eaglets my father firing power at the two old ones to keep them from throwing the servant down the rocks; the place is now much easier of access Those I suppose that perched on the house the day I was born, then in winter I was bathed through the ice in *Ault na Grough* the banchee river the dogs Garlose and Watch drove two deer out of the wood on Loch Uisk which was frozen the lost there footing, lay sprawling, the servants out with ropes cut their necks and dragged them in that that is the manner I was reared and brought up in—yet I was better pleased of what I had seen of the world, than if I had left a million to my friends—Glory be to the Almighty God for the variety I have passed through in life Tell him to get the two book from Macintyre with my compliments and if he does not give them to him with good grace to say that had it not been for me, that he would have no estate Donald was worth of anything that could be done for for him, Lorne Macdougall, who I got to leave the country has done well when his worthy father lost his life I walked down to Greenock from Glasgow in five hours to see his mother he was then an infant on the breast he is doubly our relation, What a pity it was that Catharine did not go to his neighbourhood.

I have cause to be grateful to the real natives of Mull for they never turned out to any of the Hectors or to Lachlan more alert than the did to Duncan of the loud hollow when the man with the white trousers from Tobermory was at Portven at noon, and the first gun was brought seen or heard in Mull Ian Larnach More saved the honor of Scotland greatly to the satisfaction of the king and country and Duncan saved Mull his native island when invaded by the Macduffies Yours affectionately

Mrs Capt. Macdonald
Tobermory Mull

A. MACLEAN.

Copy of Holograph Will.

I. — WRIT (without date), signed 'ALEXANDER MACLEAN, late Lt.-Col. 3d W. I. Regt.,' recorded in the Commissary Court Books of Bute, at Rothesay, 9th August, 1859.

I Alexander Maclean being in good health and sound judgment thank the Almighty God for the same and considering the certainty of death and the uncertainty of the time of living,—make this my last will and testament and revoke all and any will formerly made by me. To the three parish churches of Mull and Iona I bequeath Twenty pounds each for vessels for the elements of the sacrament and Ten pounds to the poor of each parish—I bequeath three pounds yearly (*Darach*

Death Denadas) Good conduct donation to poor boys of the surname of Maclean lawfully born from seven to fourteen years of age to pay for learning to read, write, cipher, and a Bible given to each, the first year after my demise to commence with ten boys and five to be added yearly, making the number to the first seven years only forty (40) then twenty to be added yearly and the entire number made up to one hundred and forty (140) twenty to be struck off yearly (as they have completed seven) and twenty nominated in their room and so on in rotation each boy when his name is entered on the list to have his number placed before it commencing with No. 1, and so following in succession that the last may show the total number that have benefited—The greatest care must be always taken that the most needful and destitute are selected, and only one boy of a family can be borne on the register at the same time ~~except in the case of orphans when two brothers are admissible under the aforesaid restrictions.~~ To prevent any fraud or imposition a certificate from the clergyman countersigned by two respectable inhabitants of the parish in which the boy resides must accompany every application before the boy's name can be entered on the register, the Christian name of the father with the maiden name of the mother must be entered, for insertion As a further stimulus of ambition and to excite a proper spirit and encouragement to good conduct and to use every honest means to raise themselves to a respectable position in society—An annual bursary of Twenty-five pounds a-year for four years to be given to the best scholar, most talented and well conducted of them to prosecute their studies at any of the universities in Scotland and qualify themselves for a learned or scientific profession, each to name his calling with a faithful promise [*the word promise interlined*] of due application to insure success before he can be nominated,—Should any of the recipients at school or college neglect to learn or show corresponding progress to their time or be guilty of any misconduct they are to be struck off the list by remark placed after their name with date, then [*then interlined*] without any redress,—The respectable of their own name in their different localities should have an eye to them and advise them to good behaviour.

To accomplish this I bequeath in property in the 3¼ p. cents English funds (L.20000) Twenty thousand pounds.

The accounts to be made up yearly or half-yearly balance struck and carried together with interest of the same and added to the original amount of the fund a column for each year and one for the total to follow there names with year at the top and total at bottom show the sum expended each year, and extended at the end of the seventh opposite each individual also a scale showing the difference between receipt and expenditure. The executor present at the nomination or examination of candidates to sign to the correctness—I nominate the following trustees and executors Dr. Charles Maclean, Medical Department, Major-General Alan Maclean, General Sir Archibald Maclaine, and his two nephews R^d Angus and George Osborne Maclaine, Alexander Maclean, Pennycross, ——— Maclaine of Lochbuy, H F Maclean, writer, 5 Hill St. and F. J. G. Maclean writer 32 Great King St. Edinburgh.* In accordance to the wishes of my mother the remains of her father John Lorne Maclean to be exhumed from Knock in Mull and interred in Rolic Oran Island of Iona in the grave of his father Alean MacCharlich, Alan Maclean and his ansestor (Ian Larnach Mor) the great John Lorne Maclean is desire being undiscovered till after his funeral which last must be done before this is brought into being.

ALEXANDER MACLEAN
Late Lt. Col. 3d W. I. Regt

II.—WRIT, dated "Millport, 6th Feby. 1859," signed "A MACLEAN;" also recorded in Commissary Court Books at Rothesay, 9th August 1859.

Millport 6th Feby 1859

I further bequeath to my Housekeeper Janet Macdonald Mrs Hugh Crawford

* P.S.—In default of Executors the recipients to elect from their own numbers qualified men to discharge the duty and look to the interest of the fund that it is faithfully applied

Fifty pounds [*“pounds” interlined*] a year during her life L50 specially for her own use and should she die before her two daughters Mary and Janet Crawford the same to be divided in two equal parts and continued to them until each arrive at the age of twenty-one [*“one” interlined*] years and provided they live with their grandmother Mrs John Macdonald, if then in life. There will be a considerable accumulation particularly for the first seven years—This together with all increas that has accrued or may arise or fall due to me and residue then or hereafter I bequeath to the fund. Any arrangement I recommend a circular to be sent to each of [*“each of” interlined*] the trustees and decided in favour of the majority of members otherwise the act not to hold good. In 1874 perhaps it might be as well to subscribe to a new Government Loan—banks and mortgages at time don't turn out well

A. MACLEAN.

Dr. Skae, Dr. Bucknill, and Dr. John Brown were here brought into court, and his Lordship having read the above portions of the evidence to them, and some of the documents :

DR. JOHN CHARLES BUCKNILL.—*Examination in Chief by Mr. Young.*—I am a Fellow of the College of Physicians, London, and resident physician in the Devon County Asylum. I received that appointment seventeen years ago ; I have been resident more than sixteen years. During all my professional life, I have given great attention to mental disease, and have written repeatedly on the subject. I have been much consulted in cases in which insanity was brought into question.

Q. You have heard a good deal connected with Colonel Maclean, who died in his 81st year, on 17th April, 1859. In particular, you have the evidence of Dr. M'Gowan, who attended him between 4th February, 1858, and his death, who speaks to the two attacks that year in February, and in October also, to the last illness. You heard the evidence of the servants, who were alone in the house, as to two attacks in 1855, two of a similar nature apparently in 1856, and I think also two very similar in 1857. You have also heard the evidence as to his mode of speech, and his manner of walking. Have you heard enough to enable you to form an opinion as to his state of mind, applying your knowledge and experience to the case ?
—A. In my opinion I have.

Q. Would you have the kindness to tell us what that opinion is ?
—A. I consider that the attacks which I have heard described were of a kind which would be incorrectly described as pure apoplexy, or as pure epilepsy, but as partaking of the nature of both ; and such attacks we see in cases of chronic insanity. I think it is probable that the first attack, or that attack which left paralysis of the left side and paralysis of the tongue, was of an apoplectic character ; but that the subsequent attacks were of a modified character—modified by the amount of disorganization left in the brain by the first attack itself, and by the progress of age and disease.

The Lord Justice-Clerk.—Q. What disease ?—A. It is not im-

probable that in this case there was atrophy of the brain—wasting of the brain.—A. With reference to the description which I should give of the mental disease, it would be one of general insanity tending as it progressed to a state of fatuity.

Mr. Young.—Q. I wish you to know that Colonel Maclean entered the army early in life, and was in the army the greater part of his life, and that he spent no less than thirty-three years in hot climates, in the West Indies, and in Africa; in 1840, he went to Sierra Leone, and returned in 1843; he was then unwell, but was recovering, and you may assume that he had a sun-stroke in Africa. He returned to this country in 1843 from Africa, and went to St. Kitts about 1844, and returned in 1848. He went to reside at Millport in 1850, and in 1850 and 1851 he lived in an inn during the summer season, and came to Glasgow in winter. In 1852 he took up his residence there, and remained till his death; and I think his condition from the first in Millport may be taken to be very much of the nature you have described. He always stuttered in his speech more or less, but that got worse, and, in particular, it got worse after these attacks. He did not pursue one subject continuously, but was in the way of jumping to one thing from another—telling one half a story, and then passing to another, without completing anything. He was fond of obscene language to women, and you heard the evidence as to little girls. Do these facts enable you to form an opinion as to whether his brain was diseased so early as the time I am speaking of when he went to Millport—say 1850 and 1851?—A. That is before any attack of apoplexy, or any of the fits?

Q. So far as I know.—A. They lead me to conclude that he was insane at that time.

Lord Justice-Clerk.—Q. So early as 1850?—A. Yes. With reference to the stutter it does not clearly appear whether it was the effect of palsy or a natural stutter, because I think I heard it stated that it was remarked by the officer who knew him long prior to that.

Lord Justice-Clerk.—No; he talked of his muttering to himself; but he did not say anything about stuttering.

Mr. Clark.—I rather think he did.

Mr. Young.—Q. Assume at present that there was no stutter in his speech—no impediment in his speech at the time Captain Mahon speaks to?—A. I should conclude from the mental symptoms alone, without reference to any symptoms of physical disease, that at that time he was decidedly insane.

Lord Justice-Clerk.—Q. When he came to Millport?—A. Yes.

Mr. Young.—Q. And keep in mind that the first attacks of the nature you have heard described, so far as we are aware, were in 1855. You think, nevertheless, that his mind was affected before that?—A. I do.

Q. You have had great experience of all sorts of insanity?—
A. I have.

Q. Was this insanity which in your opinion, judging from what you have heard, was upon this old gentleman, inconsistent with his writing letters upon subjects of business rationally?—A. No; simple letters.

Q. Is it according to your experience that insane people write simple letters of business, so that you could not from them discover any traces of insanity?—A. It is indeed.

Q. It is not an uncommon thing?—A. I will give an example of it. There is a gentleman who has been an officer in the Indian army, and who is under my care, as committee of his estate and of his person under the Court of Chancery; he wrote a letter a few months ago, which was sent to the solicitors in London, so coherent that they sent it to me to know whether a writ of *supersedeas* of his lunacy ought not to issue. He was under inquisition. I visited him immediately, and found that he was full of delusions as bad as ever—a vast number of delusions.

Q. What was the subject of that letter?—A. His affairs.

Q. And that is not a solitary instance?—A. I could instance a great number of cases.

Q. I read you the letter which he wrote in August 1858 to his sister about the eagle's nest. [Shown letter, No. 456 of Process.] Is that the letter of a sane man?—A. I don't consider that that letter was the letter of a sane man. I think that with reference to being fed out of an eagle's nest, a man might be fed out of an eagle's nest; and I am not sure that I have not heard of game being taken out of an eagle's nest; and he might have been subjected to the very severe discipline of being put through the ice to be bathed; but I think altogether when you take the whole circumstances which he describes, it constitutes what I don't hesitate to say is a tissue of insanity—is the letter of an insane person.

Q. That is such a letter as you would not be surprised at Colonel Maclean, with the opinion you have of his case, writing at that time?—A. Certainly not.

[Shown No. 62 of Process, instructions for will.] Q. Suppose Colonel Maclean to have written that in 1856, would that at all alter the opinion which you have expressed?—A. It would not.

Q. Is it such a will as you would not be surprised at an insane man writing out with his own hand?—A. It is such a will that I should not be surprised at his writing.

Q. Is it according to your experience, that wills of that description, founding institutions, often occur to the minds of insane people?—
A. I cannot say that of my own experience.

Q. Suppose he wrote, with that will, to his man of business, a

short simple letter, telling him to make a will accordingly, would that alter your opinion?—A. No.

Q. You think he might have quite mind enough to do that, and yet his mind be diseased?—A. Yes.

[Shown No. 63 of Process.] Q. Assume that he wrote that with his own hand on the 6th February, 1859, does that affect your opinion?—A. That does not change my opinion.

Q. In short, you have no doubt that from 1850, and at all events from 1855, when he had these attacks till his death, his mind was diseased?—A. I have no doubt.

Q. Would the fact of a sun-stroke in Africa be confirmatory of the view which you have taken?—A. Yes, because it would give a cause of his subsequent disease, which is known in other cases to to have occasioned similar disease.

Q. Even after a lapse of time?—A. Yes.

Q. Suppose that he had no sun-stroke at all in Africa, how would that affect your opinion?—A. I have had many cases under my care of insanity following residence in hot climates in which there was no evidence of sun-stroke.

Q. In short, the absence of a sun-stroke would not change your opinion?—A. No.

The Lord Justice-Clerk.—Q. You would draw the same conclusion from the other facts, though the sun-stroke was not a fact in the case?—A. Exactly; but the proof of the sun-stroke would go to strengthen my opinion.

Mr. Young.—Q. Is obscene talking, and evident pleasure in it, a common symptom of such mental disease?—A. It is not an unfrequent symptom.

Q. Is it a common thing for men whose minds become diseased to change all their feelings towards their relations?—A. It is a very common symptom.

Q. One of the commonest?—A. One of the commonest.

Q. And to hate those whom they formerly regarded affectionately?—A. Exactly; and to entertain erroneous opinions respecting them.

Q. To suppose things to be true of them which are not?—A. Yes.

Q. That a sister has had bastard children, for example, who never had any?—A. Just so. Mere hatred would come under the head of a derangement of the emotions or the affections. The other would come under the head of intellectual derangement.

The Lord Justice-Clerk.—Q. The latter would be a delusion?—A. Exactly.

Cross-examination by the Lord Advocate.—Q. Tell me what the materials are which lead you to the conclusion that in 1851 this gentleman was insane?—A. Allow me to say, that, having heard

the evidence here, I do not take from my perusal of the printed forms which I scanned over the facts upon which I form my judgment. I form my judgment, of course, on what I have heard in this court, and, therefore, it is difficult to remember dates exactly, and the sequence of events. But I remember, as I sat here, having heard these things described, first, a servant found him under his bed; another time he was found lying on the floor of his bed-chamber, and when asked what was the reason for it, he said that there were soldiers in the bed with yellow fever. Then he told one of his relatives, the illegitimate son of his brother, that his sister had behaved in a manner which would have probably justified his anger if it had been true, but which was not true, and which was a delusion with respect to her.

The Lord Justice-Clerk.—Q. That is about Mrs. Morrison being an adulteress?—A. Exactly. Then his language was obscene, and obscene towards little girls. His conduct was obscene also towards children of tender age. His habitual language appears to have been such as was quite inconsistent with the character of one of Her Majesty's officers, and an educated gentleman—a gentleman,—I assume his education. He was suspicious, kept the doors locked, and the windows nailed down. He seems to have taken a pleasure in telling stories, but he does not appear to have had mental capacity to follow up the train of thought which any story suggested, and he constantly broke off and rambled from one story to another, so as never to end any story except one, and that was an obscene story.

The Lord Advocate.—Q. Are these the principal materials on which you proceed?—A. I think these are the principal materials.

Q. Do any of them separately indicate insanity?—A. I don't think that insanity ever can be proved by one single fact.

Q. But supposing he had not been found under his bed till much later than 1851, and that that about having men with yellow fever in his bed was much later, and that the conversation about his sister was also much later, do you find sufficient materials for arriving at the conclusion that he was insane in 1851?—A. As I said from the first, my memory will not serve me from having heard the statements here now, to say how much was proved to have existed in 1851, and how much subsequently.

Q. Supposing it was proved that he used obscene language, and that he was in the habit of breaking his stories off in the middle, and you had no other information about him at all, would you be able to say with confidence that that man was insane?—A. No; certainly not on these two facts.

Q. I suppose a man locking his door is not absolutely the act of an insane man?—A. Certainly not. Allow me to explain what I mean by saying that no single act would show insanity. I would state as an illustration that no single sign of death could be taken

as a sign that a man was dead, except his body was actually putrified; but if you found a man lying stiff and cold and without breathing you would have no difficulty in saying that he was dead. Speaking from all the materials I have here, I have no doubt Colonel Maclean was insane.

Q. But they don't separately indicate insanity?—A. No.

Q. And those I mentioned to you—the obscenity and the breaking off of his stories—would not indicate that. A sane man might have these peculiarities?—A. Yes; a sane man might have these peculiarities.

Q. And if you knew no more about him than that, you would have no materials at all to judge whether he was sane or insane?—A. I should have such materials as those were; and if you added to those materials, they would be of value. Taken by themselves they are invalid as proofs of insanity. They are not sufficient to prove insanity.

Q. In other words, a man may have full possession of his senses and talk obscenely and may ramble and break off in the middle of his stories?—A. Yes.

Q. You say that a man may be quite insane and yet write intelligent letters on business. What is it that you think an insane man cannot do in the way of business or transacting affairs?—A. An insane man cannot take a sensible and sane view of his relations to the world, to his affairs, to his relations, and to things in general.

Q. But would you say that every man who does not take a sound view of his relations to the world, and his relations to things in general, was insane?—A. No.

Q. There are a great many men who take very unsound views of their relations to the world who are not insane?—A. There are, from other causes—from ignorance, want of education—passion.

Q. Then you think a man may be insane and yet may pursue with apparent intelligence, through a course of years, a plain and simple design in regard to the settlement of his own affairs?—A. A plain and simple design—yes; that design being an insane one.

Q. But supposing the design is not an insane one?—A. He may pursue it still being insane. An insane person may make a will.

Q. A sane testament?—A. No, not a sane testament. An insane person may make a will.

Q. But supposing you found that a person had pursued, through a long course of years, a clear intention and design, not insane but rational enough, and had given clear and connected and coherent instructions upon it over a course of years, do you think an insane man could do that?—A. Yes.

Q. It would make no difference in the case, then, supposing you had found that for a period of twenty years this gentleman had

managed his own affairs with prudence and discretion, conducted himself in the different relations of life in regard to his money matters, as an ordinary person would, and had been in the possession of the management of his affairs during the whole time —

A. That would not change my opinion.

Q. Do you find anything insane in the instructions for the will?

—A. I suppose you mean if the will were put in my hands, and that I did not know from whom it came.

Q. Yes.—A. I should say it was a very strange will. It would lead me to suspect the condition of the man's mind.

Q. What is there strange in it?—A. I think it is a strange will by which a man bequeaths his property to persons who are not related to him, and who are in no way connected with him except by name. I am aware that wills have been made of that kind before. There is Dulwich College, for instance. But I think it is a very strange will, and such a will as would make me suspect the condition of the man who made it.

Q. You mean that you would suspect the will of every party who left his money to persons who were not related to him, of the same name?—A. To 140 persons of the same name, who were not related to him.

Q. You think that is a proof of insanity?—A. No, I never said that.

Q. You say that would lead you to suspect that the man who made it was not quite right?—A. You may take it in that way if you like. It would lead me to suspect the sanity of the man.

Q. Do you think it would be an indication of insanity if a man were to leave his money for the education of children, on the condition that they should walk about bare-headed wherever they went?—A. No; I don't think that would be an indication of insanity. That was the mode of life then; people did not wear hats.

Q. You have heard of George Heriot?—A. I have.

Q. Supposing he left his money to people of his own name, with whom he had no connexion otherwise, do you think that would indicate that he was mad?—A. I think it would quite justify his relatives in examining into his state of mind; and if they found other very strong proofs, it would justify them in testing the will.

Q. In short, without saying that it is an absolute proof of insanity, you think it leads to a very strong suspicion of it?—A. I did not say very strong suspicion—I said a suspicion.

Q. Excepting that, is there anything in this will that leads you to think that the person who wrote it should have been under your care?—A. It is all the will. I think there is nothing else in the will.

Q. You don't say it is irrational, but it does not accord with your notions of soundness of mind to do it?—A. No.

Q. You said that the letter about the eagle's nest was an insane letter. Tell me what there is in it which would lead you to say that it is the production of an insane man. Is it the sentiments, or is it the style of the writing, or is it the mode of expression?—A. I think the writer of this letter appears to connect the mode of his bringing up with these facts.

Q. Which facts?—A. The facts of his being fed from the eagle's nest, and the eagles lodging upon the roofs of the house, and the deer being driven from the woods, and sprawling on the ice. He connects all these facts with the mode of his bringing up, as if there was something peculiar in these facts, like dipping Achilles by the heel into the Styx.

Q. Is not this a letter about Donald who is going to Mull to see his relations, and is he not told that he will see the eagle's nest, and the places to which the letter refers?—A. Yes.

Q. Well, there is nothing insane in that?—A. No.

Q. And he says he was bred up, being bathed in the cold water through the ice, in a hardy way?—A. Yes; there is nothing insane in that. He speaks about the eagles.

Q. You think that looks insane?—A. Yes, I think altogether it looks insane.

Q. But supposing that about the eagles is true, every word of it, as it is there?—A. If you prove all these things to be true, that would diminish the value of this letter as a proof of insanity.

Q. It is assuming that these things are not true that makes you think that that is the letter of an insane man?—A. Yes; and also assuming that they have some connexion with him as being a great person brought into the world; like Glendower's portents.

Q. But suppose there was a cave close to his birthplace, where there was an eagle's nest, and that it was the habit of the inhabitants to take the game from the eagle's nest in that precise way, you would not think that so very absurd?—A. No; that is, if you assume at the same time that he did not attribute to himself some character derived from these facts.

Q. Don't you think, before you could come to a conclusion upon it, that it would be necessary to see the letter to which that is an answer?—A. I think if I saw the letter to which that was an answer, it might alter my opinion—it might modify it certainly.

Q. In short, it is always better to see the letter to which another letter is the answer?—A. Yes.

MONDAY, 5th August, 1861.

Dr. BUCKNILL.—(*Examination continued.*)

Q. *By the Lord Advocate.*—A. I have said that I think the first attack spoken to was pure apoplexy; I speak of the first fit, which caused paralysis of the side and paralysis of the tongue.—Q. Do you attribute that attack to previous disease of the brain, or was the disease of the brain produced by the attack?—A. I attribute the attack to previous disease of the brain. Allow me to say, that in speaking of that attack as being probably of an apoplectic character, I was not at the time aware that he had had previous convulsive attacks. But assuming that he had previous attacks, that makes no difference on my opinion, except that perhaps it would modify, in a purely pathological point of view, the opinion that it was pure apoplexy.

The Lord Justice-Clerk.—Q. You speak of the previous attacks now as epileptic attacks, I suppose?—A. It is a bastard form between epilepsy and apoplexy, which is common in these cases of chronic insanity. It partakes of the symptoms of both, of course.

The Lord Advocate.—Q. You have had information about the previous attacks since I last examined you?—A. I question where I got the information, but I have heard it mentioned.—Q. You said the other day that the first attack you considered to be pure apoplexy, and you modify that now by saying that you did not know when you said that, that he had had previous attacks?—A. Yes, that is so. I have no information which could lead me to a correct opinion as to the nature of these previous attacks; I merely know that he had previous attacks. Supposing I had no other information excepting what related to that first attack, which I think was pure apoplexy, I would attribute it to disease of the brain previously existing. Apoplexy does not always arise from a diseased condition of the brain; it might arise from a diseased condition of the vessels of the brain connected with a diseased state of the heart. There is always disease of the vessels of the brain, or a tenderness of a vessel of the brain, or a brittleness of the vessels of the brain, in pure apoplexy. The evidence which I have of disease of the brain, afforded by the mental condition of the patient before the attack, would lead me to the conclusion that this arose from previous disease of the brain. I assume that I have satisfactory evidence of that mental condition. But for the antecedent evidence, there was nothing in the symptoms, as described, of that first attack that would necessarily lead me to the conclusion that there was previous disease of the brain. An attack of that kind is not inconsistent with the patient's recovery, both physically and mentally.

Q. *By Lord Justice-Clerk.*—A. I mean an attack of simple apoplexy.

The Lord Advocate.—Q. You said that you thought the other attacks were apoplexy and epilepsy combined. Will you tell me what the symptoms were that led you to that conclusion?—A. Did I say combined, or did I not say attacks intermediate in character between them?—Q. What led you to the conclusion that it was intermediate between apoplexy and epilepsy?—A. Because there were certain symptoms which are most frequently seen in apoplexy, and others which most frequently occur in epilepsy. The main symptoms which resemble epilepsy are, the cry when the patient falls, and the foaming at the mouth. The symptoms which would seem to ally these attacks to apoplexy are, the age of the patient and the duration of the attack. I ought also to say, that the repetition of these attacks in a person supposed to be insane makes me believe that they were of the character I have described, because I know that such are the kind of epileptiform attacks to which such persons are most liable. I mean those attacks which partake partly of epilepsy and partly of apoplexy; they are the kind of attacks which I see frequently in cases of chronic insanity.

Lord Justice-Clerk.—Q. The result of that seems to be, that persons of unsound mind are liable to this species of bastard attacks?—A. Yes.

The Lord Advocate.—Q. But would it have surprised you, looking to the age of the patient, if you had found him exposed to an attack of that kind, although his mind was not at all diseased—would there be anything at all unusual in that?—A. No.—A. It is very hard, perhaps impossible, to say what is cause and what is effect in these cases. No pathologist that I am aware of—I think no cautious pathologist, would attempt to say what relation these attacks bore to the insanity as cause or effect, or concomitant or part of the disease.—A. It is a kind of attack that not unusually co-exists with insanity, but which may also co-exist with sanity.—A. In an attack of that kind, whether I should expect to find the patient able to speak immediately after, would depend on whether the attack affected the nerves which supply the muscles of the tongue. In some cases patients are able to speak soon after; in other cases they are not.—A. The foaming at the mouth, and the cry before falling, are the principal indications of an epileptic attack, but they are not certain indications of epilepsy, because they belong to the kind of attacks which we are talking about, which are not pure epilepsy.—Q. They may belong to other attacks which was not pure epilepsy, may they not?—A. I don't call to mind any other form of disease to which they might belong. But I am not prepared to say that there is no other form to which they might belong.—A. I attribute the insanity, which I have been led to conclude existed, to chronic disease of the brain. I would call that disease a pathological change in the nutrition of the brain.

Lord Justice-Clerk.—You called it an atrophy before?—A. No; I think I said that in this case atrophy commenced towards the latter stage of the disease.

The Lord Advocate.—Q. It is what is generally called softening of the brain?—A. It is not what is accurately called softening of the brain. Unfortunately the term softening of the brain has come to have a very loose significance. The disease is substantially a change in the nutrition of the brain—in the action of the functions which nourish the brain, leading to unsoundness of mind, and leading to the apoplectic attack also.—Q. Is it ordinary in cases of that kind that the first attack should be of apoplexy and paralysis of the one side—is that the usual indication of it?—A. I cannot say that it is; the symptoms of these attacks are so various, that although such a result of the first attack is not uncommon, I cannot call it the usual form. The usual form is an attack of an apoplectic character, with stertorous breathing and loss of consciousness, and it is not the necessary consequence of that attack that paralysis of the side or of the tongue should be left after it.—Q. But still in every apoplectic attack stertorous breathing and want of consciousness may be looked for?—A. Want of consciousness and an affection of the breathing,—stertorous breathing—yes, I think so.—A. I don't consider the paralysis as a necessary indication of that disease. I cannot tell how long it had been going on.—A. There was nothing in the insanity so produced to prevent his writing an intelligible letter about the settlement of his affairs.—A. I should think, if he attempted to command a regiment, he must do it in a very strange manner,—in such a manner as would attract notice.—A. If I found that he did attempt to command a regiment, and did not do it in a strange manner, I should conclude that the disease had not been established.—Q. In short, that he was sane?—A. The commencement of insanity frequently is so very insidious that it is impossible to say where the actual commencement is; you can fix a point where a man is sane, and you can fix another point where he is insane.—Q. But surely there is a point at which a man ceases to be sane and becomes insane?—A. Exactly, just as there is a point where a man is sober, and a point where he is intoxicated; but it is impossible to say which glass of wine it was that made him drunk.—Q. But do you think there is no more difference between a sane man and an insane man, than there is between a drunk man and a sober?—A. Yes, a vast difference; I only give that as an illustration of what I mean.—Q. Sobriety is a matter of degree, but is sanity a matter of degree?—A. No; insanity is a positive state of mind; at the same time it comes on in the insidious manner that I mentioned.—Q. Was the insanity under which you think Colonel Maclean laboured in any stage of it consistent with his commanding a regiment?—A. No, I cannot admit that an insane man could

ever command a regiment, and if he commanded a regiment in a proper manner, I should say that at that time the man was sane.—Q. Was it consistent with his doing the ordinary duty of a regimental officer?—A. It is impossible for me to say how much his superior officers might overlook in his conduct.—Q. If he went through his ordinary duty as a regimental officer in an ordinary creditable manner, would you or not conclude that he was sane?—A. Now you have put it in that way, I can say positively that I should conclude that he was sane,—in an ordinary creditable manner, recollect.—A. A man is not necessarily insane who is found under the bed.—Q. Suppose he kept his portmanteaus under the bed, and all his clothes in these portmanteaus, he might have gone under the bed to fetch his clothes?—A. That certainly would satisfactorily explain his being found there.—Q. As to the hatred to his relations, you assume that he had no ground for the dislike?—A. I don't think I said so; I assume that he had no reasonable or sane ground; I think I also omitted to mention a fact which was read to me, that he said he had no relations, and I assume what was read to me as the evidence to be true evidence.—Q. Supposing it turns out that he had good reason to be displeased with his relations, that his being found under the bed was an accident, and not a symptom of disease, and that those delusions that you supposed he laboured under, he did not labour under, is there anything else in the whole history of this case that would lead you to suppose he was insane?—A. I think there are some points which, taken almost by themselves, would do so. I think the fact which was read to me, that he was found lying on the floor, and when asked why he was lying on the floor, and not in his bed, he answered that there were soldiers in the bed who had yellow fever,—I think that is a single fact which tells very strongly. That would lead me to the conclusion that at that time his mental faculties were deranged.—A. I should want the history to tell whether I considered that derangement a chronic or an acute state.—Q. And without knowing the whole history of the man's life, can you possibly found a sound conclusion as to whether the symptoms indicated insanity or not?—A. Yes.—A. A temporary delirium is a very frequent attendant on apoplectic and epileptic attacks of that kind.—A. The patient may recover his senses completely, though he has been exposed to this delirium during the attack.—Q. And therefore this gentleman might think there were soldiers with yellow fever in his bed while he was under the attack, and yet not be of unsound mind?—A. Yes; that was what I meant to indicate by saying that it would require the history of the case to show whether it was insanity or delirium.—Q. Do you still say that for a man to leave his money to 140 Macleans is an insane affair?—A. Not in itself; I don't think I said it was, in itself. I said it indicated insanity, and I still think so, but I don't think it proves

insanity.—Q. Suppose he left it to endow an hospital for insane Macleans, do you think that would have indicated insanity?—A. What if there were no insane Macleans after he died?—Q. Do you think such a provision would indicate insanity?—A. I think it would indicate insanity. Understand what I mean by indicate—I mean to say that it would be a strange and uncommon occurrence—an uncommon kind of thing, which would justify the relations in making inquiries.

Lord Justice-Clerk.—Q. In short, it would be a material fact in an inquiry of that kind?—A. Yes, of course it would.

Lord Advocate.—Q. Because he was leaving it for the benefit of persons of whom he knew nothing?—A. Yes.—Q. Is that the peculiarity of it?—A. That is part of the peculiarity; it is not the whole of the peculiarity.—Q. Are you aware that there are a great variety of endowments in the universities of Scotland, left very much in that way for the benefit of students of a particular name?—A. That has been mentioned to me since Saturday. I did not know it on Saturday.—A. I don't think that indicates insanity by itself.—Q. Suppose, instead of leaving it to 140 Macleans, he had given it to one Englishman, to be educated at Winchester School, there would be no insanity there. If there was nothing else in this case, do you think a man leaving in his will an endowment to lads of the name of Maclean was in any respect insane?—A. I should think it an indication.

To Queries by Mr. Young.—A. In forming an opinion upon this or any case of the kind, I could not with any safety take one circumstance by itself. I must take all the circumstances together, and consider the case by the light of all the circumstances. And the evidence to my mind of insanity may be quite conclusive upon the whole circumstances, although any one of them by itself would be consistent with sanity. It certainly does accord with my experience that any other mode of judging would lead to very erroneous conclusions.—Q. Assume, for a single moment, that the first of these attacks partaking both of the nature of apoplexy and epilepsy occurred in the spring of 1855,—but keep in view the statements that have already been made to you as to the history of the man prior to that, particularly from 1850 to 1855,—a lieutenant-colonel in the army, living as he did at Millport, acting as he did there, going about always alone, never associating with any friends or equals, speaking in the way he did, with a stutter, incoherently, passing rapidly from one subject to another which had no relation to it, so much so that he never finished a story, very restless, constantly speaking to himself, speaking loudly to himself when walking alone, roaring out in the room, speaking obscene language to women and children, so that the children ran after him and hooted him in the street,—would these facts in his history, prior to any attack of the

kind we have been considering, lead you to the conclusion that he was diseased?—A. They would.—Q. The attacks which occurred in the beginning of 1855, and subsequently, are of that nature to which such persons, as I conclude upon the prior history he was, are most subject.—A. The subsequent attacks would corroborate and confirm my opinion as to his prior condition. And the history of his prior condition would give a character to those attacks, and induce me to suppose that they were just of the nature so frequently met with in such persons. They illustrate each other; they form parts of the history of such cases. The subsequent history illustrates the prior, and the prior illustrates the subsequent.—A. You must take the whole together. The later facts enable me to form a more satisfactory judgment of his former state, and the history of his former state enables me to form a more satisfactory judgment of the subsequent facts in his history.—A. And, judging in the ordinary way, according to my skill and experience, I come unhesitatingly to the conclusion that his mind was diseased.

The Lord Justice-Clerk.—Q. From what period?—A. From the time that the evidence of the children and of the servants at Millport embraces.—Q. That is from about 1850 or 1851?—A. Yes, I think so.

To Queries by Mr. Young.—A. Insanity is a positive state of mental unsoundness, but it may be infinitely various in its character and in the effect it has on the individual. As regards its positive character it is quite analogous to bodily disease. There is exactly the same difficulty of fixing the time when the disease of the mind constituting insanity commenced, as fixing the exact time when the bodily disease commenced. In fact, inasmuch as the mental symptoms are less observable and less likely to be complained of by the individual, there is greater difficulty. When a man has a pain in his stomach he is generally quite aware of it, but he is very frequently not aware of the first symptoms of derangement of the mind, and probably never is aware of them. In the case of bodily disease and in the case of mental disease, there is a stage when the symptoms are so manifest that you can pronounce upon its existence. And there are patients, or rather, people not patients, whom I would pronounce them free from it. A man whose mind was diseased might make such a will that a sane man might have made it; but that does not shake my opinion that the terms of a will may be an indication of insanity or the reverse. The fact of writing such letters as those on page 126 [printed letters] to Cox & Co., and continuing to do so down to the year of his death, would not shake my opinion in the slightest degree. I had not seen these letters when I was in the witness-box on Saturday, but after I left the witness-box they were put in my hand and I read them, and I found that in the only two instances in which the Colonel attempted to make a calculation, he

made a false calculation. The first of these letters to which I refer is one which he wrote to Barbadoes, p. 143, where he says, "I enclose you an order, &c., made payable to yourself, for forty pounds sterling, £40, you have only to put your name on the back of it and get cash for it, you ought to get the dollar at 4s., which would be exactly 400 dollars." Now, it would be 200 dollars. That letter is dated 9th June; and on 27th June he sends another letter to Barbadoes, in which he points out the error he has made, and requests the recipient to make the 4 into a 2. That is the first instance. The other instance is later on. It is when his law-agent, Mr. Martin, writes to him about some claim for money, p. 174; his law-agent puts a series of questions categorically to him, and the fifth question is, "Did you pay for his commission; and, if so, how much?" The Colonel's answer is,—"The circumstance is, the quartermaster of regiment died leaving an infant daughter, a few months old, totally unprovided for, and the pity and compassion of her father's brother-officers were extended to her, I was advised to take the duty, and give 4000 rupees (£500) as a provision for the child." Now, 4000 rupees would be £400. The whole of that answer to the fifth question is very striking. It does not answer any branch of the question; and he repeats at the end, "That child died, and the worthy officers applied the £500 to the establishment of a Regimental School;" so that he repeats the error. He was writing to his own law-agent, whom he had engaged to get him out of a difficulty; and the law-agent seems to feel that there might have been some such difficulty, for he says, "I am very unwilling to give you trouble; but as a lawyer, like a medical man, must know all the particulars of his case to do justice to his client, I must ask you," &c. That confirms the opinion which I have given. The answer to the 7th query, p. 175, is rather confused, but I don't see much in that. I have read all these letters, from the time he was in Glasgow to the end, and none of them shake the opinion which I have formed and stated. They are the letters which I should have expected. Allow me to say that the letters indicate to me a less amount of fatuity towards the end of the case, than the oral evidence indicated, but that does not in the slightest degree change my opinion of the existence of insanity through the whole of that period, and it is not at all an unusual circumstance that these persons do write better than they talk; and it is very evident why, because they lean upon the pen as being, as it were, the staff of the wandering mind, and they see how they go on step by step; they are not so ready to forget what has been done. I have more than 600 patients under my charge. I have people in confinement who could write as good letters as these. There is no newspaper published by my patients, but that is done at Morning-side, and in the Crichton Institution, Dumfries, and in New York. They are written by the patients, and some of the writing is very good

indeed; they make very good poetry, and they write on science, &c. It is not at all an uncommon thing for insane men and women to write letters, from which alone you could not detect their insanity. The steward and clerk of the Devon County Asylum is assisted by a patient regularly; he copies all his forms; I don't know whether he adds and subtracts; but he is employed regularly as amanuensis. I have known numerous instances in which insane patients have written perfectly accurate business letters. I heard the evidence of Captain Mahon read, in which he mentioned an extraordinary howling which took place one evening at Manchester in the Colonel's room. I don't know what to make of it; I must confess my inability to form a very decided opinion upon the evidence of Captain Mahon. It might have been a previous attack of which he got better; I don't know what it was. It was a very extraordinary and remarkable circumstance.

To Queries by the Lord Advocate.—A. The error in regard to the rupees, at p. 174, was, I think, in not being able to calculate the proper sum. I have no doubt he knew how much a rupee was. A rupee is 2s., but it alters with the rate of exchange. It never is 2s. 6d.; I am told it sometimes is 1s. 10d., and sometimes 2s. 2d.; but it may vary a 1d. or 2d. according to the rate of exchange, just as a dollar does.—Q. Is not the answer to the fifth question, on p. 174, just saying this—I did pay for the commission, because I paid £500 on condition that my brother was appointed to that office?—A. Yes, it is an answer. It might have been clearer, I think. It is an answer, and I understand it. I believe it is said afterwards that the commissions were free; the very last letter states that both commissions were obtained without purchase. But the thing itself is distinct.—Q. Is there any known disease that could have produced these apoplectic and epileptic symptoms besides the disease of insanity?—A. I think I told you before that these apoplectic attacks might occur without insanity. They might exist without insanity, from affection of the brain not implicating the mental functions.—Q. And also from affections of the heart?—A. No; I think not. I don't think that a succession of attacks of that kind would come on from disease of the heart alone, without disease of the brain also.—A. It certainly does not argue insanity to make an arithmetical mistake; but when I am asked whether it argues sanity to be able to keep accounts, and when I look over the letters, and see that the only two calculations made are false calculations, I think it does not show any great power of keeping accounts. [Shown No. 236, print F, p. 8 and 10.]—Q. These are pretty large and intricate figures. Suppose the Colonel had accurately balanced that book, and, having struck the balance as at a particular date, had made the calculation on p. 10, and all that was accurately and correctly done, it would certainly be an element which

ought to be taken into consideration in judging of the power of mind which he had?—A. It would be an important element.

To Queries by the Lord Justice-Clerk.—A. This pathological change in the nutrition of the brain has no name as a disease. It is not softening of the brain. It is not *ramollissement*; *ramollissement* runs a rapid course. Under the form which the disease presented here, it is an incurable form of disease. During the existence of the disease the condition of the patient varies much as regards his mental condition, to the extent that he is more restless at times, more exciteable and passionate at some times than at others, but never to the extent of actual intermissions of the disease. His intellectual power would be greater at the times when he was less excited, when he was not under the influence of accessions of the disease, such as I have heard described by Dr. M'Gowan; but there would be, notwithstanding that, the usual or ordinary condition of mental disease which would not improve; that is to say, there is a particular condition of mind beyond which he could not advance—I mean to say he would sometimes be worse than others, but not better—that there would be what you would call his ordinary condition, and that that would be altered for the worse when there was any change.—Q. After the disease has made some progress, might the patient be at times in such a condition as, in other cases of insanity, is called a lucid interval?—A. Never; this form of disease does not admit of lucid intervals according to my experience and firm conviction.—A. I assume that Colonel Maclean was subject to delusions. By that I mean delusions affecting his intellect. I think that is the proper way to view the word delusion, although it is not universally so used.—Q. What are the intellectual delusions which you assume to be proved in this case?—A. The belief that he had no relations living; the belief that those persons who were recognised by others as his relations had committed acts and been guilty of conduct which they had not been guilty of; the belief that certain extraordinary events occurred at his birth, or when he was a child, which were portents to announce that a great man was born into the world; his very distinct delusion that soldiers were in his bed with yellow fever. My memory does not serve me with anything else. I find that many insane persons lock the doors and nail down the windows to protect themselves, and they display conduct of that kind frequently under the existence of some delusion or other with reference sometimes to robbers, but it is not very clearly brought out what he did that for. I don't remember anything else being read to me which I could call a proved delusion, although there were many indications of delusions besides.

By the Lord Advocate.—A. The delusion with reference to his relatives I should expect to be permanent.—A. The last delusion I

mentioned was of a kind which would naturally be temporary; he would see that there were not soldiers in his bed. His bed might be made up or removed into another room, and that delusion would disappear, and some other might take its place.

DR. SKAE.—*To Queries by Mr. Young.*—A. I am a physician and surgeon, a Fellow of the Royal College of Surgeons, and resident Physician in the Royal Edinburgh Asylum for the Insane at Morningside, where I have been about 15 years. I have devoted much attention to mental disease, and my experience has been large. I heard the evidence read in court on Saturday. I had also put into my hands a volume of letters. From the information which I have, I have no doubt whatever in my own mind that Colonel Maclean was insane.

By Lord Justice-Clerk.—Q. From what date?—A. Certainly from 1853.

To Queries by Mr. Young.—A. I say from 1853, because the evidence brought before me on Saturday commenced, I think, in 1853,—the evidence as to certain delusions; but I think there was strong evidence of his being insane before that in the letters which were placed in my hands. I certainly think that his conduct at Millport, as it has been described, is indicative of the same thing. The facts which principally weigh with me in forming my opinion are these: the evidence appears to be clear on the fact, that he was extremely incoherent and rambling, that he never, or at least very seldom, completed a story, that his memory was materially impaired, that his habits were unlike those of a gentleman; his obscene language to children, taken along with the other symptoms, certainly tends strongly to corroborate the idea that he was insane; then he laboured under fits, and had a distinct apoplectic fit in 1855, and it appears he had some illnesses, not unlike fits (though not so clearly described as the one he had in 1855), previous to that. In 1853, I think he was seen under the bed. [*Mr. Young.*—I think that was early in 1855.] Then his talking to himself, and at times roaring out when alone, his fits of extreme irritability and violent swearing, and in particular the dislike and hatred he displayed towards his own relations, and the statement at least on one occasion, that he had no relations at all; all these symptoms I should say, taken together, along with the indications of disease of brain furnished by the fits, leave no doubt whatever that he was insane. The letters do not at all shake my opinion. Taking the whole of them from 1850 downwards, I think they might all have been written by an insane person. It is not at all an uncommon thing to find insane men and women write very sensible letters. I have frequently known insane patients who could keep accounts. I have generally employed one of the patients as a clerk under the house-steward to keep the accounts of the large asylum under my care.

Judging from the evidence before me, I am of opinion that the insanity which was upon Colonel Maclean was of a character which I have met with before repeatedly, and according to my experience all of those letters are such as a man afflicted as I think he was with that character of insanity might well have written; they are such letters as I should have expected a man in his condition to write. I think from an early part of the correspondence there gradually appears—the development of that symptom of insanity which is so very common a one—the great dislike to his own relations. That runs through the letters wherever his relations are referred to, and it appears gradually to increase till he ceases to mention them by name in most of his letters. His letters certainly indicate a confusion of mind. I have seen a copy of his holograph instructions for a will, and also copy of a memorandum-book. The note of instructions for the will does not affect my opinion in any way; I should say it rather corroborated it than otherwise; not that there is anything in the will itself that I should consider a proof of insanity, but it would strike me as a curious will. As far as my experience goes, I should say that insane patients in an asylum do not frequently speak upon the subject of wills. I should not say that this threw much light on the nature of the insanity under which he was labouring. Without the other evidence, I should not be able to form any very decided opinion one way or other from the will alone.

Cross-examined by Mr. Clark.—A. From the will alone I certainly should form this opinion, that a man who made such a will must be a curious man, and I should think it quite a case to justify farther inquiry whether he was of sound mind.—Q. From the will, in short, you would suspect the existence of insanity?—A. I should; I would rather say I should suspect the probability of its existence, not simply because he left his money to a charity. I think there is a curious paragraph about the disinterment of the bones of his grandfather in the Island of Mull, that certainly strikes me as very singular. [This passage was read.]—Q. It would be singular only if you assume that his mother had not left these instruction?—A. I should say that would be part of the assumption; but it is not the fact alone, but the way it is written, and the want of periods, and the whole thing together, along with the rest of the will, which is very obscure.—Q. Then it is the want of pointing and of correct expression that you refer to?—A. And something singular in the fact of disinterring the bones of one's grandfather without any reason being given for it.—Q. Is the wish of his mother not a good reason?—A. Yes.—Q. Is there anything in the will which indicates insanity?—A. I did not say there was; I said that, on reading over the will, I was struck with certain provisions of it, and certain peculiarities of it, in such a way as I would say justified inquiry into the state of this man's mind.—Q. Would you suspect insanity from

reading the will?—A. I should say I should suspect the possibility of it, and I should think myself justified in seeking for further evidence of that insanity in the history of the individual. I don't think there is anything in the will which would prove insanity in itself. The chief circumstances which make me certain of the existence of insanity in 1853 are the delusions regarding an eagle's nest, the incoherent and rambling conversation, obscenity to young girls, his general habits, which were unlike those of an officer and a gentleman, his impaired memory, which I think is also spoken to.—Q. Do you take 1853 as the date at which all these things concurred?—A. I think all these things were spoken to by the witnesses. I said I considered that the evidence as at that date was sufficient to establish the existence of insanity in my opinion. I did not say that, until these five things concurred, I was not certain of the existence of insanity.—Q. What made you certain of the existence of insanity at that date in contrast to your belief of previous insanity?—A. The evidence as to his condition, previous to 1853, was not brought fully before me, and I cannot form an opinion as to his state previous to that. I think these five things are sufficient to satisfy me as at that date, but there is no evidence in regard to the symptoms previously.—Q. Suppose you abstract any one of these, would you still be certain of the existence of insanity?—A. The opinion I form is a matter of degree. I think the evidence more or less strong; some one or two of these symptoms might afford very strong evidence. What I have stated is, that I think the five or more afforded complete satisfaction to my mind as to the proof of insanity.—Q. Suppose any one of these wanting, it would weaken the evidence to a certain extent?—A. I think the matter about the eagle's nest a very singular delusion. I took it as a delusion. It is stated, I think, in evidence in regard to that date, that he believed he had no relations, or stated that he had no relations: and I take that into account as a delusion. I also take into account the suspicion that people were coming into the house, which may not have been a delusion, but which is one symptom of insanity, and a common one along with others. I do not remember any other delusion of intellect as, at that date, spoken to by the witnesses. The fact that he was in correspondence with his relations is consistent with the existence of a delusion that he had none. I have known patients in that position. I had two letters placed in my hands a few days ago by a patient, the one addressed to the Lord Provost, announcing that he was Jesus Christ, and requesting him to make preparations for his proper reception into the city of Edinburgh. The other was addressed to his brother, written to him as his brother, and contained no indications of insanity at all; it was most correct from first to last; I should think that was as extreme a case as this. I think the delusion that he had no relations, quite

consistent with the fact that he corresponded with his relations; the insane are not always consistent in their actions. He might at the time believe that he had no relations, and yet he might write to people as his relations. His delusions might vary.—Q. Then you think that is not a permanent delusion?—A. It might be absent for a time.—Q. Suppose there is a pretty frequent correspondence with two sisters from April 1857 down to 1858, do you think the existence of that correspondence consistent with the existence of a delusion that he had no relations?—A. It is quite possible.—Q. Do you think it at all probable?—A. We have the evidence of it as actually being the case. I assume as a fact the existence of that delusion, notwithstanding the existence of the correspondence. I ought to add that there is a solution of it which presented itself to my mind, that possibly this statement that he had no relations was only a very strong way of indicating his hatred of and hostility to his relations. But it is quite consistent with my knowledge of the insane that they should act in this inconsistent manner, believing they have no relations, and yet at the same time continuing to write to them. I have seen such inconsistencies in patients. I have said further that possibly this apparent inconsistency might be explained by the supposition that when Colonel Maclean stated that he had no relations, he was only stating in a very strong way his hatred of them, and his having repudiated them. I assume that he expressed a hatred of his relations, and I assume that he had no reason for it. I should describe the disease, which I assume him to have been ill of, as chronic mania,—chronic insanity, accompanied by attacks of apoplexy, and apparently of epilepsy. All the fits described appeared to be apoplectic in their character, except one, in which the witnesses spoke to convulsions and foaming at the mouth, and to his having fallen down with a roar; that appeared to be a fit which partook of the nature of epilepsy. The others were apoplexy. I certainly have not been in the habit of prescribing a warm bath for apoplectic or epileptic attacks. The patients in Morningside who write articles for our Journal labour under various forms of mental disease. In some instances they are monomaniacs, but not in all instances. What I spoke of was patients doing clerking, keeping the books of the Asylum, and making out accounts.—Q. Do they sum up, or merely copy?—A. They understand the business completely and perfectly. The last clerk doing that kind of work laboured under the delusion that he was constantly being struck. While writing he would curse and swear, and say that I had run a knife into him, or struck him, though I was at the moment miles off. That was his chief delusion. I have had patients doing that kind of work who laboured under deep *melancholia*, who fancied their souls were lost, and that they were everlastingly condemned, and had such delusions as that.

By Mr. Young.—A. Persons of unsound mind may understand accounts and keep accounts perfectly. The mental unsoundness under which Colonel Maclean, in my opinion, laboured was certainly not inconsistent with his writing business letters or keeping accounts.

By the Lord Justice-Clerk.—A. I think the cause of the insanity was, in all probability, sun-stroke, from the history of the gentleman. It is a very common cause of insanity. It may produce almost any form of insanity. It operates through the brain. I think Colonel Maclean probably had an attack of apoplexy at first, and that this was followed by various subsequent attacks of more or less severity; and that, during that time, there would be a gradual atrophy or wasting of the brain going on. The chronic insanity arose from chronic disease of the brain. I think that chronic disease of the brain was of the nature of atrophy.

DR. JOHN BROWN.—*Queries by Mr. Young.*—A. I am a physician in Edinburgh, and have been in practice for a number of years. I have seen a number of cases of insanity. The opinion which I form, from all I heard on Saturday, is that Colonel Maclean well merited the name that was given to him,—that he was “daft,”—that he was not in his sound senses; and I found that partly upon what the witnesses said of his foolish, silly appearance and behaviour,—the testimony of the girls and others as to his public behaviour in Millport, as seen by these young persons; the general impression I gathered of his behaviour when he was residing at Millport in 1853, and even before that, his foolish and silly talking, his talking to himself when no one was present, his going from one story to another without finishing any, his restlessness, running up and down stairs, and opening and shutting boxes; then his apparent delusions upon certain subjects, his belief that he had no relations, his statement with reference to the moral character of his sister, that she was an adulteress, and that she sucked the breast of an adulteress, his unwillingness to go into bed, because there were persons in bed who had yellow fever; and what seemed to me his delusion with regard to the eagle’s nest. I cannot recall any other delusions. Then I would mention the amount and continuance of his obscene language and conduct; I think, taking everything into account, that amounted to a strong presumption that he had lost his judgment when he was so conducting himself. I think the attacks in the beginning of 1855, and subsequently, throw a great light upon the probable nature of his mental condition for some years previously. I think they enable me with certainty to attribute his prior conduct to mental disease. Those attacks are such as insane patients are very subject to.—Q. Taking the whole together, have you any doubt that his mind was diseased?—A. Well, it is a curious expression—a “diseased” mind; I think he was of unsound mind—

that he was insane. I have read the whole of the letters in the print.—Q. Do they affect your opinion in any way?—A. If I could abstract altogether anything I know of the case, and think merely of the result on my mind from reading these letters, I should think he was a very odd man, and that he had a very incoherent style of writing and of thinking, but I should certainly not infer from these that he was positively insane, but much less would I infer that he was positively sane.

By Lord Justice-Clerk.—Q. In short, the letters would leave you in doubt?—A. They would; but they would predispose me to expect a still greater amount of oddity and eccentricity in the person who wrote them than they themselves manifested.

By Mr. Young.—Q. Are they just such letters as, from your opinion of his mental condition upon the other evidence, you would have expected him to write?—A. From the evidence of the servants who were in the house with him, I should have expected that they would have been more foolish than they are, perhaps; I say that in a very general way. I should require to know, of course, a great deal more before I could be very distinct upon it. Taking these letters into account along with the rest of the evidence, my opinion is that he was insane. I think it is quite common that a man that we should consider of unsound mind could, and does, write such letters as the business letters to his agents, Cox and Co., and also to his agent in Edinburgh about his settlement. It would not be easy to give any account of the cause of his mental unsoundness; if he had a real stroke of the sun, that would be a datum from which to start—a damage done to the brain, which is the organ with which he thinks.

By Lord Justice-Clerk.—A. That would account for his having a damaged brain.

By Mr. Young.—A. It is not at all an unaccountable case supposing there was no sunstroke. Men who have spent many years in hot climates do get into that condition sometimes—men who have served long in the East and West Indies; their general constitution is lowered, and, consequently the health of their brain is lowered also.

Queries by the Lord Advocate.—A. I have read the correspondence, and the settlement, and the other documents.—Q. On the assumption that Colonel Maclean was originally an under-educated man, do you find in the letters anything beyond some incoherence of composition and some eccentricity of thought?—A. I find a great many things I cannot understand or comprehend. The allusions, and indeed the very words, I can have no comprehension of.—Q. But as a general rule, looking through the whole of that correspondence, should you say, if you knew nothing else of the case, that you saw more there than a certain confusion in composition and some eccentricity of thought?—A. I should certainly say that; but it might not be

very easy to state the amount of weight which that carries.—Q. Might not an eccentric man with a defective education have written all these letters?—A. I think he hardly would; I think there is an element of silliness—foolishness in them. I think, considering that they were written by a soldier who had been in the company of gentlemen, and seen the world, and a man living in society, there are some very odd things in them.—Q. But putting aside his social position would that alter your opinion?—A. I think they would just remain very odd and foolish letters a great many of them. As an example I would refer to the letter at p. 82, where he says, “I hope you will not allow the gent. you call your father to be showing you about the country like wild beasts; he will be the greatest of the three.”—Q. Your opinion is that, on the whole, they are foolish letters, though you cannot say that the man who wrote them was mad.—A. No. I don't say that the medical symptoms, such as the apoplexy and epilepsy, are necessary indications of insanity. Mere epilepsy or apoplexy might happen to a sane person, but whether these entire attacks could have happened to that old man, without being connected with such a degree of disease in his brain as to disorder his judgment, I could not say.—Q. Might not the old man have had these identical attacks, and yet not have been insane?—A. Well, if you take a hypothetical old man, I think so. Taking this old man without any of the attendant circumstances which have been referred to, I think he might have had the attacks, and been of a sane mind. None of the other things—the foolish talking to himself, opening and shutting boxes, the delusions and the obscene language—would abstractly indicate insanity.

Lord Justice-Clerk.—Q. Not the delusions?—A. The delusions would, if they were established.

Queries by the Lord Advocate.—A. When a man has delusions, as far as his delusions go he is of unsound mind. I would not say that he is of such an unsound mind as that he cannot conduct the ordinary business of life. I think a man might be of sound mind and yet talk to himself, talk obscenely, and might open and shut his portmanteaus. If talking loudly to himself was the only thing I knew of him, I could not say he was insane. I have known men of sane mind who have talked to themselves loudly when they were by themselves, but I have not known any person who talked so much to himself as this old man, and yet was sane. I have never met myself, though I have heard of, people who had the constant habit of talking to themselves when they were alone. The opening and shutting of boxes is only important as indicating general restlessness and the want of object; but if that only occurred once or twice, it would not amount to anything, especially if these boxes contained his clothes, &c.; it would depend entirely on the frequency of his doing so, and the object. As to the obscene language, the previous

history of the man would be of importance, as an indication of insanity. I should not consider that so important in the case of a man brought up in a barrack, and whose general character led him to that kind of conversation, as if he had had a different training, and been of a different temperament. With regard to the delusion as to having no relations, if he deliberately gave it forth as a belief, and it returned upon him occasionally, then I should suppose that, in regard to that, he was permanently unsound.

Lord Justice-Clerk.—Q. You mean the delusion would be permanently present?—A. The condition of his mind which led him, when he directed his mind towards this matter, so as to be under the influence of it, would be permanent, so that bringing his sisters before him would immediately cause him to declare to himself that he had no relations.

Queries by the Lord Advocate.—In regard to the moral character of his relations, if I were forming an opinion, I should require to be satisfied in the first place that he said the thing; and secondly, that he had no rational ground for supposing it to be true. In regard to his being found under the bed, it might be for the purpose of endeavouring to open his boxes; but I think a sane man would bring the boxes out. I think the manner of telling the story about the eagles, and the serious deliberate way in which he seems to treat it as a matter of importance and of truth, is not the manner of telling such a story that a sane man would adopt. I don't think that to tell an extraordinary and interesting story about an animal implies insanity, but on the face of it, particularly in connection with what he runs off into, having been bathed in the Fairy water, &c., it does seem to me raving. Suppose it were a well-known legend in the island of Mull, that game had been got from eagles' nests in this identical way, and that he had been fed with grouse so taken, and that he had been bathed in the Fairy stream, I don't think there is anything very insane in telling Donald when he was going to Mull, that he would see the place where the eagles' nest was; at the same time the way in which it occurs and recurs does give me the impression that it was something far more than telling a good story about Mull. That is my strong impression.—Q. If he had no delusions at all, do you think there is evidence of the man being mad?—A. I think there is evidence that he was silly.—Q. But do you think there is evidence that his mind was so unsound that he could not rationally give instructions for the disposal of his money, supposing he had no delusions?—A. Well, I think I would incline to consider him incompetent in that respect. I don't say where the line is; he might be very near the line, but I should think he would be on the wrong side of it.—Q. Even if he had no delusions.—A. Well, it is very difficult indeed to say; if he was known as daft, if he was facile, as he was apparently, and spent his life, as he

apparently did, during the years he was at Millport, and, above all, taking the moral condition under which his whole latter life was spent, I do not think that man was a moral agent with regard to his own affairs.—Q. You think he could not give instructions as to his settlement?—A. I think he could mechanically, as far as dealing with sums of money, and disposing of them to a given end, but I don't think he could have any proper sense of his duty and of his moral obligation.—Q. But had he intellect enough to form the conception, and to express the conception, of leaving his money for the purpose expressed in his will?—A. I think barely that.—Q. Do you mean that he did not know what the meaning of the words was which he was using?—A. No; I don't go so far as that.—Q. There can be no doubt he did know what the meaning of them was?—A. Yes.—Q. Do you mean that he had not intellect enough to form the conception of so leaving his money?—A. I think he understood the way in which the money was to be appropriated.—Q. Have you not evidence here that he held to that design quite consistently during a considerable period of time?—A. Yes.—Q. And that he had intellect enough to do so?—A. Yes.

Lord Justice-Clerk.—Q. I understand you to say that he had, in your opinion, sufficient intellect to form and execute the design of leaving his money to a particular object?—A. Yes.

The Lord Advocate.—Q. And you don't see anything in itself insane in the object for which he left it?—A. I think it is very foolish; I would not say it is insane.—Q. This gentleman had made all the money that he left; does it require most intellect to make £20,000, or to leave it?—A. Much more to leave it aright.

Mr. Young.—Q. You said that, in your opinion, Colonel Maclean had sufficient intellect to form and execute the design of leaving his money to a particular object; would you explain what you mean by that?—A. I think he knew the meaning of the English words in which he embodied his will in regard to these boys. I think there is no evidence to me that he did not know it.—Q. But do you mean anything more than that when you say, you think he had intellect enough to form and execute the design of leaving his money to a particular object?—A. I should think that such a scheme as that might occur quite originally to his own mind. The fact that such a scheme occurred to his own mind would not at all affect the opinion which I have given as to his insanity. A great many designs occur to insane people, not always irrational. I should say, that much less singular designs than this have occurred to insane people. I think very many insane people are quite aware of the meaning of the words which they use. There are insane people who don't know the meaning of the words. But I think the more common case is, that people of unsound mind do know the meaning of the words—their ideas are oftener wrong than their logic.—Q. Did you mean

to say any more than this, that you think he had mind enough to conceive such a design as this, and understand the meaning of the words which he used in that holograph writing?—A. That is all the meaning I intended to convey. But I am nevertheless of opinion that his mind was unsound.—Q. Suppose in saying that he had no relations, he meant merely that he had no relations that he cared about, or that he disliked them, it would cease to be a delusion?—A. That would be an element for my judgment as to his being insane, but he still would remain unsound of mind; I don't mean unsound from that, but I should still be of opinion from the other circumstances that he was of unsound mind. Though that was thrown out of view, my opinion would remain the same.

By the Lord Advocate.—A. If the incoherency and abruptness of speech were caused by insanity it might recur, and it might be worse at particular times; but I should think anybody who saw him habitually must have witnessed it.

By Lord Justice-Clerk.—A. I think Colonel Maclean was labouring under mental disease. That mental disease might be called chronic general insanity. It is very difficult, indeed, to go far into the question as to the physical cause of the insanity; I have no doubt there was a physical cause. I have no doubt there was some disease of the brain, but from there being no examination of the head, I don't think I could say of what kind it was.—Q. But I understand, you are able to say with reasonable certainty that it must have been produced by disease of the brain?—A. If by disease of the brain is meant a structural disorganization of the substance of the brain, I am not quite sure whether there was disorder of the brain functionally, or disease structurally. We generally apply the word *disorder* to functional, and *disease* to structural derangement.

On behalf of the defenders little additional evidence was given which can be said to bear upon the medical question. A number of persons testified that they had heard of eagles' nests being harried of game, and that they believed the truth of these reports; so that, as was admitted, the mere belief that eagles' nests were harried could not be considered a delusion. There was also the evidence of a considerable number of those persons who are always producible in these cases, to testify that they had known and held conversations with Colonel Maclean, and had not discovered that he was insane.

The medical evidence on the part of the defenders was as follows:

DR. DOUGLAS MACLAGAN examined by the *Lord Advocate.*—A. I have had a long experience in the practice of medicine, and I have paid some attention to medical jurisprudence.

The Lord Advocate.—Q. Suppose that Colonel Maclean, a retired officer of eighty, died in April, 1859, his previous history, as far as his health was concerned, for four or five years, being good—he is

in good health till 1855, when one morning in the spring, four years before his death, the servant Maclean or Buchanan found him lying under his bed—[Read evidence of Mrs. Buchanan on state of the Colonel]—Do you see anything there to indicate anything like an attack of apoplexy or paralysis?—A. No; it seems to be essentially a severe attack of rheumatism. [Read evidence of the Colonel's illness in October 1856.] There are no symptoms of apoplexy there. I don't think any man would prescribe a hot bath for apoplexy; or if he did, I wouldn't like him to be my doctor. [Shown Dr. Waddell's notes, October 16th, 1856.] I see lime juice given here. That is a remedy for rheumatism, and was very much in vogue at that time. From that I infer that there was a recurrence of the rheumatic attack, and for that the hot bath was very applicable. [Read evidence of Margaret Maclachlan, as to the Colonel having two or three fits during the five months previous to Martinmas, 1857.] That is more like epilepsy than anything else, but there is one element generally put into the description of epilepsy—convulsion—of which there is no evidence here. If he had had two fits like this in six months, that ought to have led to a preparation for a return of the attack. [Read Sarah Macmillan's deposition as to fit in the beginning of 1858.] That looks like another epileptiform attack, with probably feverish and delirious reaction. Q. He was paralysed in February, 1858, and had another attack in 1858, and died in April, 1859. But, taking all that evidence by itself, do you think there is anything in it that necessarily indicates insanity?—A. Certainly not. There seems to have been organic lesion of the brain. Old age is the period of apoplexy. Such organic change is not necessarily accompanied with affection of the mental functions. A man may have an attack of lesion of the brain and recover thoroughly. Sir William Hamilton had one of the most severe attacks of paralysis that I ever heard of, and he didn't lose his mind at all. The very day after his attack, when I was obliged to feed him with the stomach-pump, he directed my attention to a curious paper on some discussion in the Belgian Academy, of which I had never heard, in reference to the faculty of the ninth pair of nerves. Sir William afterwards delivered his lectures as usual, and wrote some of his books. If Colonel Maclean used coarse and indecent language, and rambled in his talk, that would lead me to think that possibly to a certain extent his mind was impaired, but I would not think that therefore he was insane. I have read the volume of correspondence, and have been very much struck with the retained mental power seen throughout the whole course of the correspondence. The letters appeared to me to be at the end as vigorous as at the beginning. The settlement agrees very much with the turn of mind visible in the letters. The letters indicate enough of capacity to settle his affairs. If the delusion as

to the soldiers with yellow fever being in his bed occurred only once, I could not think it an insane delusion. It might be an attack of nightmare or delirium.

Cross-examined by *Mr. Young*.—I cannot tell how long the disease of the brain which resulted in these fits may have existed. A habit of rambling in his talk for years indicates in itself that a man's memory was not good. Men are garrulous without being absolutely insane. So far as it goes, it may be a symptom of insanity. Talking to one's self is a common symptom of insanity. When a man has a sense of religion, and yet becomes excessively obscene, that may be symptomatic of insanity. Restlessness is a very common symptom of insanity. A man without any cause getting into a rage indicates, so far as it goes, that the mind is not right. The same organic disease of the brain would account for all the fits and symptoms I have stated.

Re-examined by the *Lord Advocate*.—If I had all these facts shown to me as certain, I would be a long way off the conclusion on which I would grant a certificate that the man was insane. I would like to see something more of the man than that. Any one of those symptoms, or all combined, do not necessarily denote insanity. They may be manifested equally in a perfectly sane man, singly or in combination; and I have known some of them in combination. I knew a man who, on coming even into a drawing-room, would talk and sing to himself, and who, I am sorry to say, was the most obscene talker that ever I knew.

DR. W. T. GAIRDNER examined by the *Lord Advocate*.—A. I have read the volume of correspondence and the deed of settlement. My conclusion is that Colonel Maclean was perfectly capable of making a will. The will is consistent with the whole course of his ideas as expressed in the correspondence; it is the natural consequence of the correspondence. I think that no man with no mind of his own could have written those letters or that will, or preserved the chain of ideas in the letters. The fact that he had sustained three attacks of apoplexy would not affect my opinion. Softening of the brain does not necessarily injure the mental powers; it may co-exist with vigorous mental powers. I have known various instances of persons fulfilling important functions who have died of softening of the brain when they were fulfilling those important functions. I knew of one case of a Judge, in this very court, who had softening of the brain, who died of apoplexy, with which he was seized three days before his death, and who had for three or four months been daily performing the duties of Judge Ordinary, with perfect approval and with perfect clear-headedness, and who, from the appearances found in his body, must have had softening of the brain, and several softenings of the brain, for a long period before that. Rambling talk, speaking to himself, &c., amount only to eccentricity, but to nothing more.

Cross-examined by *Mr. Young*.—A. The common case is that softening of the brain leads to paralysis, convulsion or coma in the first instance, and is followed by recovery of the powers of motion and sensation, and the powers of the mind to a greater or less extent—very often not perfectly, but frequently perfectly. Softening of the brain co-exists with insanity, but not more frequently than with sanity. Organic disease of the brain is not uncommon in cases of insanity. Rambling talk is frequently a symptom of organic disease of the brain.

By the Court.—Softening of the brain is not always fatal. A man may entirely recover from that disease.

DR. WILLIAM HENRY LOWE examined by the *Lord Advocate*.—I am resident physician at Saughton Asylum, and have had considerable experience in the treatment of insane patients. I should certainly look for some injury to the mind from a man having had three attacks of apoplexy, and who had previously had at least threatenings of epilepsy. The volume of correspondence does not indicate to me that Colonel Maclean was insane. My opinion on the matter would not be affected at all by the fact that he had had these attacks of apoplexy previous to his death. I see no diminution of mental power in the volume of correspondence.

The jury found a verdict for the pursuers on all the counts.

[With regard to Dr. Maclagan's and Dr. Lowe's evidence, we may venture to observe that it appears to tell much more in favour of the insanity than against it. Dr. Maclagan may have been right in his supposition that Colonel Maclean had suffered from rheumatism when under the late Dr. Waddell, without in the slightest degree affecting the question of his state of mind, on which question it will be observed that Dr. Maclagan very fairly admitted that the symptoms which were proved to have existed in the Colonel's restlessness, rambling talk, talking to himself, obscenity, &c., were all of them symptoms of insanity. Moreover, Dr. Maclagan admitted that in his opinion the colonel had organic lesion of the brain, and that this organic disease of the brain would account for all the fits and symptoms he had heard stated.

Dr. Lowe, the only specialist on this side, appears to have given very cautious evidence, little, if at all, opposed to the tenor of the medical evidence for the pursuers.

But what shall we say of the evidence of Dr. W. T. Gairdner, who had either the audacity or the innocence to tell the judge that he had known a judge for months discharging his duties, in that very court, with perfect approval and clear-headedness, yet who was suffering all the while from softening of the brain, which ended in fatal apoplexy? Well might the Lord Justice-Clerk ask with some anxiety

whether softening of the brain was always fatal? *Absit omen*: May he long be spared from this and all other harm, to preside with clear intellect and courteous dignity over causes in which the truth will be more difficult to find than in that which established the lunacy and reduced the will of Colonel Maclean!—ED.]

ASSOCIATION INTELLIGENCE.

YORK, *Aug.* 29, 1861.

MY DEAR SIR,—I am obliged to you for the letter in which you inform me that the Association of Medical Officers of Asylums and Hospitals for the Insane have elected me an honorary member of their Society, and for the expression of your kindly feelings in that letter.

May I ask you to be so good as to convey to the Association the expression of my grateful acknowledgments for the honour they have done me, and also for the terms in which they have requested you to inform me of my election.

Believe me, my dear Sir,

Yours sincerely,

ROBERT NAIRNE.

C. LOCKHART ROBERTSON, M.D., &c.,
*Hon. Secretary to the Association of Medical
Officers of Asylums.*

GENERAL BOARD OF LUNACY,
EDINBURGH; *Aug.* 26, 1861.

MY DEAR SIR,—I am in receipt of your letter of the 23rd instant, informing me that I have been elected an honorary member of the Association of Medical Officers of Asylums and Hospitals for the Insane, at their annual meeting held in Dublin. Permit me, through you, to express to the members of the Association my deep apprecia-

tion of the honour they have conferred upon me, and to return them my sincere and grateful thanks for their kindness and courtesy.

I am, my dear Sir,

Yours very faithfully and obliged,

JAMES COXE.

C. L. ROBERTSON, M.D.,
*Hon. Secretary to the Association of Medical
Officers of Asylums.*

APPOINTMENT.

WILLIAM CHARLES HILL, M.D., to be Medical Superintendent of the Norfolk County Asylum.

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THE JOURNAL OF MENTAL SCIENCE.

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The Genesis of Mind. By HENRY MAUDSLEY, M.D.

As it has ever been the custom of man to act as if he were eternal, and lavishly to scatter the limited force which he embodies as though the supply were inexhaustible, it produces no unaccustomed surprise to witness the useless expenditure of force which is so frequently made at the present time. It may even, perhaps, be deemed a token of some modesty, that the being, who since his first formation has been continually occupied in metaphysical regions with the investigation of the origin of all things, should be content for a while to amuse himself with physical theories concerning his own origin. That which is to be regretted in the new and comparatively praiseworthy occupation is the old evil-of hasty theorizing on the one hand, and on the other hand, the evil, scarcely less ancient, of an impetuous eagerness to demolish any theory, however plausible, which comes athwart a favourite prejudice. What though the anatomist does discover a very close resemblance and very slight differences between the structure of a gorilla and the structure of a human being; there is no need, on that account, that mankind in a feeling of injured dignity should angrily rouse up and disclaim the undesired relationship. Whatever may be said or written, it is quite plain after all that a man is not a gorilla, and that a gorilla is not a man; it is furthermore manifest that gorillas do not breed men now-a-days, and that we have not the shadow of any evidence to guide us in forming an opinion as to what they may have done in times past. The negative testimony of Du Chaillu, who says that he searched in vain in the gorilla region for any intermediate race or link between it and man, scarcely adds anything to the conviction of the non-existence of any such link, which has long been universally entertained.*

Science, it is true, has made known to us that a law of progression

* It is true that Dr. Krapf ('Trav., Research., and Miss. Lab. during eighteen years residence in East Africa,' by Rev. Dr. J. L. Krapf, p. 52), learned from the natives, that to the south of Kaffa and Susa there is a country, very sultry and moist, covered with bamboowood, that is inhabited by a race of Dokos—a people no more than four feet in height, of dark olive complexion, who live in a completely

pervades the kingdoms of organic existence. On the strata which form the crust of the earth, it is written that the lower forms of existence have preceded those of a higher development; and the records of nature, as far as they have been studied, prove that, notwithstanding the absence of particular links in the chain of progress, there has been through the geological periods a general advance in life up to man, who at present crowns the mighty fabric. But, though thus alone on the pinnacle of existence, he is placed there by steps of successive gradation; and the fact of a close structural relationship to the animals cannot possibly be denied, whatever be said of any so-called explanation thereof. As far, indeed, as visible structure is concerned, there is evidently no need of, or place for, an intermediate being between man and the monkey; and this fact, in the absence of any evidence whatever of any relation of descent, must really be regarded as adding force to the presumption against any such descent. It seems not altogether improbable that before long the theory of Darwin, which is as little satisfactory, will be as little remembered as those, not unlike it, which were successively put forward on the same subject by Lamarck, and by the author of the 'Vestiges of Creation.' Whether one so-called species has in the process of time given origin to a higher species, is, in the absence of evidence, of comparatively little import; inasmuch as it is just as difficult for us finite beings to conceive of a cause determining such an important change upwards, as it is to conceive the creation of a new species. The occurrence of a wonderful series of changes in the external conditions, capable of producing so regular an advance in animal life, is an assumption as causeless and as much needing explanation as the circumstances which it is created to account for. Time, again, which is everything to mortals, is nothing to nature, and the long period which must have elapsed in the supposed transmutation of a higher species, it is impossible for beings so conditioned in time to realize; and the conception being impossible, the fact, however it was brought about, is as good as miraculous.

Were it really true that man was descended from the monkey, as it is true that he is closely allied to it in structure, it would still be undeniable that he had advanced immeasurably beyond his immediate brute ancestor; and that his history, short as it yet is in nature's chronology, has already presented certain examples of nobly lived lives, which, as events, are of quite a different order from any other

savage state like the beasts. They go quite naked, and allow the nails on their hands and feet to grow, for the purpose of digging up ants and tearing to pieces serpents, on which they chiefly live; they have no houses, but climb trees like monkeys; they do not marry, and the mother nurses her child only for a short time, accustoming it, as soon as possible, to eat ants and serpents, and then leaving it. He professes to have actually met with a slave who agreed with this description. But missionaries are oftentimes credulous; and Dr. Krapf's authority is not very highly esteemed by Major Burton. ('Lake Regions of Central Africa.')

events in nature, and which, therefore, remove their actors from the category of any other living creatures. While it is in its structure that we recognise the degree of development of the brute, it is in his *life* that we justly recognise the development of man. Moses, Socrates, Plato, Shakespeare, and many other great men have lived; it is, therefore, in the capability of mankind to produce such again. What Socrates has uttered and has been, other men well-born may utter and may be; what Plato has thought, others may think; and even what Shakespeare has written, another may write. Great as these heroes were, they were not of a different species from other men; they only struggled upwards with success, as it is in the beneficent purpose of nature that all should do. But a considerable amount of mischief is done by the complacent vanity with which man demonstrates his superior relation to other animals, in place of labouring earnestly to develop those relations to something higher which undoubtedly exist potentially in him; for the progression which has been observed in nature, should rightly be realized in the events of every human life—in the history of mankind, as well as in the history of the individual.* We may rise step by step from the lowest forms of organic matter up to man, and when we have arrived there, we are only on the threshold of a new path of progression, the term of which, as it proceeds in human development through the ages, only the Omniscient can discern.

It requires but small consideration to affirm that no mortal does his duty who does not improve; and what advantage it is to any one to be higher than the troglodytes niger in structure when this function is not evolved, is certainly not evident. A higher type may by a low grade of development be brought to a condition not higher than, if not inferior to, that of a lower type which has attained to a high grade of development. For the position of any being in the universe is determined, as Von Baer has shown, not by the type alone, nor by the grade of development alone, but by the product of the type and the grade of development. Scientifically speaking it is, then, the solemn duty of mankind to realize the possibility of its type, and thus to exalt its condition. It is error, sin, ignorance, disease, or whatsoever else we call it, when, by base indulgence of passions or indolent neglect of his faculties, man degrades himself to a position below that which he should justly occupy, and thus makes the degeneration of a race. He cannot surely then boast himself over the gorilla which, doing faithfully its gorilla duties in the gloomy forests of equatorial Africa, is plainly more worthy, more true to its destiny, than the miserable human being, who, by per-

* Were it not that all men are only too glad to pull down the mighty to their level, 'to pare the mountain to the plain,' one might wonder that no one has tried to prove these heroes of a different species from the common ruck of mortals—*ὄγκ δ' ἴσθα ὅτι ἡμίθεοι ὄντι ἥρωες*, as Socrates says." (Cratylus, ch. xxxii.)

sistent sensuality, has reduced himself or his posterity to a condition of demented disease, such as nature presents not amongst her own immediate works. The degeneration of a noble type is a pitiable spectacle, for it is a retrogression in nature; while the faithful development of a humble type is full of hope and encouragement; it is prophetic of immortality.

In the domain of organic existence, every being may be said to contain in itself all those beings that are of a lower type. It appears as though nature condensed into the narrow compass of the individual all those processes which up to the time of the new appearance she had exhibited on the large scale of general life; as if, indeed, each advancing creature was the microcosm of the macrocosm whence it came.

An account of the animal kingdom reads like a history of innumerable efforts on the part of nature to improve successively on every work from the beginning, and discloses a series of regular advances up to man; it is an interesting reflection that, in the formation of the individual, the same gradual stages that have preceded the appearance of the race on earth, are more or less distinctly passed through. So strikingly is this illustrated, that it has been said by a comparative anatomist of much celebrity in his day, that man is a fish when he is in the liquor amnii! It would seem, however, to be as correct to say that man is a protozoon in the ovary, or something even lower than the protozoon, when in actual condition he is very much like the simplest vegetable. Few will be found at the present day seriously to maintain that the human body in its development passes through an exact succession of stages each of which has its permanent representative among the lower animals. Von Baer showed the fallacy of such a fancy, but he at the same time proved that there was one general plan of development, and that the changes in the human embryo, up to a certain period, were precisely similar to those which take place in the development of the vertebrata. In organic nature, development is, as he pointed out, uniformly a progress from the general to the special, from the one tissue answering every purpose, or the one organ fulfilling manifold offices, to a differentiation of tissues and organs, and a specialization of function. As in the fossil animals of the successive strata of the earth's crust, we trace life, first manifesting itself in the simple zoophyte, as it passes through the different invertebrata into the much higher organization of the fish; and from this latter again, through the intermediate Batrachian organization, into the more special and complex form of the higher reptiles, until at last, through successive gradations, the most complex and delicately organized body of all has appeared; so at the present time, the existence of every living being commences in the form of a simple cell, advances at first by multiply subdivision thereof, and proceeds in time, by differentiation of tissue and part, to that condition which is its destined permanent one.

Though, in accordance with such a law of development, the human body must pass in part through the same stages as the animal's, and resemble at certain times the permanent states of some of them, yet it is evident that the road it traverses is emphatically its own, and leads nowhere but to its own completion; while the lower forms of being stand a little aside from the main path, as though they were milestones, marking the distance. For the history of the development of each class of the vertebrata does really disclose an increasing departure from the general type and an assumption of more special characteristics; the branch springs from the trunk, but gradually gets farther and farther away from it, and puts out secondary branches of its own. Thus, for example, in all the palæozoic fishes, the notochord was persistent; and, although it precedes the formation of true bony substance in all vertebrata, and is, therefore, of the general plan of development, yet there are but two genera of fishes which exhibit the notochordal structure at the present day, the *Protopterus* of Africa, and the *Lepidosiren* of South America. In all the rest it is hardened into bone.* The stem of life throwing out, as it were, the different branches of the animal orders ascends into man; and even if we consider human structure only, but most palpably if, as we are philosophically bound to do, we consider human history, it will be apparent that he also is gradually developing more special characteristics and standing out more markedly from the general plan.†

The law which formularizes the method of development of the whole body is found to govern the development of each organ thereof, and is especially remarkable in the growth of the human brain—that “end and fruit of Nature's greatest efforts,” as Geoffroy St. Hilaire calls it. Different, as it unquestionably is, from the corresponding organ of any animal when full-grown, it nevertheless passes through stages of development in which it closely resembles the permanent brain condition of certain animals. The foetal brain of the fish, and the foetal brain of any young mammal, at the earliest period of their formation, cannot be distinguished; and at the sixth week of embryonic life the human brain resembles that of the higher full-grown fish, in which the rudiment of a true cerebrum first appears. The brain of the reptile surpasses but little that of the fish; that of birds is, however, remarkable for the increased size of the cerebral hemispheres, and may justly be compared

* Owen's 'Palæontology.'

† Inasmuch then as it appears from such considerations that the more fully developed the monkey type, the more it recedes from the human type however imperfectly the latter is developed, the highest monkeys will be least likely to supply any connecting link between themselves and man. So that if man did spring from the monkeys, it must have been when the latter were very young; and as we may say, the same of the monkeys, the animals from which they sprang, and so on downwards, even to the protozoon, we shall have all animals nearly clustered together at their origin, on the supposition of a transmutation of species.

to the human brain at the twelfth week of embryonic life. The Marsupialia, being the lowest division of the mammalia, do not advance much beyond the birds, but as we pass upwards in the mammalian scale, the cerebral hemispheres increase in size, convolutions appear on their surface, and the monkey arrives at the dignity of a brain that most nearly resembles that of man. In fact, the human brain, which is Marsupialian at the third month, corresponds during the fourth, and the early part of the fifth month, to that of the higher Ruminantia, and has last of all the important posterior lobes pushed backwards, as in the monkey, so as to cover the cerebellum; it then differs only from that of the monkey in the height, breadth, and depth of the hemispheres, and in the complexity and unsymmetrical character of the convolutions.* With the increasing size of the cerebral hemispheres correspond increased manifestations of intelligence; birds are more intelligent than fishes, and monkeys more intelligent than birds; and throughout the function progressively reveals the growing power of the organ. Here, however, the comparison can no longer be continued between the human and animal brain; for though at a certain period there may be a resemblance in structure, the former has not commenced its proper function while the latter is in active exercise.

That there is no manifestation of mind during life in utero is generally admitted. The embryo cannot be supposed conscious even of a sensation. As it is subject to a uniform temperature, and is surrounded by a fluid in which it floats, there is so far no difference in the impressions on its surface, and there can, therefore, be no sensation; for a sensation supposes the comparison of a present and a past, and to live in one sensation would be equivalent to having no sensation at all. But it may be said that the fœtus strikes against the walls of the womb, and that such contact would be a sufficient cause of sensation. The measure of the impression in this case would be, as Bichat observes, the difference between the density of the womb and that of the fluid therein; and as this difference is but little, the sensation anyhow would be very obtuse. Even the movements which undoubtedly take place in the fœtus cannot, in the possibility of a simpler explanation, furnish any evidence of sensation; the highest category to which they can be justly referred is that of reflex actions. But it may be asked, reflex to what, seeing that there is almost no outer impression possible? and although the great sensitiveness of a growing nervous system, largely developed in proportion to other organs, might legitimately be supposed to respond to very slight impressions, the objection is of some importance.† It

* Respecting human and simian brains, the curious may consult 'Natural Hist. Reviews,' Nos. 1, 2, 3, in which are articles by Prof. Huxley, Dr. Rolleston, and Mr. Marshall.

† That the embryo moves there can be no doubt. Wrisberg has seen one of five

will not appear necessary, however, to regard the movements of the fœtus as reflex to impressions on its surface when we reflect that it is but a part of the organic life of the mother, and liable, therefore, to be influenced by the same forces which affect that. Now it is well known that the passions influence powerfully the organic processes, so much so as to have induced Bichat to locate them in the organs of organic life; they increase or diminish a secretion, and sometimes alter the character of it; they interfere with the processes of nutrition, aiding or impeding them, and they involuntarily affect the muscles. It seems, indeed, that every emotion when excited in early life, before the circle of its action has been limited by self-formation, passes like a wave through the whole body; and when in later life, from a defective education or other circumstances, its habitual action has not been determined into the evolution of ideas and thus confined to a small circle, or where, from some cause, it has become excessive, we have ample evidence of its wave-like expansion through the organism, and through that which for the time being is a part of the organism. Mindful of the principle of the conservation of force we confidently expect every force to be accounted for somewhere, and believe that even a violent emotion only disappears in certain positive effects. Observation also forces to the conclusion, which on general principles we should anticipate, that just as man embodies his finer emotions in beautiful works of art, so nature sometimes embodies the strong feelings of the mother's mind in the nervous organization of the child which she bears in her womb.* This diffusion of emotion, which seems to be in some degree explanatory of the effect produced in the character of the child by the mental condition of its mother during her period of gestation, may be supposed also to account for the fœtal movements. They are either (A), the direct discharge of superabundant emotional force in the parent; or, (B) they are reflex acts on the part of a highly charged fœtal nervous system. In the latter case they may be supposed to be reflex, either (a) to some passing state of the mother's mind, or (b) to some derangement in her organic life, or (c) to such slight impressions as are made on the surface of the

months extend its limbs; and Burdach cites a similar case. ('Développement de l'Homme,' Bischoff, p. 475.) That the movements are not consensual is proved by a case described by Dr. Ollier. ('Compt. Rend. de la Soc. de Biologie,' ii, p. 106, 1850.) In this case there were strong movements of the child in utero, while a mere band represented the spinal cord, and there was no brain; it was anencephalic. ('Central Nerv. System,' Dr. Brown-Séquard, Appendix.)

* Müller denies ('Physiology,' Dr. Baly's translation, vol. ii, p. 1405), that ideas in the mind of the parent can be realized in the structure of the fœtus. The only way, he thinks, in which the mind of the mother can affect the fœtus is by a sudden emotion in the former affecting the organic actions, so as to produce an arrest of development in the latter. The remark is doubtless true of the so-called mother's marks; but the evidence of observation and analogy is certainly in favour of the permanent influence of maternal *emotion* on the child.

fœtus. It is quite in accordance with such explanation that, in those rare cases in which infants have been born maniacal, great pain has been experienced by the mother during gestation, by reason of the great restlessness of the fœtus. Whoever fairly considers the evidence, will at any rate recognize the life of the fœtus in utero as a part of the organic life of the mother, and, as Locke observes, "will perhaps find reason to imagine that a fœtus in the mother's womb differs not much from the state of a vegetable, but passes the greatest part of its time without perception or thought, doing very little in a place where it needs not seek for food, and is surrounded with liquor always equally soft, and near of the same temper; where the eyes have no light, and the ears so shut up, are not very susceptible of sounds, and where there is little or no variety or change of objects to move the senses."*

But when at the appointed time the completely formed fœtus enters into the relations of a new life on its own account, are we bound to suppose that a brain which has previously passed through stages of development represented by the permanent brain condition of certain animals, must at once manifest an intelligence beyond that displayed by any of them? Certainly not; the analogy of nature rather prepares us to expect that the same progress from the general to the special, should be exhibited in the development of intelligence which we find exhibited in the development of the organ thereof. And, in truth, though the brain is formed during embryonic life, its real development only takes place afterwards, for it is eminently the organ of man's relations with the rest of nature, receiving its necessary nourishment through the inlets of the senses from the impressions of surrounding objects, and attaining its designed end in the establishment of an intimate and true relationship between the individual and nature. It is not, like the liver, the heart, or other internal organs, capable from the beginning of all the functions to which it ever ministers; while, in common with them, it has a certain organic function to which it is born equal, its high special functions in man as the organ of animal life, are developed only by a long and patient education.† For though the mind exists potentially in the individual at birth, it cannot be said to exist in full actuality any more than the chicken can be said actually to exist in the recently-dropped egg, or the plant actually to be present in the seed. Mental action is developed gradually from the relations of the individual and his surroundings, and is a result to which one element is as

* 'On the Human Understanding,' Bohn's ed., vol. i, p. 221.

† The brain does not attain to its full growth till some time after birth. Sæmmering believed that it did not increase after the third year, while the brothers Wenzel, limited its time of growth to the seventh year; but Gratiolet affirms positively, that it increases, though slowly and slightly, after that period, and has its form modified. ('Anat. Comp. du Système Nerv. : considérée dans ses rapports avec l'Intelligence,' par Leuret et Gratiolet, ii, p. 302.)

necessary as the other. There is, without doubt, a much higher potentiality in the brain of the youngest infant than there is in that of the highest, oldest, and most experienced quadruped or quadrumanous animal; but before such potentiality develops into actuality, so much time must elapse, and certain conditions be present, just as time and conditions were necessary in the geological epochs before the potentiality of a higher brain, which there manifestly was in that organ of a quadruped, was developed into the actuality of the first monkey's brain. There is no necessity to suppose, and certainly no reason to assume, that in the gradual development of human intelligence nature has departed from that law which she has so consistently followed in the development of animal intelligence. We must only remember that, inasmuch as in the latter case the process is diffused over ages, and the stages thereof marked by countless individuals, whilst in the former it is condensed into the short period of a few years, we cannot justly expect the same well-marked distinction of stages.

“He that will suffer himself to be informed by observation and experiment, and not make his own hypothesis the rule of nature, will find few signs of a soul accustomed to much thinking in a new-born child, and much fewer of any reasoning at all;”* he will, if he have candour and insight, probably agree with Majendie that, for several hours after birth, sight, hearing, and taste, do not exist.† Touch alone seems to be then in exercise, and to precede the action of the other senses in the child like as it does in the order of development of the animal kingdom; for a sort of tactile sensibility appears to be the only sense with which those humble creatures are endowed that are destitute of the simplest kind of organs of the special senses.‡ Even should it be thought probable that the special senses are in action in man from the first moment after birth, it must be admitted that they do not convey any definite information; that they are at first confused and general, and require to be educated to their full functions just as much as does the brain. It would really be a profitless word discussion to attempt to establish a distinct line in the development of sensation, when nature has drawn none; for whatever names we may choose to describe the process by, and

* Locke.

† Note to ‘Bichat sur la Vie et la Mort,’ p. 196.

‡ It is in the Echinodermata that the small spots, supposed to be eyes, are first observed; in the tunicated Molluscs that auditory bodies are first recognised; but there is no certainty in the matter. (Carpenter's ‘Comp. Phys.’) It may be presumed, however, that the sensibility which animals lower than these have, may be able to communicate information such as higher animals only receive through special organs. There is some probability that the impressions on all the senses are produced by certain undulations; and it is not unlikely that the sensibilities of these humble animals may respond generally to the various undulations of light, of heat, of sound, &c., and thus communicate what higher beings only obtain by special organs devoted to particular undulations. This would be in accordance with the progressive law of development.

whatever differences in stages we may find it convenient to make, it is quite evident that man does not wake from utter unconsciousness to consciousness save in the most gradual manner—that he passes from a vegetative life to a life of sensation by no recognizable leap. As we are unable to decide in organic life where actual sensation begins, as we cannot positively assert that the sensitive plant reacting to a stimulus has not sensation, or that the polype closing in its tentacles upon its prey has, so we are incapacitated by our ignorance from pronouncing with any certainty on the time when sensation is first developed in the human being.

It has recently, indeed, been maintained by Mr. Bain,* that movement precedes sensation, and is independent of any stimulus from without; that there is, in fact, a spontaneous tendency to execute movements without the stimulus of sensation or feeling, and that it is in this spontaneity that the will arises. A somewhat similar notion appears to have been entertained by Muller,† who was reduced by it, in view of the facts that the anencephalic foetus, and the puppy deprived of its brain, will both suck when the nipple is placed between their lips, to the unfortunate necessity of supposing that the medulla oblongata was the seat of volition.‡ Nevertheless, the evidence seems to be decidedly in favour of movement preceding sensation; but this is quite a different thing from saying that the first movements of infancy are independent of any stimulus from without. When we call to mind the entirely changed relations into which the newborn infant is introduced, and reflect that it by constitution is destined to react in them, it certainly seems somewhat hazardous to affirm that the earliest movements take place quite independent of any stimulus from without. The first respiration is by many supposed to be excited by the contact of the air with the surface of the child's body; and, at any rate, it is certain that, in cases of so-called suspended animation, the infant may enter the world motionless and to all appearance dead, and yet be revived to movement by the persistent application of a stimulus from without. Inasmuch, then, as the external stimulus may produce the movement where there is no spontaneous tendency thereto, and inasmuch as whenever the spontaneous tendency operates, there is always a universe of external stimuli around, it may be the most legitimate to say that there would be no spontaneous tendency but for the external stimuli, and, on the other hand, that the external stimuli would be inoperative without some spontaneous tendency or inherent potentiality. It must be remembered, that

* 'The Emotions and the Will,' p. 327.

† 'Elements of Physiology,' vol. ii, pp. 935, 936.

‡ But reflex action was not understood at that time. That such actions are reflex has been shown by many writers. Grainger, 'Observ. on Struct. and Funct. of Spinal Cord,' p. 80; J. Reid, 'Physiol. Anat. and Pathol. Researches,' p. 183; Brown-Séquard, 'Experim. Research. app. to Physiol.,' p. 5; Simpson, 'Edin. Med. Journ.,' July, 1849; Bischoff, op. cit.

every phenomenon of life is a relation of which the correlatives are the individual and external nature.*

It is, in fact, at the earliest period in its life that what is called reflex action enters into the infant's history, and bridges over the chasm between a vegetative existence and one of the lowest sensation. What it is most important continually to keep in mind is, that an individual is not an incoherent or even a coherent aggregation of several distinct forces, but that he is the embodiment of one force which expresses itself in consciousness as the unity of the ego, and which manifests itself outwardly in different modes of action. When, therefore, we speak of the organic force, of reflex action, of instinct and so forth, we intend to express the operations of the same force constantly acting according to an intelligent plan in the growth, development, and conservation of the organism. Every organism, vegetable or animal, being constructed with reference to a definite purpose; cannot, by beings constituted as we are, but be supposed to realize a certain divine idea, and to exhibit the intelligence of such idea in the various displays of its force. We have no more cause, then, to be surprised at the wonderful adaptation to ends in the reaction which we designate reflex, than we have to marvel at the intelligent reaction of the organic force evidenced in the construction and maintenance of the organism. The same observations may be made with regard to instinct, which has no special seat in any organ of the body, and which cannot justly be separated from the creative force of the organism. When the humble little creature that has just sprung into existence enters at once upon all the actions which the oldest member of its class can accomplish, and executes them as successfully in its first attempt as it does after a life-experience, the circumstance, whether referred to reflex action or to instinct, furnishes an example of the same fundamental reaction under different conditions with that which has been before evinced by the construction of the delicate organism in nature's more secret chambers. It seems, indeed, as if, throughout the organic, intelligence were striving for evolution, painfully struggling to express itself; for it is hardly acknowledged under the thick veil of what are called the

* Brown-Séquard has tried to prove ('Experiment. Research. applied to Physiol. and Pathol.,' pp. 101—113) that nerves and muscles may be excited to act by blood containing a great quantity of carbonic acid; and he supposes that the respiratory movements, and also the apparent spontaneous movements of the infant, normal or anencephalic, may be produced by that cause. If this be so, it may be said that the first movements do take place independent of a stimulus from without. But (1) it is the withdrawal of a certain influence from without that causes the accumulation of carbonic acid in the blood, and the carbonic acid is really an external stimulus; and (2), according to the metaphysicians, the nervous organism, "in reference to consciousness in general and the personal self, properly so-called, must be regarded as belonging to the object." So that any stimulus to the organism must be external as regards mind whence the spontaneity flows. (Mansel, 'Phenomenal and Real Consciousness.')

organic processes ; it is dimly visible through the mists of the reflex acts that are immediately above the organic ; but as we follow upwards the development of living nature, the bud, as it were, begins to open in the dawning of self-consciousness and the correlative world-consciousness, and ultimately expands into the full flower of the highest conscious intelligence, and that freedom of a completely fashioned will which is the reaction thereof. It is quite in accordance with this plan of development that the reflex movements of early infancy should be irregular and appear purposeless ; for although the humble creature in its little sphere is so constructed as to react definitely to the impression as soon as it comes into being, yet it is conformable to the developmental law of progression from the general to the special that reflex action should not be all-sufficient in the higher animal, but that, though still holding an independent position in some things, it should, in others, be resolved into, subordinated to, or superseded by those higher manifestations of force which potentially exist in the nobler being at birth, and by the education of favorable circumstances are developed.

Irregular though the earliest movements of infancy may be, they are certainly not purposeless, for they imperceptibly waken sensation. In the infant's limbs or body certain movements first take place by reflex action, and the infant has no consciousness of producing those movements ; but it does not thence follow that it has no consciousness of them when produced. It is probable, indeed, that the effect becomes the cause of a new reaction, and that, whether on the first occasion or after some time, the moving limb excites in the child a sensation of a part of its own body. To this sensation there is a respondent movement, which is not yet voluntary, but may be justly described as consensual ; and it is this movement which, bringing the limb or other part of the body in contact with some external object, and thereby under the condition of a new sensation, excites the first consciousness of a not-self ; it is the reaction to the consciousness of self that gives the first dim consciousness of a not-self. And as the excitation of the same parts will produce the same sensation, there follows in time an association of certain movements with certain sensations, so that to the sensation excited from without there may be a conscious exercise of the motion that has been connected with it. Such a conscious movement reveals the first appearance of will in the child's mental history, the fundamental reaction arriving at this evolution through the preliminary stages of reflex action and consensual action. An examination of the succession of living animals would show that there are many which remain permanently in each of these stages—some whose whole existence appears to be reflex, others whose activity is consensual, and others again in which there is the trace of voluntary action. By way of illustration may be selected one process common to the vegetable and animal kingdoms,

namely, that of fertilization. This in plants, and some of the lowest animals, is a vegetative or organic process; in beings a little higher in the scale it becomes reflex without sensation; then, as we still ascend, reflex with slight sensation, reflex with more acute sensation and commencing perception, and so rises in dignity till the highest emotions and ideas are connected with it; and yet under its highest form, reflex and consensual action have an important part in it. Again, in the processes of the human body, we cannot but note the intimate way in which sensation and the higher mental phenomena are connected with reflex action at their origin. Thus the food at one period of its passage through the body is entirely under the control of reflex action; at an earlier period the action is reflex with slight sensation; in a still earlier stage the empire is, as it were, divided between reflex action and conscious action; and the beginning of the process is entirely under the domain of the will. Every consideration seems to justify the assertion, that in the developing mind of man, as everywhere else in nature, sensation is gradually and imperceptibly evolved out of reflex action.

There appears to be a short period in the infant's early history—a moment, as it were—in which, not yet awakened up to a reaction with the world around, its existence may be described as sensational; when an impression on its limb produces only the feeling of a body that is part of itself; when it may have the sensation of sound without any perception of an external cause of it: in this state it reflects, as it were, the purely sensational life of a certain portion of the invertebrata. The fact, which experience daily reveals, that every sensation which is produced by an external cause may be excited by internal causes, giving rise to some change in the condition of the particular nerve,—as, for instance, when flashes of light are caused by some change in the optic nerve, and sounds are produced by some affection of the auditory nerve—proves unquestionably that it is quite possible for the child to have, and adds to the probability that it has, sensations even of the special senses without any apprehension of the external causes which have excited them. The subjective stage seems indeed to be more or less marked in the education of every sense, although the time of its occurrence, and its duration in each, by no means correspond. The sense of touch has apparently advanced to the recognition of a not-self, even before sight and hearing exist at all, as it may perhaps be supposed to do in the animal kingdom, where the organs of the latter are so late in appearance. As there are multitudes of animals which are not conscious of any sensation, and which correspond to the reflex activity of man, so there appear to be multitudes more which are conscious only of a sensation, which feel the affections of their own organisms, without any consciousness of an external cause, and which correspond to the sensational stage of early infancy. In

accordance with this method of progression we find that in man the senses of sight and hearing, which have been called the objective senses on account of their fixing attention more upon the object than upon the subjective affection, do not come into exercise till after the more subjective senses. So rapidly, however, does an infant pass to some kind of recognition of an outer world, that it is not possible to fix in the order of time a stage which we seem compelled to acknowledge in the order of existence.

The next stage in the development of mind, as we trace it upwards through the animal kingdom, is that in which the animal appears to have a dull consciousness of something without it as causing the one or two sensations of which it is capable, but in which it nevertheless forgets the sensation the moment it is delivered therefrom. The snail as it crawls over the grass may have a different sensation from that which it experiences as it crawls over the gravel, and probably has, during copulation, a different feeling from what it has at any other time; but, though it may possibly have a sort of semi-conscious feeling of something without it in connexion with its sensation, there can be little doubt that when living in one sensation the snail is utterly unconscious of ever having had another.* If it be suddenly touched as it pursues its slimy course, the snail immediately contracts and rolls itself up, and remains so rolled up to be cut into morsels if it so please the experimenter; it seems to be conscious of something out of the common producing a sudden sensation, and according to the fundamental instinct of self-preservation at once shrinks from it; the movement may be deemed consensual, and compared to that which the child involuntarily makes when it first opens its eyes to the light. The powerful sensation immediately calls into action the necessary muscles for closing the eyelids and protecting the eye. As the snail always makes the same consensual movement for its protection when disturbed, it is evident that it has no knowledge of what has affected it, and no power of striving to get out of the way, as the spider has under like circumstances. So it remains contracted and quiet for a while, and then cautiously creeps out again in accordance with the law of its nature, very much as the infant gradually opens more and more its eyes till they become accustomed to the light. The gasteropod feels and forgets, as the infant does, but it cannot feel and see, as the infant very soon learns to do. But there is after all a period at which the child's perception of the external world is so general and confused as to be

* Regarding gasteropodic sensibility, it may be remarked that the common snail seems during copulation to be not nearly so sensitive to outward impressions, as at other times: then, it may be touched more smartly without rolling itself up, appearing not to feel, or unwilling to believe that it is touched. Similarly, the child when sucking may be pinched more deeply, without crying, than when not so engaged; and an acute sensation in man always renders him less sensible than usual to others produced at the same time.

little superior in actual state to that which a gasteropod may be supposed to have. There can be little doubt that when it first opens its eyes on the world, the infant is conscious of a blaze of light and nothing more, and that the information of an external world is so gradually obtained as to render it impossible to discriminate the commencing perception from sensation. It is like the dawn of day, when, on the thick darkness of night, the first glimmer of eastern light strikes, and, not yet being sufficient to define any object on earth, serves only to render the darkness visible; for, as day out of night, and as the earth out of chaos, so man springs up gradually out of unconsciousness into mental activity.

It is not long after a child has opened its eyes before it begins to discriminate objects. Its eyes may at first move from object to object, in a wandering way, but soon some particular one produces a greater impression, and attracts a momentary attention; it is the beginning of a definition of the objective, and a positive advance to a higher mental development. When there springs up the belief in an object as the cause of a particular sensation, we may say that perception has unmistakably commenced, and the sensational reaction advances to the higher ground of incipient ideation. Of the subjective affection an objective activity is made, and the sensations are now projected outwards and deemed to be qualities or attributes of the object. It is when perception first begins in the child that a comparison might be made between its mental state and that of the fishes. Not that there is the shadow of a pretext for saying that the human mind is at any period equal only to that of the fish—no more than there is any truth in saying that the human embryo is at one time a fish; they both travel for a certain distance along the same road, both as regards body and as regards mind; but while the first stops very early on the way, and, diverging a little therefrom, has special characters stamped upon it—definite adaptive modifications for its destined existence—the human being, with his immense inherent potentiality, passes immeasurably beyond the stage of fish-resemblance to a destiny peculiarly his own.

That fishes have an undoubted, though very limited, perception, is shown by the way in which carp may be taught to come to be fed at the sound of a bell, or goldfish by a particular whistle; it is evident that the fishes have then not only the sensation of a certain sound, but a remembrance of it and of its signification; an idea of it which they have associated with the idea of food. So imperfect is the idea, so little representative of the relations of its cause, that it might at first seem sufficient to describe the process as an association of sensations, were it not that a little reflection proves that sensations are only remembered by means of ideas. The fish recognises the sensation again by means of the idea which was first excited, and which it has retained in its mind; just, in fact, as we

recognise written characters by the ideas first associated with them, and which are called up by the renewal of the sensations. The intelligent action of the fish must then be regarded as the result of an intellectual process, however humble. It seems impossible also, with any consistency in the application of words, to attribute the fish's intelligence to instinct; for the knowledge which is gained by experience, and which determines an acquired adaptation of means to ends, cannot philosophically be designated instinctive. The example illustrates the gradual way in which intelligence arises out of sensation in the process of mental development, and seems to point out the, in some degree, artificial character of the distinction commonly made between sensation and perception,—a distinction which, though it has no specific existence in nature, it may, nevertheless, be useful for us to make in our thoughts concerning the interpretation of nature. Fundamentally considered, indeed, every mental phenomena is a relation between the subjective and objective, the individual and nature; and such relation is really a *feeling* or state of a mind, one and indivisible, whether we call it a sensation, a perception, an emotion, or a volition. When, in early life, we are conscious only of the subjective affection, or when, in later life, attention is principally directed to it, the relation is called sensation; but when we begin in early life to recognise objects as associated with particular feelings, or when, in after life, attention is chiefly given to the objective element, we call the relation a perception; and by a further analysis we are able to discover the elements of three higher mental states in the original perception—to wit, a perception proper, a feeling thereof which develops into emotion, and a reacting impulse which develops into will. Though these elements are present in the perception of the fish, yet they remain, and must remain, by reason of its constitution, rudimentary in it, while in the child they very rapidly advance to a higher development. The mental condition of the fish above described may be compared, in a general way, with one of those earliest manifestations of dawning intelligence in the babe, when, as it cries out from the sensation of hunger, its mother takes it from the cradle and it becomes quiet, or when it smiles as it lies on its back and its mother's face appears before it. It has connected such appearance with the pleasant sensation that follows the gratification of an appetite, and the association of such simple ideas is all the actual intelligence which it at present exhibits.* It is an interesting and not altogether inappropriate reflection, that, as the early light of intellectual action is displayed in the natural want of the infant and its efforts for its mother's breast, so the greatest acquisition of the intellect, that which constitutes the chief glory of modern civilization, was inaugurated

* We say actual intelligence; for it is evident that in the infantile smile, whether consensual or not, there lies the potentiality of what no animal ever can exhibit; in it is foreshadowed the "moral sense."

when men were driven in the unfruitful northern climes to force, by patient labour, their nourishment from nature's sparing bosom. And the comparison might be extended by remarking that, as the rise of intelligence in the infant is a passage from sensation, which is pure self-consciousness, to perception, feeling, knowledge, call it what we may, of the relations of external objects or world-consciousness, so the greatest advance in the development of the intelligence of mankind was made when vain metaphysical investigations into the confusions of self-consciousness were abandoned, and attention was earnestly given, in the Baconian spirit, to the patient observation and sincere interpretation of nature.

It will have been for some time apparent, that, without any reference to the theory, there pervades the foregoing observations the doctrine of the old Greek philosophers, which asserts the identity of vital and mental force, and teaches that it is mind which operates in the organism from the first moment of its being. Such an opinion, which is usually called the Stahlian doctrine in Germany, was seemingly first revived in modern times by Whytt;* and it has of late done much duty in physiological psychology. In our present plan of following out mental development, there is plainly no place for the entrance at any period in a being's history of a new force such as some imagine to come into activity only after a child's birth. All the evidence points to the gradual evolution of one force, which, operating before birth as vegetative or vital force, in the new conditions of existence after birth displays itself for a time in reflex action and consensual action, but which, struggling successfully out of unconsciousness into consciousness, soon rises to the higher manifestations of perception, emotion and volition. And as man is thus supposed to embody one force, so in every mental phenomenon it must be assumed to act as one, and not by certain so-called faculties; so that when we speak of perception, of emotion and so forth, we designate a feeling or state of the whole mind, and not an affection of any particular part of it. It seems to be a matter of regret, therefore, that the term perception, which is now generally used to designate that by which we perceive the material properties of things, should have, since Reid's time, superseded the term intuition, which was of old used to express our perceptions of all the truths of external nature; the beauty, the harmony, and the various relations of objects as well as their material properties.† Now, we are compelled to use such words as feeling, sensibility, emotion, and, on the intellectual side, conception, thought, cognition; to express those truths which perception does not embrace; and, accordingly,

* 'An Essay on the Vital and other Involuntary Motions of Animals,' by Robert Whytt, M.D., F.R.S., Edin., 1763. Also 'Physiological Essays,' Appendix.

† 'Elements of Psychology,' J. D. Morrell, where are some excellent observations on intelligence as intuition.

we make some confusion by splitting up a mind which is one, and in every kind of perception acts as one, into such a number of so-called faculties. Nothing has been gained by the change; and, whenever a man of genius appears—a Shakespeare, Goëthe, Raphaël, or Mozart—it is necessary to throw aside those artificial distinctions and to speak of his perception as intuitive—as revealing all the relations of the object. In reality, however, as before remarked, every perception is an intuition, and contains, no less in animals than in man, the element of perception proper, a feeling, and a reacting impulse.*

Although it appears, then, that the state of consciousness, known as simple perception, is, whenever it occurs, a feeling of the mind, and does really contain the elements, more or less apparent, of future emotional and volitional conditions, yet in consequence of its elementary character in fishes, it would be as unphilosophical to look for any display of high emotion in them, as it would be to anticipate that conscious exercise of developed will, which proceeds only from an advanced reason. An analysis of the nature of emotion shows that, other things being equal, emotional development can only take place in proportion to intellectual development; and we might not unjustly designate emotion as the feeling of the perception, or, as Locke says “internal sensations,” if I might so call them; for, as in the body, there is sensation barely in itself, or accompanied with pain or pleasure, so the thought or perception of the mind is simply so, or else accompanied with pleasure or pain, delight or trouble, call it how you please.† And as there is an organic effort to avoid a painful *sensation*, and to perpetuate a pleasing one, so in the higher sphere of the consciousness of an object as productive of the sensation, there is now a conscious shrinking from the *idea* that is painful, and an indulgence of the *idea* that has pleasing characters.‡ In fact the impulse of self-preservation—the *lex nostræ conservationis*, whereby every organism strives after that which is beneficial to it, and avoids what is injurious, becomes in the brain revealed to consciousness, and imparts the idea of self or individual existence; it still labours to maintain the existence of self, and to extend its

* How notable, for example, is animal intuition in the quick apprehension by some animals of man’s mood of mind, from a glance at his countenance, or from the tone of his voice!

† ‘Human Understanding,’ vol. i, p. 351. Mr. James Mill (‘Analysis of the Human Mind’) has given the most philosophical account of the emotions; his views are extensively adopted by Dr. Carpenter who, in his ‘Principles of Human Physiology,’ has given a popular exposition of them, and founded on them certain physiological theories.

‡ Hobbes remarks that, “delight, contentment, or pleasure is nothing really but motion about the heart, as conception is nothing but motion in the head; and the objects that cause it are called pleasant or delightful, or by some name equivalent. The Latins have *jucundum a juvando*, from helping; and the same delight, with reference to the object, is called love.” (‘Human Nature,’ ch. vii, i.)

power of action, and that which in perceptual activity opposes its efforts or diminishes its power, produces a painful emotional idea, while that which favours its action excites an emotional idea of a pleasant character.* Ideas must have a reference, direct or indirect, to self, in order to excite emotion; and it is because the self is so deeply concerned in emotional excitement, that calm reasoning is then impossible; the ideas of the relations of external objects being so imperfect, so undefined, or, if the expression might be used, so adulterated. It is furthermore in the different quality, so to speak, of the self in different people, that emotions differ in intensity even at the same level of intellectual development; whence an interesting result in our nomenclature of mental phenomena.

When, in sensation, or rather sensational perception, the object affects all men alike, and there is no pain or pleasure present, as in the case of the so-called *primary* qualities of matter, we are accustomed to classify the latter as external or objective; but when the agreement is less general, and there is pain or pleasure present, as in the case of the so-called *secondary* qualities, we no longer consider them external, but pronounce them subjective. And yet the primary qualities of matter are evidently just as subjective as the secondary qualities, and the latter again just as objective as the former. But it is because, in one case, self is so much more consciously affected, that we establish a distinction which exists not fundamentally, which exists only in our consciousness. It is the same with emotion and the higher perceptions. When an object, or group of objects, produce an idea, or a set of ideas, which are indifferent and alike in all men, we lay stress upon the objective element, and regard them as simply representative ideas; but when the objects produce active pleasure or pain, or feeling of some kind, and not exactly the same results in all men, we do not any longer regard the results as simply representative of the attributes of the object, but, as our personality is so much involved, rather as affections of the subject, and we call them accordingly emotional. The character of the emotion will be determined by the feeling which the self has of the ideas as affecting its activity; for the self-feeling (*Eigenliebe*), both in consciousness, and out of consciousness, constantly strives for that which appears to be the advantage of the individual.

If the foregoing observations be correct, it is evident that when

* Spinoza's 'Account of the Passions,' quoted by Müller, *op. cit.*, vol. ii, p. 1375. There are two fundamental impulses, tendencies, instincts, or whatever else they are called, in all animals; one is to preserve the being, which, out of consciousness, maintains and repairs the organism, and which, in consciousness, causes men to seek pleasant emotions, useful ideas, and whatever else adds to the comfort and power of the individual; the other is to propagate the species, and this of course out of consciousness excites and maintains the sexual function; while, in consciousness, we shall hereafter endeavour to show, it impels man to labour for posterity and fame, and to believe in immortality.

the early idea in the animal, or in infancy, is so general and confused, as to render it impossible to assert positively that it does exist, the vague comfort or discomfort attendant thereupon, may almost as reasonably be attributed to sensation as to emotion, and the resultant physical reaction be described as consensual. Accordingly some physiologists speak of the early infantile smile as consensual; and whether it be so or not, is not of the greatest moment, the important fact being that emotion is so closely allied with sensation at its birth, and rises so gradually out of it, that we cannot assign any particular period for its first appearance, either in man or in the animals, and recognise it positively as distinct, only after it has attained to some development. The evidence will scarcely, indeed, justify any statement on the presence of true emotion in the fishes; for the fear which they certainly exhibit, as for instance, when sharks suspect and avoid the bait, might be supposed to be unconsciously displayed, and be attributed to the above-mentioned organic or instinctive avoidance of what is injurious, which is the law both of conscious and unconscious life. Still, if a shark has once seized the bait and escaped from the hook's treacherous hold, and, remembering such experience, on a like occasion hesitates or refuses to take the bait again, there is palpable emotion of the simplest kind.* Calling to mind the thin laminæ of nervous matter which represent the cerebral hemispheres in fishes; and reflecting that small cerebral hemispheres imply a very limited ideation, and that a limited ideation psychologically involves rudimentary emotion, we are certainly not prepared to anticipate any higher display of emotion amongst fishes. As the brain of the highest fish only corresponds to the brain of the human foetus at the sixth week of embryonic life, its highest functional activity can only correspond with a very early period in the developing activity of the child's brain.

So gradual has been the progression in structure from the fishes to the reptiles, as to have suggested doubts of the value of the classification made between them. Professor Owen, after remarking that the structure of the *Archegosaurus* seemed to be intermediate between the ganoid fishes and the batrachians, and to conduct the march of development from the fish proper to the labyrinthodont type, while the labyrinthodonts are more saurian still, and conduct to the peroenni-branchiate batrachian type, he further observes, that "the existence of such a group shows the artificial nature of the classification which separates fishes and reptiles, and the natural character of the division 'Hæmatocrya,' or cold-blooded vertebrata, as the one unbroken progressive series."† Although, however, as such observations

* It may be interesting to add that, in accordance with the observed intellectual character of the shark amongst fishes, and the appearance of simple emotion in it, the cerebrum of the shark is larger than that of any other fish.

† 'Palæontology,' p, 198.

would indicate, the brain of reptiles does not differ much from that of fishes; what difference there is consists in an advance on the part of the reptilian brain; the cerebral hemispheres are a little larger in proportion to the optic lobe, and the cerebellum is smaller. The improvement is most gradual, for while the perenni-branchiate reptiles retain the fish-character of brain all their lives, the batrachians have that character only during their tadpole state.

As the expression of the slightly superior type of brain, there are observable higher mental manifestations amongst reptiles, which are evidenced in a wider and more definite perception, together with a more marked display of simple emotion and conscious volition. The elements of the primitive intuition are gradually unfolding themselves; and the progress is such as an acquaintance with the function of the cerebral hemispheres will anticipate, and such as observation will show that the developing mind of man follows. It has been observed that tortoises, which have very large brains among reptiles, remember persons and places, and that serpents and lizards will raise their heads and listen with delight to the concord of sweet sounds; the serpent charmers of the East are still able to make their serpents into stiff rods, as in the days when the magicians of Egypt, by their enchantment "cast down every man his rod, and they became serpents;" and that reptiles are able to profit by experience, and to act with considerable intelligence, the following example will testify. A gentleman kept a toad in his garden, and was in the habit of giving it something to eat out of the window at dinner-time: the creature appeared punctually every day at the window to receive its dinner. From some cause, the dinner-hour was changed from four to two, and as the toad was unaware of the change, and came at the accustomed time, it lost its dinner that day. It kept a sharp look-out through the following day, however, and contrived to be at the window for its dinner at two o'clock.* It is difficult to believe that the toad did not feel some disappointment when it missed its dinner; and doubtless, if we could enter into the animal's feelings, it would be evident that, according as an object originally affected it pleasantly or painfully, it did, with its manifest power of associating a few simple ideas, look forward to its recurrence on a future occasion with a pleasing or painful emotion; the character of the sensation determining the emotional character of the idea. Plainly also, the toad, in accordance with the fundamental organic law, laboured with a certain consciousness for that which was grateful to it, that which produced a pleasing sensation at the time and a pleasing emotion when recalled or anticipated. Although the perception of so humble a creature must at best be pronounced very general and imperfect, it is seemingly more special than that of

* 'Instinct and Reason,' by Alfred Smee, F.R.S.

the fishes; and the example illustrates the progress from that very general and confused perception which recognises an outer world without discrimination of objects, towards that investigation of the special relations of them, which is the activity and purpose of a higher reason. In considering perception, it must be remembered that it is only relative, and that when a young child or a Bosjesman sees any object, as, for instance, a tree, though each of them has strictly a perception of it, it is, nevertheless, a perception of a very different character from that which the profound physiological botanist has of the same object; and it would really seem as legitimate to deny perception to the Bosjesman because he cannot see the moral relations of the universe, as it is to refuse perception to the animal because it cannot see in any object all that the educated European or uneducated savage sees therein.

That it may not appear satisfactory to attribute the instances of wisdom learned by experience among the brutes to the operations of instinct, it may be desirable to record here the insuperable difficulties which appear to exist in the way of such a view. The word instinct is one of those terms which, having acquired a factitious importance from the prejudice of mankind, it is not so easily definitely to interpret; for while some look upon it as indicating a faculty altogether different from reason, and think it sufficient to dismiss the highest example of brute intelligence as merely instinctive, others, with a deeper insight into the actual facts, consider reason and instinct to be fundamentally the same. Coleridge, indeed, in his 'Table Talk,' is reported to have said: "The ant and the bee are, I think, much nearer man in the understanding or faculty of adapting means to proximate ends than the elephant;" but, with the deference most justly due to so illustrious a name, this can scarcely, on reflection, be regarded as a satisfactory dictum. That the bee surpasses the elephant in the faculty of adapting means to proximate ends in a very limited sphere is unquestionably true, and it even surpasses a great portion of mankind in the same faculty; but all that the enunciation of the proposition amounts to is, that the wisdom of the Creator is greater than that of the creature. In the constitution of the bee has been implanted the impulse to certain definite actions in a limited circle of activity, and the young bee accomplishes these as cleverly as the oldest; the organism has been impressed with the stamp of a definite reaction, and it reacts accordingly. But can we justly thereupon say that the bee has an understanding nearer to that of man than the elephant has? Can we place its mechanically constant and limited actions in the same category with that intelligent activity which the elephant displays as the result of education and experience?

There is, without doubt, the highest intelligence embodied in the bee; but it is not intelligence to the bee, which knows not whether

it is adapting means to an end, or not, and which cannot even make a mistake; it is intelligence only to us intelligent beings looking on, and finding it, just as we find it in the plant, in the animal, and in the laws of nature generally. It has been said of men, that each individual sees only in any matter that which he brings with him the faculty to see. Newton, for instance, perceives a law of gravitation where others see but the fall of an apple; and in like manner, the most ignorant clown sees a great deal more in the simplest affair than his dog, however intelligent. The hero is not a hero to his valet, Carlyle thinks, because the latter has a valet soul incapable of appreciating true nobility. Applying, as may justly be done, this principle, which is the principle of relative perception, to the animals, and measuring by it the relative intelligence of the elephant and the bee, it will be evident that while the former does profit by experience, and imbibe a little of the intelligence pervading nature, the latter is blind to anything like design, acts with a mechanical constancy, and is unconscious that it is adapting means cleverly to an end. It would surely not for a moment be deemed satisfactory to say that the cotton-spinning or calico-printing machinery is more intelligent than the workman who attends to it, although the machinery effects an admirable result which the workman's unaided efforts could never compass; for we are aware that while the machinery only embodies human intelligence, and knows not for what it is working, or that it is working, the attendant labourer surely foresees the result. In like manner, though the bee embodies Divine intelligence, it would really seem as unconscious of it as the vital force is of the intelligence which it evinces in the construction and maintenance of the organism. Wherefore, it does not appear likely that any advantage can result, while confusion must inevitably arise from describing under the same name that unconscious adaptation of means to an end, that blind impulse to accomplish an action without knowledge of the reason, foresight of the result, or modification of the process, which is properly designated instinct, and that acquired power of consciously adapting themselves to circumstances which in varied fashion is manifested by the higher animals. Even were the same name given to both processes, it would still be necessary to assume a higher adapting instinct, which, in the face of difficulties, not unfrequently modifies the mechanical processes of the humbler form; and it would then be impossible to distinguish the higher instinct from reason. In the progressive development of intelligence throughout nature, it cannot be doubted that the all-pervading reason is struggling into conscious evolution, and that reason may fundamentally be regarded as "illuminated instinct"*—*et quod nunc*

* Sir W. Hamilton. On the identity of Reason and Instinct, are some observations in a valuable paper by Dr. Laycock, in 'British and Foreign Med. Rev.,' July, 1855.

ratio impetus ante fuit; but, at the same time, in the present condition of mental nomenclature, it will conduce to nothing but confusion to designate by the same term conscious ratiocination and unconscious, but intelligent, impulse.

Those who draw a broad line between reason and instinct, and then plant the line as an impassable barrier between the mental phenomena of man and those of the animals, agree among themselves only in the words they use. If they venture upon the actual facts, there is no agreement in the connotation of the terms; and they may not unjustly be compared to those who boldly assert a so-called specific distinction in structure between the human and animal body; but who, when driven from the words to the facts, are unable even to preserve the forlorn hope of a posterior cerebral lobe. As the latter depart without scruple from the general custom, and define a posterior lobe to be exactly that which the theory of the movement requires, so the former are compelled to establish between mental phenomena an artificial distinction, the sole warranty of which are the necessities of a needless assumption. When discussing perception in his clear and interesting little work on psychology, Mr. Morrell even thinks it necessary to answer an objection that might be made to the *intellectual* character of the act, on the ground that animals perceive objects as distinctly as man; and he does so, not, as might be logically expected from the general character of his work, by exposing the futility of the objection, but by assuming a difference between animal and human perception. "While the brute perceives objects, and acts in reference to them only instinctively, either for the satisfaction of its appetites or for self-preservation, a conscious separation is instantly effected by the *human* faculty between the subject and object. . . . The animal does not think within itself, I am a dog, or a horse, and that is a hare or a cornfield; it is simply impelled by *the force of instinct* towards the object without any apprehension of its own personality as distinct from the thing presented to it. On the other hand the child or savage, without the least culture whatever, *consciously* separates self from the objective world in the very first distinct act of perception; and it is exactly here, in this very act, that the *intellectual* quality of perception is first manifested. In the separation of subject and object, all thought is primarily cradled, and wherever that distinction takes place, everything else peculiar to the human intellect is able to follow." The impediments which facts put in the way of the unregarding current of German metaphysical philosophy certainly appear at times to be subjected to extremely arbitrary measures. As, however, it would be impossible fairly to discuss so large a question in a short space, it will be sufficient for the present to suggest a few reflections thereupon. And—1. If the dog be impelled towards the hare by the *force of instinct*, what force is it which prevents it from

following the hare, when it is taught, as it may be taught, not to do so? 2. If it be true that the dog does not say to itself, I am a dog, and that is a hare, is it not just as true that the child does not say to itself in the first act of perception, I am a child, and that is an object? 3. If the child be supposed to have a consciousness of self and not-self in the first act of perception without saying to itself, I am self and that is not-self, what shadow of a warranty is there for the assertion that the dog has not a like consciousness of itself as something distinct from the hare without expressing it otherwise than in its acts? 4. When the monkey made use of the cat's paw to get the chestnuts out of the fire, had it, or had it not, an "apprehension of its own personality as distinct from the thing presented?" 5. If all thought be cradled in the separation of subject and object, is it so certain that wherever such distinction takes place everything else peculiar to the human intellect is able to follow? Is the low savage intellect capable, for instance, of all that the European intellect is capable of? Or is the child that in a year or two after birth suffers an arrest of mental development, and remains imbecile for life, notwithstanding that it has separated subject and object in the first act of perception, capable of everything else peculiar to the human intellect? Do not such examples, indeed, point to a difference in degree rather than in kind? And, 6. If the proposition be intended to apply to the general development of mind, and not to the development of any individual mind, what possible grounds are there for supposing it not applicable to the development of mind in nature, as much as to its development in man? Where, in fact, are the reasons for the forced distinction made between the sometimes distinct animal perception and the certainly indistinct early infantile perception? 7. Lastly, is it not too true that the progress of knowledge has been most seriously obstructed by the disposition of mankind to torture its self-consciousness, and unduly to neglect the objective in the too exclusive contemplation of the subjective? Is not really every state of consciousness, every act of knowledge, a relation, and the separation of the correlatives merely a fiction of the mind? Such considerations, with others that might be added, seem to prove that those who specifically distinguish the mental phenomena of the brutes from those of man by stamping the former as all instinctive, act in a much less philosophical way than those who maintain the identity of reason and instinct.

If the foregoing observations are just, they do away with certain objections to the statement, that it is amongst the lower vertebrata, among fishes and reptiles, that we first observe intelligence attaining to consciousness, the first budding of reason out of instinct; as it is among them likewise that we meet with the first appearance of that portion of the brain which undoubtedly ministers in man to the manifestation of conscious intelligence. There will then be a perfect

analogy between the development of reason out of instinct in the child—when it proceeds from the reflex acts of sucking, swallowing, crying even, and its other early movements, to the power of recognising its own mother—and the development of reason out of instinct in the animal kingdom. The acknowledgment need not excite alarm, for it is only the lowest possible exhibition of reason, its very germ, that can possibly be claimed for the lower vertebrata, while the most notable intelligence of the higher vertebrata will be comparable only to the dawning intelligence of human infancy. There can be no manner of doubt that all the animals below man live lives that are chiefly instinctive, and that even the lower orders of the vertebrata are almost solely instinctive; but what appears also to admit of no doubt is, that the latter have the potentiality of the rudiment of reason which may be displayed under favorable circumstances, as when its development is solicited by man. But even when in such case the germ shows itself, though it cannot be called unnatural, it is nevertheless quite exceptional as regards an individual that would inevitably perish if left solely at the mercy of such endowment; for exactly as the bee's unconscious intelligence was once found to surpass the mathematician's conscious intelligence, or as the reflex force in man effects results which no development of conscious volition can accomplish, so the lower animal executes instinctively much more complicated acts than it could possibly do under the influence of such powers of understanding, potential or actual, as it may have. There is, for instance, a certain Indian fish, which captures the insects that sport above the surface of the water, and this it does without itself putting its head out of water. Here is a complex problem instantaneously solved; for it is evident that not only a very sharp eye, but a very accurate knowledge of distance must be necessary under any circumstances to effect such a capture. Not only so, but in consequence of the refraction of the rays of light on entering the water, the insect must actually appear where it is not. Nevertheless, rapidly as the little object moves about, the fish spurts a drop of water at it, and surely brings its prey down. What a contrast does this afford to the experience and lapse of time which must take place before man can form an accurate idea of distance! An infant will grasp at the moon, or at the cause of any other sensation, however near or however distant, and many and many a fall takes place before it learns how far off the nearest chair is. It would almost appear as if man had not been endowed with any innate knowledge of distance, in order that he might be compelled to examine, in the education of the muscular sense and of the special senses, the relations of the objects of his sensations; thus to develop the understanding which finds its true nourishment in such investigations; and to bring the inner phenomena of psychical life into conformity with the outer relations of nature. Accordingly, man

learns to judge of distance from the size of the object, but he is then liable to be mistaken unless he has studied the relations of it to other objects as well as to himself. Were he in the fish's place, under water, he could not possibly hit the insect above it, unless he had ascertained that, on account of the greater density of water than air, the minute creature would appear in a different spot from that in which it really was; and in like manner he has to learn, that the mountain appears much nearer when the atmosphere is clear than it does when the atmosphere is foggy. Still no one doubts that the understanding of man, making a mistake, is greater than the intelligence of the fish, which does not; and there can be as little doubt that, however minute may be the conscious intelligence displayed by the fish, or other humble members of the vertebrate sub-kingdom, the primitive germ is of a higher type than the highest unconscious intelligent reaction. The development of intelligence, in animal nature as well as in man, is a progress from the general to the special; and as in man several organs and a variety of tissues accomplish the functions necessary to his being, while one organ or one tissue may serve all the purposes of the lowest animal, so likewise a number of voluntary exercises of mental force and acquired adaptations thereof are necessary to effect for him that which, by the pre-established harmony of the nervous system, the lowest intelligence implicitly contains and unconsciously effects.

The much greater development of the cerebral hemispheres in birds than in reptiles and fishes, corresponds with more decided manifestations of intelligence; and as we observe that the brain of birds resembles that of the human foetus at the twelfth week, we may indicate generally a period during which the child does not surpass in understanding the more intelligent birds. When the head of a common sparrow is opened, a reflection must surely force itself upon the most persistent disbeliever in the conscious intelligence of animals as to what purpose those large cerebral hemispheres, lying so human-like over the sensory ganglia beneath, serve. They are not for smelling, for they cover olfactory ganglia; they are not for seeing, for they cover optic ganglia; they are not for general sensation, as beneath them are distinct thalami optici;* not for moving, for besides a portion of brain corresponding to the corpus striatum of the human brain, there is a well-developed transverse ridged cerebellum, which is supposed to minister also to their sexual passion. What then do

* Dr. Todd ('Physiology, Anatomy,' Todd and Bowman), regards the corpus striatum as the principal centre for voluntary movements, and the thalami optici as principal centres for sensation. Brown-Séquard agrees with Dr. Todd, as to corpus striatum being the principal centre for voluntary movements, but says that experiments on animals, pathological facts, and microscopic anatomy, agree in showing that the corpora striata, the crura cerebri, and the thalami optici, are all centres of sensitive perception. ('Cent. Nerv. Syst.,' p. 228.)

birds do besides see, hear, smell, feel, move and propagate? It may be said that they build nests in a very ingenious manner, and sometimes migrate to warmer climes, when winter approaches. Those actions may undoubtedly be regarded as instinctive, although when difficulties occasionally present themselves in the way of their successful completion, we have some evidence that the instinct is guided by a higher power to a successful adaptation to the unusual circumstances. But cerebral hemispheres are not necessary to the manifestation of the most wonderful instincts; for the bee which solves in the most accurate way the problem of obtaining, in the construction of its cells, the greatest space and the greater strength with the least possible expenditure of material, has no cerebral hemispheres whatever. Birds do, however, what bees never do; they profit by experience; they acquire simple ideas and compare them, thus reasoning in a primitive fashion; and it is this function which their comparatively large cerebral hemispheres subserve.

Birds must undergo a regular training before they will carry messages; they are thus made familiar with the appearance of the country, and the old birds are more skilful than the young ones. That they are capable of a considerable degree of education is strikingly evidenced in the many tricks which canaries may be taught by those who make a livelihood out of their performance; and bird-fanciers find a great difference in the readiness with which different birds may be taught; while some will learn in a very short time, and appear to acquire the knowledge almost intuitively, others seem to have a natural stupidity which no perseverance will overcome. In Persia, the falcon is trained to assist in the capture of the wild ass, which possesses such great speed that the powerful and swift greyhounds employed in hunting it would never overtake it, were it not that the falcon settles on the ass's head, and by flapping its wings in the animal's face confuses it, and impedes its progress. The united intelligence of two birds was in the following case too much for the wisdom of an animal much higher in the scale of life. Two crows observing a dog gnawing a bone, and coveting it themselves, contrived thus to effect its seizure; while one bit the dog's tail so as to make the animal turn round and snap at it, the other seized and carried off the bone.* Gratiolet would scarcely have credited the following fact, had it not been communicated to him on the most reliable testimony.† A farmer had enclosed his grapes while on the vine in bags of paper to protect them from the birds; but the precaution was of no avail, for some sparrows soaked the paper with water, which they brought in their bills from a neighbouring spring, and thus contrived to tear it easily. Out of a multitude of other examples which might be adduced to illustrate the marvellous intelligence sometimes displayed by birds, it will be

* 'Proceedings of Zoological Society,' 1855, p. 144.

† *Op. cit.*, p. 653.

sufficient to quote the well-known instance of that which had built its nest in a stone-quarry. It was accustomed to fly from its nest whenever the bell rang to give the workmen warning of an explosion; but after this circumstance had been noticed by the men, they often rang the bell merely as an experiment, for the purpose of frightening the bird. Recognising after a while the trick that was played upon it, for the future it always observed whether the workmen themselves left the quarry after the ringing of the bell; and if they did not, it remained in its nest. Here then is an example of simple inductive reasoning—the induction from the particular to the particular; the bird hears the sound of a bell, which it remembers, and experience teaches it that shortly after that sound a loud and dangerous explosion takes place; it accordingly associates in its mind the ideas of the two sounds, and acting on the conclusion of its judgment, leaves the nest whenever the bell rings. No doubt till the end of its days, the creature would have gone on believing in its induction, had it not been that an *instantia contradictoria* presented itself. The workmen rang the bell merely to frighten it, and so like a true inductive philosopher, it sets to work in the Baconian spirit to collect more instances, and to discover a new interpretation of the facts. Exercising observation, it learns that the bell sound is only of dangerous significance when followed by the departure of the workmen, and thus, instructed by experience, it amends its former inference and leaves the nest only when there is real danger. Those who would attribute such a display of intelligence to instinct, cannot logically uphold the existence of any reason in the world apart from instinct; they must surely describe the tricks of the workmen as instinctive, when they describe the intelligent reaction to them as such.

The parrot, which is so well-known for its educability and intelligence, is remarkable amongst birds for the development of its brain. In the birds immediately below it, the anterior lobes of the cerebral hemispheres are narrowed to a point, but in the parrot, they are large and rounded in front; there is a similar difference behind, and the posterior extremities of the hemispheres in the parrot extend backwards, so as to cover all or nearly all the cerebellum.* We have in such a fact, the example of an experiment provided by nature, offering the valuable evidence of a concomitant variation between the degree of development of the organ of intelligence and the manifestations of intelligence. The illustrations of parrot-wisdom are so numerous, that it will suffice to give one example, recorded by a writer whose labours have done much more

* 'Anatom. Comp. du Syst. Nerv.,' par Leuret, p. 353. It is worthy of remark, that the characters by which the parrot's brain surpasses the brains of other birds are two important characters in which the human brain surpasses that of the monkey.

for the fame of others than for his own fame.* A respectable dyer in Manchester, has for fourteen years been in possession of a parrot which I have seen and heard speak, of which he gave me the following account. When hungry she says, "Is there nothing for Poll! give Poll a bit, Jacky, give Poll a bit." And if attention be not paid to her entreaty, she raises her voice and cries, "what the devil is there nothing for Poll." On hearing the voice of a Mr. M—, who is in the habit of calling at the house, she immediately cries out, "Well Mr. M—, how are you? what news?" and then laughs heartily. To the dogs she will call out, "Turk, Turk—Juno, Juno; hie Turk, hie lad, hie rat, shake him there, shake him." If they attempt to annoy any passengers, she will cry, "come here, sirrah, come here Turk, damn you, come here!" To the poultry, she will call "chuck, chuck," and when assembled about her, she will raise her voice, and say, "Shoo, shoo," and frighten them away. When her master is scolding the servants in the dyehouse, she runs over her whole vocabulary of words with great rapidity, jumps upon her perch and down again, shakes her head and evinces many symptoms of extreme agitation, cries: "Can't you mind your business, damn you." It can scarcely be denied that the parrot attaches certain simple ideas, parrot-ideas, to the expressions which it has been taught, inasmuch as it applies the few sentences of its vocabulary on the proper occasions; but that it has anything like a human idea of the meaning of each word in the simple sentences which it utters, would not be seriously maintained by the most earnest believer in animal intelligence. It is not possible, however, to maintain that the child appreciates the full signification of the words or very simple sentences that are amongst its earliest articulate utterances, although as it associates certain simple ideas with them, they have a meaning for it and are definite manifestations of growing intelligence. What has been previously said with regard to our perceptions, may be repeated with advantage of the language by which we express them; the signs by which we objectify our ideas. Words are merely arbitrary symbols, and have not any *absolute* meaning; every mortal sees in words only the signification which his own inward development enables him to see. Though the philosophy of Plato or of Berkeley be not more intelligible to the common labourer than Greek or Hebrew is, yet it is not on that account meaningless. Or again, because the word virtue, or any other term connoting a moral abstraction, is an utterly unmeaning sound to the native Australian, it does not thence follow that there is nothing real in nature to which the word corresponds. As language is thought made objective, it can plainly have but a relative meaning, and a precisely similar signification only to two persons at the same point of mental development. So that when the ingenious

* White, 'On the Gradation in Man,' Appendix, pp. 143, 144.

European discovers in crude barbarian ideas, evidence of the conception of certain profound tenets of civilised belief, there may be as great an error as that which there unquestionably is in the supposition that no idea exists but human idea. It is quite possible that when the child babbles its earliest sentences, it has not a much higher idea of their signification than a well-educated parrot might have.

That birds have a language of their own, by which they can communicate with one another and express their different passions and simple ideas, will be denied by no one who has attentively observed a colony of rooks. The language of these birds, apparently so monotonous, has been diligently studied by M. Dupont de Nemours, and is said by him to be composed of twenty-five words.* He spent the whole of two winters in the study, and his method of learning rook language was precisely similar to that which is adopted in investigating the language of savages; he listened to the sounds, carefully retained them in his memory, and closely observed with what gestures or objects, when repeated, they were connected. In like manner, he professes to have interpreted the song which the male nightingale pours forth when perched near the female engaged in hatching her eggs, and he has translated it into French. Although perhaps even those who would most willingly believe everything possible in favour of the intelligence of animals will look with much distrust on M. Dupont de Nemours' translation, yet the most obstinate sceptic cannot but acknowledge that birds have the power of communicating with one another, not only, as might be supposed, instinctively, but also under circumstances which clearly display a comprehension on the part of one bird of the acquired ideas of another. A swallow accidentally got its leg caught in a loop of string, and of course made desperate efforts to get away. Exhausted after a time by its violent exertions, it hung down and cried out piteously. Very soon all the swallows of the neighbourhood congregated around, and, beholding the doleful plight of their companion, in great alarm lamented loudly. After some time of consideration, however, one of them—a swallow of genius—suddenly darted past the loop of string, striking at it sharply with its bill as it passed; others followed the benevolent example, and in about half an hour the band was loosed and the captive set free. Of an instance somewhat similar, Leuret has been informed on the most reliable testimony.

With the manifestations of an increasing intelligence which are observable amongst birds, we philosophically anticipate more decided exhibitions of emotion than have been noticed in the animals below them; and there are various anecdotes testifying to the existence of simple emotions in the feathered tribe. Though it may be open to

* 'Quelques mémoires sur différens sujets, la plupart d'histoire naturelle, et de physique générale et particulière,' Paris, 1813, p. 228.

scepticism to deny that the melodies with which the happy woods resound, declaring the joy of existence amongst birds, are poured forth partly from emulation, yet there cannot be any doubt of the existence of such a passion in tame birds. Bird-fanciers often make singing matches between their canaries, laying heavy wagers on the result; and it is painfully interesting to watch the little creatures swell and thrill with their great efforts to surpass one another, until they sink down quite exhausted. The intensity of the painful passion which may be excited in a bird's breast by an unhappy disappointment, is displayed in the following anecdote. A hen canary, after the usual period of laying, commenced incubation, and while this was going on nothing could exceed the affection of the male, who sang to her, and paid her every possible attention. Unfortunately, no young birds made their appearance at the proper time, as the eggs were addled; and now, completely mad with rage, the male savagely attacked the female. A severe combat ensued, nor ceased till both fell down exhausted, and died, having stripped each others breast bare of feathers.* It is related that some sparrows which had been regularly fed flew away without touching their food, when on one occasion they found one of their number dead, poisoned by prussic acid, that had been put into their food. Instinct, it is true, mostly directs animals to what food is suitable to them; but it is evident that the suspicion and fear of the sparrows in that case could not be attributed to instinct, as the dead sparrow had eaten of the poisoned food, and had died therefrom. Gratiolet has observed a like instance amongst crows; and similar facts are more or less familiar to all agriculturists. But the following anecdote, recorded by M. Dupont de Nemours, positively evinces a sort of moral feeling in birds, and discredits the commonly made statement that animals are destitute of sympathy with one another, and indifferent to one another's sufferings and joys. In a large aviary in which there were many birds of different kinds, was placed a nest of nightingales, and a small plate on which was a mess of small worms and ants, their proper food, was introduced. The father and mother could not, however, endure the confinement, but pined away and soon died. A little one was left, which cried out piteously for a mouthful of food. A female canary was much affected by the sad spectacle of the starving orphan; it had evidently noticed the difference between the food which the parent nightingales had before their death given the young one and its own food; it was desirous of feeding the young nightingale, but the worms and nasty mess disgusted it. Still there was the famishing orphan continually crying for lack of nourishment; the canary hesitated for some time, going from the plate to the little one, and back again from the little one to the plate; but at last, surmounting its repugnance, it seized hastily a billful of the worms, rushed with them to the orphan, and imme-

* Some number of 'Psychological Journal.'

diately started off to the water to wash its own mouth out. This process it repeated three times then, and for the future regularly supplied the nightingale with food until it grew up, and was able to take care of itself. But the male canary, which had quietly tolerated all this while the nightingale was young, now becoming jealous, began fiercely to attack it, so that it was necessary at last to remove it from the aviary to save its life.* It is certainly remarkable that animals of such lowly intelligence should be capable of manifesting so excellent an out-of-self feeling: fear, envy, anger, jealousy and passions of the low self grade, we do not much wonder to observe in them; but compassion, sympathy, active benevolence would have seemed of too high an order for such humble creatures. The benevolence of the canary, however, falls far short of true moral feeling, inasmuch as it is but a compassionate feeling for, and desire for the good of, a particular individual; and a little reflection will show that animal sympathies are and must be limited to one or two individuals. As their intellectual phenomena consist of the association of a few simple ideas representative of particular objects, and they have not that power of considering the relations of ideas which constitutes abstract thought, it is evident that their feelings must be limited to the extent of their ideas, and cannot embrace the good of a number of individuals. A child, on the other hand, begins with feeling, like the animal, entirely for itself; but, rightly developing, it goes on to feel for two or three persons, then for the family, then for the country, and perhaps in time for the whole human race. It is in the idea of the good of all men at all times that the truest moral feeling consists; and the nearer the conception approaches this wide and exalted character, the higher is the moral feeling connected with it. But it is obvious that even the animal desire for the good of one individual not itself, is the beginning of an affection of the mind which in its highest evolution expands into full moral feeling. Here, as elsewhere, we unfold the evidence of a gradual progression.†

It would not be very satisfactory to attempt to define any particular stage in the development of human intelligence, which might be supposed to correspond with the permanent intellectual state of birds, inasmuch as no such definite stage does exist in the most gradual progression; and although the child at one period is not superior to the birds in the actual operation of its faculties, yet we can never justly dissociate from the mental phenomena of the child, however humble they are, the potentiality of an infinitely higher display. The higher type at a low grade of development is for the time on the same level as a lower type which has attained to its full

* Leuret, *op. cit.*, p. 223.

† It might at first seem, that what is above said of the moral feeling is opposed to that which was before said of the nature of emotion; but it is not really so. Man, in the fulfilment of his mission of bringing inward development into correspondence with the complex relations of outward nature, extends the bounds of self till it embraces all humanity; and he then receives pleasure from the idea of that which benefits the whole.

development : but as in the simple forms of animal existence of the palæontological ages there lay the potentiality of the animal life which succeeded them, so in the young well-bred infant there lies the potentiality of a Socrates, a Newton, a Shakespeare, or even of a greater than these.

Those who do care to speculate upon the period in which the developing intelligence of man passes beyond the utmost intelligence of birds, will probably find it in the rapid progress which is made by the child from the particular to the general idea, and from the general to the abstract idea. Not that birds must be supposed incapable of any general idea ; for there seems every probability that those which flee from man on account of the destruction which they have learned that he commits amongst them, and those tame creatures which recognise him joyfully on account of the benefits they receive from him, have a general conception of man apart from any perception of a particular man. And as one individual, made aware of the approach of the enemy or the benefactor, man, may certainly by its cries communicate to others the present danger or the present good, it would appear that birds possess some signs which correspond to a concrete general name amongst men. Still there can be no doubt that their intelligence is chiefly concerned with the simple representative ideas of perception ; ideas which, like those of the young child, are very imperfectly representative of the relations of the objects that excite them ; and that such general ideas as they have, are of the lowest kind, and but one step above the particular. They are the foreshadowings of a process of mental evolution which, by reason of their constitution, can never take place in birds, but which is plainly traceable in man. For he, when very young, advances from the particular to the general, forms ever widening general ideas, and by the power which he has of embodying these in words, makes of them objects for future contemplation, thus creating for himself a new world into which no animal can follow him. From the general he again quickly rises to the abstract, as for instance, from the general idea of a horse to the abstract idea of swiftness, from the general idea of man to the abstract ideas of courage, virtue, and other so-called attributes. So willingly and hastily, indeed, does man advance in this direction, that his ambition runs great danger of overleaping itself, and he is apt to generalise so extensively, that he loses all the elements of the original experience ; and thus, forgetful that the worth of every idea or term depends on the concrete element in it, constructs a philosophy of unmeaning words. It is in this way that, beginning with observation, he by generalization arrives at "physics," but, not content therewith, soon passes onwards through abstractions to the fabrication of his favorite "metaphysics ;" τῶν μετα τὰ φύσικα, as Aristotle expresses it, that which is after physics, and which being so, is as some think, to man living in physics, merely a fiction of the imagination.

(*To be continued.*)

On the Principles and Method of a Practical Science of Mind. In reply to a criticism by Dr. J. S. BUSHNAN. By THOMAS LAYCOCK, M.D., F.R.S.E., &c. &c., Professor of the Practice of Medicine and of Clinical Medicine, and Lecturer on Medical Psychology and Mental Diseases in the University of Edinburgh.

1. *The question propounded.*—The members of the Association under whose auspices the ‘Journal of Mental Science’ is published, having done me the honour to elect me an honorary member of their body, I think I cannot better express my strong sense of the compliment thus paid to me, than by a cordial co-operation with them in their labours for the advancement of mental science. The subject I have ventured with this object to bring under their notice, is one of the highest importance to their professional success; it is to determine how far a mental science in the true meaning of the term science is possible, and capable of practical application to mental pathology, therapeutics and hygiene, and the needs of society in general. For more than twenty-five years, I have carefully studied mental science in these its practical relations, and have from time to time made my views public. My friend Dr. J. S. Bushnan, has questioned the value and validity of those views in the journal, on two recent occasions, with special reference to two of my latest publications.* It appears from his last communication, (‘Journal of Mental Science,’ October, 1861), that he has come to the conclusion that my systematic views elaborated after so much labour and thought, and carefully applied, not only to the practice, but also to the teaching of both the practice of medicine in general, and of psychiatry in particular are, “in no sense practical.” This, to me, startling conclusion, has led me to examine into the mode by which my friend and critic came by the notion, and I find that either he or I must be under a singular misapprehension, both as to what is scientific and practical, and as to how it may be attained. I know of no other method for testing where the error lies, than a comparison of Dr. Bushnan’s principles and method with mine, in reference to the objects for which the journal is established. Now Dr. Bushnan states his doctrine very explicitly at the outset.

“If there be any one feature in our author’s system more striking than another, it is the large extent of generalisation by which it is

* ‘Mind and Brain, or the Correlations of Consciousness and Organization,’ 2 vols., 8vo., 1860; and ‘The Scientific Place and Principles of Medical Psychology.’ “An Address Introductory to a Course of Lectures on Medical Psychology and Mental Diseases,” ‘Edin. Med. Journ.,’ June, 1861.

distinguished; nevertheless what he unceasingly dwells upon, is the improvement he expects to make in practical metaphysics. Now the way to practical improvements, in almost every department is in the opposite direction to generalisation. Thence we assert that proof is required from Dr. Laycock, beyond what he has yet afforded, that a system so characterised by extended generalisation is likely to be at once fruitful in practical results," p. 371.

2. *The uses of generalisations in mental science.*—Dr. Bushnan lays down two propositions here, namely: 1. That the way to practical improvement in almost every department of science and art, is in the opposite direction to generalisation, and 2, that the generalisations in mental science, attempted by me cannot lead, and have not been capable of application, to improvements in practical metaphysics; which term it is clear from the context he uses as synonymous with practical mental science.

Now as to his first proposition, I need hardly say that all our experience of the science contradicts it. I need only state therefore, a few illustrations of its erroneousness. 1. The large generalisations in the science of optics have enabled us to perfect the two greatest and perhaps most essential instruments of modern research, without which certain sciences would be wholly imperfect—the telescope and microscope. 2. The generalisations of Newton as to motion of masses in space upon which not only the whole science of modern astronomy rests, but also the scientific generalisations with their practical applications, included under mechanics, navigation, meteorology, climatology, &c. 3. The generalisations of chemistry and the mechanico-chemical sciences with all their wonderful applications to the arts of life, and which have supplied a new basis to human society. 4. The modern development of medicine (which includes hygiene, or the prevention of disease, as well as the treatment and cure), reached by generalisation in physiology and pathology, which have only been restricted in their applications by the too narrow limits they have included hitherto. In these, and many other instances, the generalisations of science have not only extended our experience of the laws and forces of nature, so as to place them more and more under the control of man, but have also corrected many errors of experience, into which he had fallen as to those laws and forces. So that while useful knowledge has been increased, error has been dispelled. And I think it is a justifiable inference from the history of the past, that if we can attain to generalisations in mental science, as sound and as wide as those of the physical sciences proper, we shall be able to apply them with equal success to the wants of modern society.

3. *The uses of the speculative or scholastic method examined.*—But while Dr. Bushnan's doctrine is thus opposed to all our experience of the uses of generalisations in science, it appears to be wholly contrary to any reasoned view of them. For what, after all, are the

generalisations of science as distinguished from those of experience? They are nothing more than general propositions or principles which embody our knowledge of natural phenomena, but arrived at by methods expressly adapted to secure accuracy of observation and generalisation. The general terms in common use, embody principles drawn from the ordinary experience of mankind, which differ from those of science only in the mode by which they are attained. The inductive method is that by which the principles of science are reached; those of experience are reached by a natural or instinctive process of induction and generalisation. Which then is "the way to practical improvements in the opposite direction to generalisation," that Dr. Bushnan hints is the better way? It can only be one of two things: 1. Either it consists in the exercise of a mere practical tact or dexterity, without a distinct perception or knowledge of general laws or principles—commonly known as the "rule of thumb,"—which science enlightens; or 2. It is to be found in the inductive or *à priori* method by which principles are reached by means of logic instead of observation and research. As this is the method in common use amongst metaphysicians and psychologists of the old school, which Dr. Bushnan follows, I infer that this is the way to practical improvements, he would recommend us to follow. Now to avoid the invidiousness of a reference to living metaphysicians, I would refer Dr. Bushnan to the greatest of the ancients for a warning example of the kind of knowledge to which such a method leads when applied to mental science; he will find it in the *Timæus*. I have given an analysis of the conclusions so reached *à priori* in my work, and ventured to say without the slightest fear of contradiction, that Plato's doctrine of the relations of body and mind, and of life in general, is nothing better than a teleological superstition, which would discredit any modern European man or woman, of ordinary education and intelligence.*

The deductive method may be nevertheless of use, and it is now admitted to be valuable in combination with the inductive. When by induction we have reached a true general principle or law, we can then apply it deductively or speculatively, to the elucidation of other phenomena, or as a guide to new observations and higher inductions. But then observations and practical testings, must still go hand-in-hand with speculation. These are the principles and the methods I have adopted, and I may be permitted to say that both have been comprehended and appreciated by a competent critic.†

* 'Mind and Brain,' vol. i, p. 213, § 94.

† "It will be seen in short, that in his [Dr. Laycock's] praiseworthy attempt to place the science of mind on a firmer basis, his chief efforts are directed to show that it must be cultivated by the same inductive method that we pursue in other branches of science, and in accordance with this principle to extend the sphere of observation and the means of accumulating available facts. . * * * And these two things—observation and plain sense—are precisely what psychology at

The questions selected by Dr. Bushnan for examination, and the discussion of which leads him to the conclusion that my system "is in no sense practical," illustrate well the speculative influence of the old psychology on his mind. On my title-page, I state that my work contains "The correlations of consciousness and organization, with their applications to philosophy, zoology, physiology, mental pathology, and the practice of medicine." Dr. Bushnan had therefore an abundant choice of practical departments from which to select test questions; he limits himself however to the department of philosophy, and even selects the most speculative questions of that department. They are as follows:

1st. The doctrine of the "personality of the supreme power," or the nature of God as a being.

2nd. The notion "that there are instinctive beliefs in the progress of the development of man's mental operations."

3rd. What are the sources of our knowledge, and how far are truths and ideas necessary and intuitive? Also, what is the meaning of the word *necessary*?

4th. Whether the study of my system transcends that of the old system, as a means of mental discipline and education.

Having discussed these questions, Dr. Bushnan concludes my system is, in "no sense" practical; a conclusion not very obviously warranted by the premises, even granting he had perfectly proved, that as to every question raised, my system was a failure.

4. *The proper limits of mental science.*—Before I discuss the main problem, how far mental science cultivated in the way I both recommend and practise, can be applied to the practical objects of the psychiatrist, I will dispose of two of these four questions, because they indicate the limits of the uses of mental science. As to the first, I will admit that my chapter on "Mind considered as the first Cause" may to a certain extent, excuse the discussion of it as a branch of practical metaphysics, but I must also be permitted to add here, what I have expressly laid down there, that "the nature of the Deity, as the Creator and Governor of the World," is not within the scope of scientific investigation. My object, indeed, in that chapter, was to limit scientific inquiry in that direction, and at the same time, to guide speculation. A scientific investigation of the nature of the Deity by the method of observation and induction, is for obvious reasons, impossible.

A second point raised by Dr. Bushnan, is almost equally foreign to my system, and is expressed thus:

"This much we cannot but say, that the debate in the old manner of metaphysicians respecting the claims of these [certain stated] propositions to be intuitive or instinctive truths, has proved one of present chiefly needs. Of reasoning, we have already had enough to drive us mad." Review of "Mind and Brain," 'Saturday Review,' August 31, 1816.

the most useful exercises ever introduced for the enlargement and strengthening of the human understanding. And this we must be allowed to add, is one of the chief uses of metaphysical studies as a preparation for those practical departments of life, in which the more refined kinds of analyses are required. It will not then, be unreasonable to require, before we consent to Dr. Laycock's method being allowed to supersede the old system, that he shall prove, not only that that method is equally conducive with the old, to the advancement of the human mind, but that it is equally suited for that kind of exercise of the mental faculties to which we have referred." pp. 377-78.

And again Dr. Bushnan, with the same convictions, observes,—

"A principal use of a course of metaphysics to a student, whether his destination be to medicine, law, or divinity, is to enable him to understand the sense in which certain words are commonly used when his professional pursuits carry him into disquisitions nearly bordering on the *metaphysical*. How would such a student fare, who had applied himself, however diligently, to Dr. Laycock's work but to none other. We fear," &c., p. 386.

Dr. Bushnan is a little unreasonable here, but I affirm the student would learn from the express teaching of my work, that a training in sound logic and metaphysics, is essential to the successful study of mental science; nevertheless, he would also learn from the quoted words of Kant, given therein, the "safe and useful warning that general logic, considered as an *organon*, must always be a logic of illusion; and, that any attempt to use it, as an instrument in order to extend and enlarge the range of our knowledge, must end in prating; any one being able to maintain or oppose with some appearance of truth any single assertion whatever."* And the student would specially learn, further, that so far from the study of metaphysics necessarily enabling him to understand the sense in which certain words are commonly used, it is a great truth of experience that the ambiguities of metaphysical terms are proverbial, have been recognised as amongst the chief causes of that chaotic state of mental philosophy, both acknowledged and lamented by Reid, Kant, Ferrier, Mill, Fraser, and others, and have been vigorously denounced as such, by such leading metaphysicians as Locke, Reid, Kant, Hamilton, and Ferrier. All this I have amply established on the evidence of these distinguished men.† I therefore feel authorised to question the accuracy of Dr. Bushnan's premiss. On the other hand I am prepared to maintain (if that were necessary) that the study of any true science whatever, whether it belong to the group of pure or of mixed sciences, will have the effect attributed by Dr. Bushnan to the study of metaphysics, which by the bye, he evidently confounds

* 'Mind and Brain,' vol. i, p. 4.

† Ibid., vol. i, ch. 3.

with the study of logic. Oxford and Cambridge have in fact introduced the modern natural sciences into the range of University studies, with this express object. I may, perhaps, be allowed to add further, that Dr. Bushnan has expressed an opinion adverse to my work in this respect, which is not confirmed by the judgment of other critics.*

5. *Practical metaphysics defined.*—Having thus confuted the two preliminary objections, I will now proceed to examine the main question, but let us in the first instance clearly determine what a practical mental science includes; as to this point, we can accept Dr. Bushnan's definition, who observes—

“What are practical metaphysics? What but a knowledge of the ordinary faculties of the mind, of the general laws under which these faculties operate, and of the modifications which these laws are apt to undergo in individuals; what but a knowledge of the appetites, desires, benevolent and malevolent affections of our human nature, of self love, of moral judgment and obligation, and of the circumstances under which these are exalted, confirmed, or subverted.” (p. 386). In accepting this definition, I must observe that I admit of no limitations. A knowledge of the *ordinary* faculties, includes with me a knowledge of the *extraordinary*, if there be any: because a true notion of a mental science rigorously demands this. By general laws, I mean *all* the general laws; and by *modifications* I mean *every kind* of modification. So also with a knowledge of the appetites, desires &c., and the “circumstances” which exalt, confirm, or subvert them, I allow of no exceptions as to particular states of consciousness, and the term circumstance comprise everything whatever which operates to modify. In short, the science must be complete in its scope.

6. *The applications of some fundamental principles to method.*—Such then being the true sphere of mental science, my first principle as stated in the introductory lecture to which Dr. Bushnan refers, but never quotes,† is, that the business of medical psychology considered as a practical mental science is with “living man, that is, as he exists on earth, and not as a disembodied soul, or as speaking, willing, or feeling, independently of organization.” It is, I affirm, only in reference to the living man, that we can attain to the knowledge and laws which Dr. Bushnan indicates as constituting practical metaphysics. Now this is a principle in a practical system of mental

* Thus a gentleman who is well-known for his philosophical tone of thought, and who is as well versed in the philosophy of Plato, as any man living, observes “Dr. Laycock has prefixed to his work a *Dissertation on Method*, very luminous and complete, which might stand as an admirable book of itself in a treatise of general logic.” (Review of “Mind and Brain,” in ‘London Review,’ July, 1860.) If need were, I could add other similar opinions.

† “The Scientific Place and Principles of Medical Psychology,” ‘Edin. Med. Journal,’ June, 1861.

science of fundamental importance, not only for what it comprises but for what it excludes. While, without it, no system whatever can be practical, it excludes all those delusive or unpractical speculations, which deal with the Divinity, angels, immaterial principles, Egos, souls, spirits, and spiritual agencies in general, in entire neglect of organic forces and laws. On the contrary, it insists that man's mental states must be examined in relation to his vital states; and it maintains that all those circumstances which exalt, confirm, or subvert the appetites, desires, moral sentiments, and judgment, are not found to arise *exclusively* from external things, or the relations of man to external things, (as in ordinary metaphysics) but that they are resolved ultimately into changes in his vital states. Now it is an accurate knowledge of these latter changes in their relations to morbid changes in the consciousness of whatever kind, that can constitute the only solid foundation for practice in mental pathology, therapeutics and hygiene, to those who believe that the two classes of changes are in inseparable relation to each other in all mental states, or even in any group or groups of faculties, desires, appetites, or emotions. Dr. Bushman may say that this is physiological psychology, or mental physiology, and if the question raised, was as to the classification of the departments into which mental science may be divided, I should not differ with him as to the name; but if he excludes it because of the name, altogether from mental science or practical metaphysics, then I object that he thereby evades his own definition and adopts the old scholastic system. That system has had a trial in one shape or another, for many ages, and the results of the trial have proved to the entire satisfaction of practical men, that the practical objects we have already marked out as the objects of a true science of mind are not attainable by it. I think I may safely assert that no superintendent of an asylum could deduce the practical principles of mental pathology, therapeutics, and hygiene, and establish rules for the prevention or cure of mental disorder by the most careful study of Plato, Locke, Kant, Reid, Hamilton, or even the Mills. I need hardly say that if we agree in the meaning of the word circumstance this capability of a practical application to mental pathology and therapeutics, is a sufficient test of a professedly practical system of mental science or metaphysics, whatever may be its foundation.

My second proposition is, that the object of a practical mental science is living man "*in all states of consciousness whatever.*" And this is founded upon the fundamental principle of the science, "that consciousness is one, whatever the conscious state may be, or however caused."* I do not admit, with Dr. Bushman, that there is one kind of consciousness of dreaming and another of waking, one of childhood and another of manhood, one of healthy mental action

* My Address, op. cit.

and another of unhealthy, one of the appetites, another of the passions, another of the reason; and that each of these has its knowledges and laws, as objects of scientific investigation, in entire independence of the other. That is the principle of the scholastic metaphysics, which avowedly considers these various states of consciousness piecemeal, with what result we psychiatrists know well. The method is very much like that a mechanician would adopt, who, wishing to be practical and know the structure and functions of a watch, examined each portion separately, without regard to its connexion with the other. This unity of all conscious states, and the need of investigating them as a whole, is very well illustrated in the nudifying, fœcivorous, destructive maniac, in whom, under circumstances demonstratively corporeal, the appetites, desires, affections, moral sense, and judgment, are all either exalted, perverted, or subverted.

It is quite true, as doubtless Dr. Bushnan will be ready to allege, that this physiological side of the inquiry is now very generally recognised by metaphysicians; the question, however, is not as to its recognition, but as to how far it has been made available by them in developing a system of practical metaphysics. As to this point, we find—1. That one class divides the states of human consciousness into mental and corporeal, as if they were not all both mental and corporeal; and then insists that they must be examined apart from each other. The physiologist, they say, must do his business, and leave the metaphysician to do his, who reciprocates the proceeding by ignoring the work of the physiologist. 2. Or, admitting fully the necessity of the conjoint inquiry, they deny the practicability of it; and omitting it wholly, proceed to establish a speculative system, of no practical value, except in so far as it contains the results of the experience and common sense of mankind. 3. Another class restricts the inquiry to man in a certain stage of development of the faculties. Thus Dr. Bushnan, examining into the origin of our intuitions and instinctive beliefs, thinks those of childhood should be omitted. He remarks: "It seems manifest, however, that the proper rule in the old system of psychology is, to take evidence solely from consciousness in the mature state of the mental faculties, and to regard, at least, all inferences from what must have occurred in childhood as belonging not to the metaphysical, but to the physiological side of the inquiry—that is, to the investigation by observation and experience." (p. 375).

Now I think a moment's reflection will convince Dr. Bushnan that this proposed method of his can never establish a system of practical metaphysics. Setting aside the obvious defect that it excludes "investigation by observation and experience," it takes no note of the mental phenomena of childhood and old age. How then

can a system so developed have any practical bearing on the education and mental hygiene of youth any more than on the cure and relief of mental disorder and weakness? Doubtless my critic is in all this true to the principles of his method, which restricts even the sphere of speculation, while it is confessedly opposed to induction and generalisation; but then he is faithless to his definition of practical metaphysics, even in the most limited sense.

Perhaps Dr. Bushnan does not mean seriously to insist that, while in every other branch of science a basis for wider generalisations is sought in a wider field of inquiry, this old restrictive method will be allowed to be the best for the development of mental science. If he do, however (as his words imply), then I take the opposite side, and maintain that mental science can only be advanced by the same method of wider generalisation from a broader field of inquiry, and that if the metaphysician will restrict his researches to man, he must at least take man as a whole. But even a science of mind established on such wider basis as the whole of human nature, would be wholly insufficient for the practical purposes we have set forth, if it were limited to that absolutely. Man is endowed with consciousness in common with other vertebrate animals; nor as to the higher of the group are even his intellectual faculties different in kind.* Hence, there is a comparative mental science, just as there is a comparative physiology, practically available to the training and hygiene of domestic animals on the one hand, and on the other to the generalisations of human mental science. Doubtless Dr. Bushnan will say, and very truly, that he includes this in his "metaphysical psychology," under the term "eneo-psychology;" but he will not affirm that it is a part of it in the same sense, and with the same results, as comparative physiology is a part of general or human physiology. On the contrary, the Cartesians denied that the lower animals had any consciousness at all; they were, according to that speculative system of metaphysics, insentient machines.† Probably a comparative psychology, thus used, will throw more light on the true nature of many forms of insanity, imbecility, and idiotcy, than any other extension of the inquiry, because so many of them are really degradations of the man in the direction of lower creatures.

There is, however, another important aspect of the question. When once the practical principle is admitted, that conscious states must be examined in their relation with vital conditions, on the ground that human thought is inseparable on earth from life, the inquiry must consist in a conjoined observation of the two in all organisms endowed with consciousness, however simple. Now, while we have comparatively no difficulty in noting the order of suc-

* Reid, Hamilton, and Mill, in 'Mind and Brain,' vol. i, p. 71.

† See the evidence of this, and of the practical neglect, by Reid, and others, of comparative psychology, in 'Mind and Brain,' vol. i, p. 67.

cession of our own mental states, we cannot penetrate into the consciousness of lower animals—we can only conclude, in fact, as to the nature of their actions by a fallacious method of drawing analogies which has led to fundamental errors in the hands of careless or incompetent inquirers. We find that we perform certain acts leading to certain ends consciously, *i. e.*, with feeling, or desire, or will; and we infer that when lower animals perform similar acts they are in similar conscious states. But the whole doctrine of reflex action (extended by me from the spinal cord and medulla oblongata to the encephalic ganglia on the one hand, and to the sympathetic ganglia and tissues of plants and animals devoid of nervous system, on the other), proves that these and multitudes of similarly adapted actions either probably or actually take place without consciousness. Hence the data of consciousness are only immediately available to the inquirer, as to our own actions, or to those of the lower animals most closely allied to us; so that some naturalists have doubted whether insects feel. But we can compare the *adapted* acts of lower organisms, whether plant or animal, with our own consciously adapted acts, and then we can compare the vital changes under which these latter occur with the corresponding states of consciousness in us, because they are presented as immediately to our inner sense as external objects are to our outer sense. Now this process, the insuperable difficulty of the old school, which despairs of ever proving any connexion between states of consciousness and vital changes, becomes the best available starting-point for inquiries in mental science, for we observe what are the ends attained by living things, and formularise the order of attainment as a law, and then compare the ends we attain with these and with the laws of succession of our own consciousness which coincide with them. We thus develop a method which enables us to combine biological with mental laws, and so not only include plants and animals in our inquiry, but extend our generalisations to the relations of all living tissues, whether nerve or not; finally arriving at the most general laws of the vital forces in their relations with the teleological phenomena of organisms. These general laws are the first principles of a mental source to be used deductively. Dr. Bushman will find this method not only carefully marked out in my work, but systematically developed and applied so as to illustrate specially the nature and laws of the appetites and desires of man, and the circumstances which modify them.* These, then, are the reasons why I conclude a wider generalisation than the old psychology affords or attempts is necessary to the development of a practical mental science, and the proofs of its uses.

* 'Mind and Brain,' part v, vol. ii, chaps. iv to xi inclusive.

7. *The generalisation of a directive or teleological force applied.*—What we will now ask is the most fundamental or general principle of a mental science, cultivated after this method? this, that there is a directive force or power universally operative in creation, in virtue of which, mechanical force is transmitted and made active to ends (*vis viva*), according to a law of design. It is in virtue of this directive force, that living things display all those various adaptations to ends, whether consciously or unconsciously, which are essential to our notion of life, and without which there would be no life; and it is on the same force operating according to biological laws in the development and functional activity of the encephalon, that man's mental phenomena depend. Dr. Bushnan has given a lucid and able summary of the arguments in favour of this my first general principle, and admits their validity as to organic nature. He states, however, that additional evidence is required to prove that mind in the sense of an agent or force, ever adjusting means to ends, determines the arrangements of the physical universe. The uniformity and stability of these arrangements constitute the strongest proofs it is possible to adduce, of design, so that "an undevout astronomer is mad," has become a proverb. Hence Sir Isaac Newton observes, "*Tam miram uniformitatem in planetarum systemate necessario fatendum est intelligentia et consilio fuisse affectam.*" La Place's profound mathematical calculations as to the adaptation of these arrangements to secure stability have supplied a kind of proof, which ought to be at least as convincing as the argument of Newton. He has shewn as to this stability that while the probability of the sun's rising again on the morrow of any given day is more than one million eight hundred thousand to one, it is above two million times more probable than this, that the motions in our system were designed by one first cause, or above four millions to one. If Dr. Bushnan can, however, direct me to any method by which stronger proof can be reached, I shall be grateful; but I confess I do not conceive it possible to arrive at evidence more complete or conclusive. It is true a certain physiological school rejects this and all other evidence of design whether in organic or inorganic nature, but that cannot be helped. And it is certain that by so doing, they render any true mental science impossible, for they must of necessity exclude from their system, a consideration of the fundamental phenomena of human consciousness; as for example, the intuitions of designing and of acting to the attainment of ends. Nor do I see in their system, any room for even the sensational phenomena of human nature. Now I advance in favour of my fundamental doctrine, that all the phenomena of created things can be brought under it.

There are some bearings of this principle, however, as to which explanation is necessary. The critic of the Saturday Review already referred to considers my directive force to be essentially the same as

the *anima* of Stahl's system ; yet I have no where in my work discussed, the soul or its nature, but on the contrary, expressly repudiated any such procedure as unscientific. I always speak of the man ; and my sole object is man, as he exists on earth. Mind in the abstract, is not considered to be a personal entity, such as it renders man, but an ordering force as universal as the force of gravity. And just as the latter is the immediate cause of planetary motions, so this directive force is the immediate cause of all those adjustments of the operation of the motor forces of the universe, which strike us so forcibly, whether they be mechanical, mechanico-chemical, (heat, light, electricity, &c.,) chemical, or vital forces. As an illustration of my doctrine, let me take the formation of the blubber or layer of fatty matter found in the whale, and other hot-blooded animals of the Arctic Ocean. The metaphysical or speculative teleologist would explain the deposit by the doctrine of final causes, and would argue that the fat is deposited in virtue of the will of the Creator, whose object is that these hot-blooded animals shall be able to exist in these cold regions, and who has to that end provided that their bodies shall be protected by a warm or non-conducting material. If, however, he be a Stahlian, he will substitute the *anima* for the Creator as the immediate or proximate cause of the deposit. In either case, the theory will be strengthened by the fact that downy and woolly coverings are supplied to Arctic *land* animals, under analogous circumstances ; while in hot countries on the contrary, the body is bare, or the wool changes to thin hair. Now while I recognise the end, I say that like all other ends in living things, it is attained by the mutual operation to certain results, of physical and vital forces. The vital forces upon which the subcutaneous deposit of fat depends, are so modified by the low temperature of the air or water, in which they are placed that carbonaceous products result from their action in the form of oil, hair, and feathers ; and whenever from any other cause, the vital forces are modified in the same way, (as in disease) the same result will take place. In like manner, a lower temperature not only predisposes to fat deposit, but to torpor of the nervous system in certain animals, or hybernation. Perhaps one of the most striking examples of this self-adjusting operation of the teleological force, is in the supply of food to London. No personal direction of a public officer or board of officials could undertake the production and supply to its 3,000,000 inhabitants of their daily food, and whatever is necessary to their comfort and happiness, without the greatest risk of failure and at incalculable labour ; yet so admirable are the self-adjustments of that great social mass in virtue of those social forces, which (according to my system), are the derivatives of the teleological force, that all goes on as regularly as the movements of the planetary system, or the functions of individual organisms. But the planetary

system is equally maintained by a similar series of self-adjustments; while these have been so clearly manifested in animals and plants, as to have originated the medical theory of a *vis medicatrix* and *conservatrix*. That a knowledge of them and of the laws by which they are brought about, is necessary to a rational system of practice of medicine is so obvious, that the tendency of safe modern practice as it was of the ancient, is to guide rather than disturb the natural processes. Another illustration of this kind is afforded by what has been termed the balance of animated nature, in which there are such adjustments as to the reproduction and destruction of animals and plants of various genera and species, and such a supply of what is necessary to continued and healthy existence secured, that a stable and harmonious whole results. Of late years, this principle has been applied to legislation, and the old meddling interference with the self-adjusting forces of society deprecated, like meddling physic; because their free operation judiciously guided, has been found to be the surest guarantee for national health and stability. I mention these illustrations as constituting the most decisive proofs of both the truth and practical value, (which must go together) of my general principle. Just as the law of gravity applies equally to a grain of sand as to the countless masses of the universe, so this general law upon which I rest my system of mental science, applies equally to the needs of an infusorial animalcule, as of civilized society, and regulates the adjustments of the universe as surely as those of the smallest organism.

There is one other point to be borne in mind as to this law (and which is obviously suggested by the preceding considerations), viz., that the forces of nature acting thus under the influence of a law of design or directing force, do not attain one end exclusively by any one series of changes, but many. Thus for example, the deposit of fat in arctic marine animals probably subserves other purposes in the economy, and so maintains them in life and in health, than that obvious one of keeping the body at a temperature of 96°-100° Fahr. These purposes must be ascertained by experiment and observation; *à priori* speculation can only develop theories at the best, to be confirmed by research before they can be accepted as a true statement of facts. In other words, before we can say what ends are attained, they must be *discovered*.

This teleioteic or directive force being thus in my system, the proximate cause of the vital or teleorganic changes which go on in the encephalon, (as the organ of consciousness) in common with all other living tissues, it is necessary to determine its general laws and their modifications, accordingly as various functions are required to be performed by either the encephalic or other tissues. Now the first law is that of incessant change in the tissue; no change whatever arises in the consciousness, without a corresponding change or series

of changes, in the encephalon. Ceaseless change is the law of mental life, as it is of life simply, or of the whole creation. But these changes are due to motive forces which are supplied to the encephalon, and which operate for the attainment of ends according to certain fixed laws, termed vital or physiological. The supply of them to the encephalon, implies a means and method of continuous supply, otherwise the changes would cease. These means are the blood-making, blood-transmitting organs, which again imply other organs, for the supply of material to them, and these again others, so that the incessant changes on which life and thought depend, require a system of organs or things acting in harmonious relation to each other, so that the one result is attained. This system is, in man, the *person* or *individual*, the end thus attained is the *union* of many things into a harmonious whole, and the *law*, is the law of unity. Hence the law of unity, is the first or fundamental law of life. What then, we now inquire, is the correlative and equally fundamental law of consciousness? The correlative of this primary biological law, is the equally primary mental law, the intuition of *being* one; the "Ego" or "I" of the metaphysician. Now this intuition is not so simple in an act of thought, as it is in feeling; nor is it identical with the intuition of personal identity. In its simplest, *i. e.*, its sensational form, it is strictly to be limited to the Present; but in thought, the Present instantly yields to the To-come, and thereby becomes the Past; now the intuition of personal identity includes not only that of being one in time present, but that of having been the same one in time past, and of to-be the same, in time to-come.

These fundamental intuitions are worthy of the most careful study of the practitioner, whether as a specialist or generally, for there are hardly any morbid mental states in which they are not modified more or less, being either exalted, subverted or perverted. Hallucinations as to personal identity, are highly characteristic of all forms of dreaming, delirium, and maniacal raving; and of several forms of melancholia and monomania. Varieties of double, triple, and alternating consciousness, are also common in various morbid states of the encephalon. It is not difficult to explain the majority of these. The encephalon is a double organ, and when one half is exclusively morbid, or more morbid than the other, if both be affected, we have very much the same kind of condition of the whole organ of consciousness, as we have of that portion of it which subserves to vision, when the phenomena of double vision are manifested.

These principles bear mainly upon our sources of knowledge, but the same laws explain the relations of feeling, desire, emotion, and effort or will, to fundamental biological laws. In the address already referred to, I observe,—

“ But let us inquire, to what fundamental biological law, can we

refer pain, and pleasure, and desire? We discover, when observing the functional activity of living organs, that if their machinery works perfectly, there is no pain experienced; but usually, on the contrary, a sense of pleasurable enjoyment of life. But if their functions be disordered, then suffering and disease arise. Now, it is for the exercise of these functions, that, according to physiology, they are constructed, and undergo never-ceasing change, or in other words, they are both formed and act for certain ends; we, therefore, formularise the results of our experience and observation, and say that pleasure arises when the results of the operation of the vital forces accord with the ends aimed at; pain is felt when the results are imperfectly attained, or not attained at all. As to desire, it is felt when the man seeks after these ends; or in other words, is that state of consciousness which accompanies the effort of the organism to attain to the ends for which it is constructed, in whole or in part. The state of the consciousness which coincides with the effort or act of energy, is what Sir W. Hamilton terms a 'conation' and is that which is commonly known as an act of the will. But the 'conation' may be without a knowledge of the ends, or of the means for their attainment, in which case it is instinct; or there may be full knowledge of both, when it is reason. Between these two extremes there is every conceivable degree of knowledge and desire."*

Now Dr. Bushnan will discover after a very brief consideration and inquiry, that these principles include not only a knowledge of the appetites, desires, sentiments, emotions, passions, and will, in a psychological sense, but also a knowledge of these states of consciousness in their relations to the structure and functions of the encephalon. But this is not all; the encephalon is not other than living tissue; its development, construction, and functional activity, are consequently in accordance with those vital laws which are common to all living tissues. If, therefore, you discover what those laws are as to other tissues than the encephalic, you discover also those of the encephalic, and *vice versâ*. For illustrations of the manner in which these fundamental principles of my system are made practically available to mental pathology, I must again refer Dr. Bushnan to my published work, as to state them here, however briefly, would be impossible, they are so numerous.†

To the psychiatrician, the modifications of the consciousness as to self, in reference to the desires are of fundamental importance, because of the general fact, that some form or other of self-ness (to coin a word distinct in meaning from selfishness) is a predominant characteristic of almost all forms of mental derangement, and selfishness, and self-seeking are so common, and so strongly exhibited, that a

* 'Edin. Med. Journ.,' June, 1861.

† 'Mind and Brain,' vol. ii, part v, "Mental Physiology;" part vi, "Mental Organology."

community of insane persons is a very sorrowful sight, morally. If Dr. Bushnan had selected any one of the appetites or desires which I have discussed, both as to their psychology, physiology, and pathology, and examined whether my practical applications of the principles I have developed, were of any value, I could have conceded his right to express so decided an opinion as to their practical merits; but this he has wholly neglected, although any one of the leading appetites would have afforded him a suitable subject.

8. *The nature and origin of experience practically discussed.*—The principles I have set forth and illustrated sufficiently show how in my system intuitions and instinctive beliefs arise. It would be a useless labour to follow Dr. Bushnan through his devious criticism of these—if criticism it can be rightly termed; but there is one subject mooted by him, which he discusses according to the old *à priori* method, of so great practical importance, that I shall notice it,—namely, the nature and origin of knowledge as experience. The practical bearings of such a question are both numerous and important. The alienist, who has to deal with the delusions and hallucinations of the insane, will be interested in the laws of morbid perception and thought which such a topic would explain; the physiologist would find in them a solution of the laws of dreaming; the physician an explanation of various forms of delirium, and of the *modus operandi* of drugs, like haschisch and belladonna, which excite hallucinations of so varied a character; and would also expect to be taught how the curious psychal phenomena of hallucinations and delusions arise in the electro-biologized, mesmerized, &c. These, and other questions of a practical character, involved in the questions mooted by Dr. Bushnan, should have been discussed by him as elucidated by my system, before he had given his verdict that it is “in no sense practical.” Now the fundamental proposition with me as to all our knowledge is, that “consciousness itself is experience—an experience of the vital changes in or by which we feel, think, and know.”* Here is a plain, distinct, general law, applicable to all modes of feeling, thought, and knowledge; but Dr. Bushnan only discusses it to introduce a desultory series of arguments ranging over a variety of highly speculative topics developed according to the old speculative method, and without, of course, the slightest practical result. The only statement of facts which I can get hold of, in the mist, is the following quotation from Mr. J. S. Mill’s ‘Logic,’ and of which Dr. Bushnan seems to approve, as explaining the mode in which we attain to experience or a knowledge of things.

“Whatever is known to us by consciousness is known beyond possibility of question. What one sees or feels, whether bodily or mentally, one cannot but be sure that one sees or feels. No science is required for the purpose of establishing such truths, no rules of

* ‘Mind and Brain,’ vol. ii, p. 81, § 447; and also vol. i, p. 290, § 167.

art can render our knowledge of them more certain than it is in itself. There is no logic for this portion of our knowledge."

The first sentence, "whatever is known to us by consciousness is known beyond the possibility of question" is a generalisation of our experience of consciousness in regard to knowledge, and the remainder of the paragraph is an amplification of the generalisation. It is not said that if we are conscious we must *believe* we are conscious; no one doubts this necessity of *belief*; but the proposition is, that whatever we necessarily *believe* to be seen is truly seen — or whatever is *known* immediately to our consciousness, is *known* to us beyond the possibility of question. It is plainly just the common generalisation of experience, that in acquiring knowledge a man is bound to take the evidence of his senses. Let us apply the generalisation, however, as it stands to the hallucinations of the insane. These are known by consciousness exclusively, and in no other way, of whatever kind they may be. They may be of subjective origin, that is, be dependent wholly upon morbid encephalic changes, or they may be partly objective, that is, the impressions of an object may be the exciting causes of the internal changes upon which the hallucinations depend, yet the object itself appears to be something else—is so transformed as to be presented to the consciousness as a thing wholly different. In any case the individual may either accept or question the data of consciousness as to "what he sees or feels, bodily or mentally;" not unfrequently, in the early stage of the mental disease they are questioned—are known to be false or impossible. It is only as the disease advances that he at last ceases to doubt them, and eventually affirms that what is so known to him by consciousness must be beyond the possibility of question. Of course the pure logician, inexperienced in such cases, thinks he will make short work of the patient's hallucinations, and immediately bombards him with a series of the most unanswerable syllogisms; but the hallucinated pooh-pools them all with, "There is no logic for this portion of my knowledge; I am sure of what I see and feel and know." Now what practical end does the old *à priori* method serve in cases of this kind? Doubtless the bystander will be enabled thereby to prove that the data of this man's consciousness are erroneous, or absurdly contrary to facts and the order of nature, but that is a poor practical result of a large system, for common sense will do all that. As for the cure of these hallucinations, or any principle to help us therein, it tells nothing.

But there is a much more important question than this to be considered. Many persons have hallucinations as to their experience of what they have felt and seen which differ from those of the insane in the important circumstance that they are *not* absurd, fantastic, or opposed to our experience of the order of nature. As to such, it is to be carefully observed that they do not carry with them their own contradiction; they can only be proved to be erroneous by witnesses. Now when such hallucinations are presented as evidence in courts of

law in support, *e.g.*, of a prosecution for adultery, robbery, or murder (and the frequency of such an occurrence is certainly greater than the recorded cases seem to imply), the question is too serious to be left for solution to vague speculation. We want precise information as to the morbid conditions of the encephalon under which such hallucinations arise, so that the probability of their being given by a witness as evidence of facts may be estimated. Now it is generally found that the less the hallucinations diverge from the ordinary course of nature the more difficult it is to detect their true character, or discover the morbid conditions on which they depend. Does the old method help us here?

Dr. Bushnan will doubtless object in common with his school, that this kind of doctrine is subversive of all knowledge and all belief. He will ask if a man cannot believe his own senses and his own consciousness, what is there left for him to trust to? Such, indeed, is the argument of every mysticist. In all the voluminous writings of the spiritualists, we are clamorously called upon to admit that the illusions, hallucinations, and delusions upon which their doctrines rest, are facts, because testified in this manner. Indeed, there is no kind of experience, the truths of which are not more or less vitiated in this way. The religious experiences in particular, of every sect abound with such facts; nor is science exempt from these errors. For many ages, astronomical science was based upon certain visual illusions, the chief of which is the apparent motion of the sun round the earth, and which was a part of the creed of christendom until within the last three centuries. Now science recognising the imperfections of man's nature in this respect is essentially sceptical. It thus teaches him the first lesson of all greatness, namely humility, and enables him to bow to the majesty of facts.

What then is the scientific method of deducing the amount of truth contained in our intuitions? Let us take for inquiry, the most fundamental intuition of all, namely that by which we know we are one, and one and the same. According to my principle, every intuitive act of thought has its correlative vital or biological law. We have already seen that the correlative vital law of the intuition of mental unity—the ego—is the physiological or vital unity of the body, as determined by observation; now it is in the agreement of the two laws or generalisations that we have the proof of the truth of both. This unity of the body has certainly been denied, (by Virchow, I think amongst others), but the exceptional instances brought forward do not destroy the generalisation as to a *concrete* ego, any more than the intuition of a duplex consciousness in certain morbid states, or in dreaming, falsifies the intuition upon which the metaphysician builds his doctrine of an immaterial ego. The whole of organic life is in fact so much an illustration of the law that an organism can only be defined on the basis that it is one thing. It is very true,

there are what may be termed communistic organisms;* but as a town or a nation is not less one because constituted of many houses or individuals, so these are not less one because constituted of several or many individuals. It is only a question of more or less unity. Besides, if we pass from this law of unity in organic phenomena to its manifestation in the inorganic, we find it still operative, and learn that the same force upon which as manifested vitally, our intuition of being one depends, binds the universe into one harmonious whole. Hence the intuition has the highest scientific proof possible, and may therefore be admitted without question.

The truth of the intuition that we are always one and the same, (intuition of personal identity), may be established in like manner. The various parts of which a whole is made up mutually act upon each other in virtue of the teleological force, so that the result is stability, or continuance of the whole as a unit in space and time. In organic things, this continuance is termed duration of life. Now the intuition of personal identity is the correlative of this result of the vital forces operating to that end. But like that self-consciousness, it is not a simple intuition, but is a result of a comparison of an intuition of the What-is, with an intuition of the What-has-been. If a grocer is firmly convinced he is the pope, he has in his own consciousness the strongest proof of the fact; but then his consciousness is in error, because from a certain morbid condition of the encephalon, the intuition of What-has-been is wholly erroneous. Otherwise he would detect the error.

Now I wish to state as emphatically as it is possible, that in all this, I do not question the value of experience in the attainment of knowledge; the intuitions in question are in fact the results of the experience of mankind. What I wish to shew is the true nature of experience, and how both healthy and morbid vital conditions may influence the knowledge thus attained. There are, indeed, multitudes of truths which the experience of mankind has attained to exclusively, and which constitute in fact, the largest portion of human knowledge. These as I have shewn are the best, if not the only starting points for scientific investigation, and consequently that a scientific inquiry must begin with the results of experience. All this I have most expressly laid down most carefully, as well as acted on in my work; † and the more so, because of the imperfect meaning attached to the word by the speculative school, and which has evidently so influenced Dr. Bushnan that he has been unable even to understand my views. The source of all this error and misapprehension is in the simple fact that in their systems, the old meta-

* 'Mind and Brain,' vol. ii, p. 25, "Compound Consciousness."

† Ibid., vol. i, p. 89, seq.; *e. g.*, I say "the principles of a practical philosophy must not only be deduced from man's experience, but, conversely, be tested by experience."

physicians take no note of those vital changes, which at least necessarily coincide with and, as I maintain, necessarily correlate all states of consciousness; and consequently they could not apply the term to them, as things of which a man has experience. When, therefore, I concede Mr. Mill's proposition, that even our ideas of number are due to experience, I expressly explain the sense in which I use the term. My words are "If we apply the fundamental law of all cognition to an elucidation of this question, we cannot but see that in the widest sense of the term, all truths whatever, must be truths of experience; for consciousness itself is but an experience of the vital changes within us. We do not even *know* that we exist as one, out of relation to something else. Now a knowledge of that relation implies an anterior cognition of self and not-self, which cognition can only be the results of the teleiotic or teleorganic changes, going on within us to that end. Mr. Mill, therefore, [it is conceded] has rightly attributed, even our ideas of number to experience, *if the term be used in the sense here indicated.*"*

9. *Conclusions as to the importance of method in mental science.*—It is not of much practical moment to point out various minor mistakes and misapprehensions into which Dr. Bushman has fallen in his criticism; they are all traceable to the same cause as the larger defects I have noted; namely a wholly defective method. Now this is a point of very cardinal importance to those officers of asylums who desire to use the large and valuable field of observation and research of which they are in possession, in virtue of their important office, for the advancement of mental science. Here is one of their body, a gentleman of high intelligence, and evidently a pains-taking and honest inquirer after truth, who mistakes (as I have shown) even the uses of the generalisations of science; who looking for the practical in mental science, can find no better tests for it, than the insoluble problem of the nature of the Deity, or the uses of metaphysical logomachy, and the like wearinesses; and who, although in daily contact with the mentally disordered, seems to have wholly forgotten in his search for the practical, that—

“ * * * * * To know
That which before us lies in daily life,
Is the prime wisdom.”

I say that it is to the old method which he advocates and practises, that this failure is due, and I have ample grounds for this conclusion, by examples of similar failures. It is at least a curious circumstance that of the many critics of my views, who belong to the old school, none has discussed any of the numerous practical topics I have brought forward; but on the contrary, their criticisms have been

* 'Mind and Brain,' vol. i, p. 290. System of Logic, book ii, chaps. 5 and 6.

limited to speculative questions.* And this is also true of the whole school in its inquiries after the truths of mental science; it flies at the highest speculations—not for the purposes of daily life—but as a pleasurable pursuit, and to satisfy the cravings of the mind after a knowledge of the subtleties of nature. The results are seen in the fallacies and frivolities of spiritualists, and mesmerists, and all the delusions of the modern mystical sects. Bacon seems to have marked this tendency of speculation, for in his ‘*Novum Organum*’ (tenth aphorism) he observes:—“The subtlety of nature far exceeds the subtlety of sense and intellect, so that these fine meditations and speculations and reasonings of men are a sort of insanity; only there is no one at hand to remark it.”

The practical conclusion from all this is, that if the members of the Association are resolved to build up a true mental science, available to the pressing needs of Society, and especially to the right development of mental pathology, therapeutics, and hygiene, they must look well to their method in the first instance, otherwise they will fail in their objects. And I will venture to add that, as no greater object than the building up of a sound system of mental science can occupy the minds of men, so the utmost care should be taken that the foundations shall be both widely and solidly laid.

A Description of some of the most important Physiological Anomalies of Idiots. By P. MARTIN DUNCAN, M.B., London, Consulting Surgeon to Essex Hall Asylum.

THE anomalies of the physical functions of idiots, are often quite as striking as the defects and peculiarities of their minds, and it is found that the amount of mental incapacity bears a direct relation to

* Perhaps the review in the *Edinburgh Medical Journal*, August, 1861, furnishes as good an example as any of this fact. The journal is devoted mainly to practical medicine, and the reviewer is (as I am informed) an intelligent country surgeon in good practice. He commences his criticism with a complaint that the technical terms I use are such hard words, that he doubts if he understands them, and then proceeds to grapple with the most speculative questions. *E.g.*, he says, “The concluding passages on what the author calls the ‘*Law of Perfection*,’ and which is apparently meant to settle the question of the ‘*Origin of Evil*,’ might well be spared. This is a subject so dark and fearful, that the greatest intellects must approach it with awe. Every attempt to solve the problem has proved an utter failure; and it does not impress us favorably when a writer disposes of it in the summary and compendious way in which our author deals with it.” Now the “*Origin of Evil*” is not referred to at all. Our *ideas* of evil, imperfection, disease, and the like, are discussed, partly with a scientific purpose, partly with a view of pointing out the limits of the inquiry as a question of science, as to what we *term* evil, &c. But just as Dr. Bushnan tests my system by an inquiry into the personality of God, so this Scottish reviewer tests it by his notions of the Evil One.

the physiological disability. It may be stated as a rule, that the greater the physical defect, the greater the idiot; and the reverse holds good—that an idiot with very slight intellectual power, has chances of rising in the scale of intelligence, commensurate with his physical abilities and freedom from physical defects.

The consideration of these defects, is of the greatest importance, both in the diagnosis as well as in the prognosis of idiocy; their treatment is of primary importance, and any attempt at intellectual education, to be successful, must follow upon their alleviation.

It is very difficult to distinguish between the lowest types of the normal minded and the highest amongst the feeble minded of the same age and social class, as well as between the young idiot and very backward normal-minded children of the same age.

Mental development appears to be impossible so long as some physiological anomalies persist, and the prospects of future intelligence begin to appear, as physical education progresses. I believe that a more or less permanent physical defect, characterises idiocy, and that this condition is to be distinguished from all others by noticing one or more perversions of function, which may be modified by treatment, but which are never perfectly cured.

Years of careful training will, in some rare cases, where the idiocy was from the first, of a high class, produce great results and the mind may be instructed so as to give greater evidences of knowledge than that possessed by the stupid and slow amongst the healthy minded; but the remnants of a former great physical defect, can always be recognised in the first, but not in the latter. A slouching gait, traces of defective co-ordination in the sets of muscles employed in locomotion or in any complicated movement of the hands and fingers, or in the production of speech; and the existence of perverted cutaneous sensibility, are more or less present in the highest simpletons. The persistence of these defects, distinguishes between the young idiot and the “backward child.”

Of course, debility of constitution and temporary disorders of the great functions of digestion and circulation, influence the idiot as much, if not more, than the normal being, they complicate the permanent defects, and aggravate them.

Influenced by the temporary disorders and the permanent physiological defects, the idiot is incapable of being taught to use his feeble mental powers, and the first step in his long, tedious, too frequently ineffectual and never very satisfactory educational training, is the restoration of ordinary health; the second is to establish a special physical education, and when the health is strong, the corporeal disabilities being alleviated, the mind may be directly instructed. There are some defects which render the most elementary teaching impossible, and it can readily be imagined, that it is lost time to endeavour to influence the mind of a restless idiot, suffering from automatic movements, tender spots which he delights to rub, and

from wandering vision. The restlessness must be diminished by regular exercise and careful diet, the "to and fro" movements must be checked, and the attention must be taken from the tender spot. Good food, proper warmth, a well-conducted hygiene and constant attention always influence the most pernicious physical defects, and after a while, the restless become in many instances (certainly not in all) quiet and attentive. The forms of physiological anomaly I am desirous of bringing forward, refer especially to sensation and motion.

There are perversions of common cutaneous sensibility and of special sense, hyperæsthesias and anæsthesias of parts of the surface and paralysis of muscles, defective powers of co-ordination, and those peculiar to and fro movements which are not volitional, and which are well termed automatic.

PERVERSIONS OF SENSATION.

Diminished cutaneous sensibility.—In healthy and perfectly formed individuals, there is a correspondence between the sensibility of a part, its muscular mobility and its special function. Moreover, parts exposed to the chances of injury and undue friction, are by nature, less sensitive than those whose sensibility influences complicated muscular movements.

As a general rule, there is a relation between the sensitive and motor filaments of each compound spinal nerve, which, in health, does not admit of a decided preponderance of the functional power of either set; and any decrease of sensibility without any decrease of mobility or the contrary state, is at once recognised as a serious symptom. In fact, prolonged hyperæsthesia would excite as great misgiving as long standing anæsthesia, and this last state, uncombined with paralysis of motion and persisting, would be considered anomalous. Amongst the idiot class, where nature revels in anomalies, more or less permanent anæsthesia is by no means uncommon, when there is no paralysis of motion.

The whole surface of the body may have its general sensibility decidedly diminished, and in some instances certain stimuli, such as heat and cold, which readily affect the healthy individual, barely produce any result. Yet locomotion may be active, the muscular energy not very defective, and the general health good. Greater or less patches may exist on the head, trunk, or limbs, where sensation is either totally lost or nearly so, the mobile power remaining in the muscles supplied by the compound spinal nerve affected with anæsthesia.

It is noticed that certain idiots are deficient in giving evidences of pain, when means are used which ought to affect the cutaneous nerves. Even the reflex muscular movements and the instinctive acts with which nature has furnished us to remove our surface from too sharp stimulation, are dull, sluggish and nearly wanting. Does

pain exist in these cases, is the will to cry out or to move inert? The idiot if able to speak, does not complain, and the pulse does not alter during the artificial or natural stimulation.

The most usual form of decreased sensibility is noticed by the idiots not caring for accidental blows, for constrained positions, or for amounts of friction which ordinarily would produce pain. In some cases, sores, often wounds and eruptions on the skin, are torn and scratched without any evidence of the production of pain and in others, heat and cold appear to be matters of indifference. How neglected village idiots suffer from cruelty, cold, wet, heat and hunger, without complaining, is well known, and also that many, in asylums, will scorch their legs if they can, in their desire for warmth, without any evidence of pain. In one of my cases, the legs presented a mottled appearance from constant roasting.

Indifference to cold and its pain is often shown by the ready manner in which some idiots will get out of a warm bed, to walk and wander in a freezing atmosphere; they will pass from genial warmth to freezing point without giving any evidence of the pain of chilliness. It is almost incredible that sensation should be so peculiarly affected as to admit of a youth's being exposed, thinly clad, hour after hour, to severe cold (his own fancy), without any extraordinary sensation of pain and constitutional depression. Yet such cases exist, and other stimuli act on them as they do upon the perfect individual.

As a rule, those affected by the general want of cutaneous sensibility, are dull, very deficient in mind, very inert, and low in the idiot scale; but exceptions are seen frequently, and restless irritable idiots of a higher class, are often careless of heat and cold. In these instances, this defect may be modified by treatment, but it always exists more or less; and in many cases of idiocy it is temporary, being noticed during slight illnesses. Thus, a boy aged eighteen, an idiot of a high class, able to ply a mechanical art under supervision, to read a little, write slightly, and gifted with a little memory, but not really more than four years of age in mental power and intelligence, commits an error in diet, is over excited by a visit to his home or exhausts himself by too much hard work, and becomes in a few hours, a torpid, inert, stupid boy. His head becomes hot, the eyes stare, he will not answer when spoken to, his respiration is slow, and his pulse falls from 60 to 30. The irides are sluggish and dilated, and the general sensibility is greatly diminished.

Rest, stimuli, quiet and kindness effect a cure, and in a few days, the pulse begins to rise and at the same time, the intelligence and cutaneous sensibility do the same.

In the cases where the anæsthesia is permanent, the pulse may either be very slow or the reverse. In one of my cases there is a pulse often intermitting and below 35, in a slow torpid idiot very insensible to the pain of cold, yet easily affected by it constitutionally, and in my notes I have the history of a case, where a remarkably

active pulse and temperament is added to an insensible skin as regards cold. The heat of the surface, in those affected with undue want of sensibility, is generally below the standard of health, but cases occur in which the contrary state is observed.

The existence of greater or less anæsthesia over circumscribed patches of the surface, is common amongst idiots, and it often accompanies general anæsthesia, and even the contrary state. The back of the forearm, the wrist, the scalp, the conjunctiva and eyelid, the shin and the skin of the front of the legs, are the usual spots where diminished sensibility is noticed. Tearing, biting, scratching, and rubbing the arm, butting the head strongly, roasting the leg before the fire, and allowing foreign bodies to rest on the conjunctiva, are not unusual signs of diminished sensibility.

Reflex movements can hardly be developed by irritating these surfaces. This peculiar condition is permanent in many cases, but is curable in some, and it is in this last case no longer noticed after the education has proceeded for some time.

Increased cutaneous sensibility is more frequent than the reverse condition, and it is noticed over the whole surface, or it may be confined to patches. Its variations of intensity are great, ranging from simple tenderness to most exquisite sensitiveness; moreover, it is evident that the tenderness, both when moderate as well as great, is sometimes pleasurable when excited.

General cutaneous hyperæsthesia is common among active and irritable idiots, the imbecile and the epileptic idiots, it is accompanied by excitement of the reflex functions, and in many instances the pulse is quick and irritable, the general warmth being often more evident than in health. In a child, aged 9, born intelligent and now an imbecile (from epilepsy during teething), there is slight increased general sensibility. His reflex excitability is extraordinary, and a slight unexpected tap, will produce a general muscular spasm, lasting a few seconds, and not unlike that produced by strychnine. The return to the usual state is rapid, and the intelligence is not affected.

A youth of 15, an active, irritable idiot (dumb), is intolerant of any handling, and has an extra tender scalp, in addition to his general tenderness. The reflex actions are well developed, and even touching the sides produces extravagant contortions and laughter.

The patches of the surface, affected with increased sensibility, are seen both in the generally affected, and in those who have normal sensitiveness, and even in some of the unusually insensitive.

These patches are of various dimensions, and may be exquisitely tender and painful to stimuli, or pleasurable, or they may be only remarkable for having greater intolerance of touch than the rest of the body.

The most common places are the scalp, the whole or portions of

it; the nape of the neck, the skin around the mastoid processes, that on the back of the forearm and hand, and the soles of the feet.

Hair brushing produces pain, even when gently done, in the first instance; and in the second the child will be noticed rubbing the tender nape with a gentle touch of its fingers, the face putting on a pleased and satisfied smile; and the same thing occurs, by the hour together, with regard to the arm and head. The tenderness of the feet of idiots is frequently noticed, and is difficult to relieve, and it is common among the epileptics.

The very common habit amongst idiots of ramming the thumbs in between the mastoid process and the jaw, and waving the fingers then before the eyes, appears to be pleasurable; to us it is painful: but the feeble-minded give evidences of pleasure whilst they are doing this odd trick.

It is certain, to my mind, that the onanism of idiots is produced by undue excitability and tenderness of the external parts; it commences at a very early age, in many, by gently touching and rubbing, and the vice proceeds with terrible strides. Like the condition first described, this curious hyperæsthesia is more or less permanent.

Perversions of special sense, and of the functions of the organs of special sense, are very common in idiocy.

The insensitive condition occasionally presented by the conjunctiva, has been noticed; there is also a corresponding condition of the usually sensitive nostrils and tongue. I have not seen an increased sensibility in these parts.

The colour and texture of objects cannot be distinguished by some idiots, and many of the lowest class do not appear to be affected by strong light.

Like infants, many can see, who do not direct their vision, nor give any evidence of perception; the irides are often sluggish; there appears too frequently no relation between the muscles of the eyeball and the retina, and the axes of vision are now and then seen not be parallel. Wandering of the eyes, vacantly staring, and inaptitude to direct the eyes, are common failings.

Short sight and strabismus are often seen, and subjective vision occurs in many of the higher classes.

The hearing is usually acute, and compensates for other deficiencies; indeed deaf idiots are rare, but the power of listening is very slight in the uneducated idiot. It is singular to notice exquisite powers of hearing with no vocal power, and a capacity for listening to music with enjoyment, when the attention cannot be

retained by any other means. Rythm and well-marked musical sounds are ever pleasing to the feeble minded.

Taste and smell are frequently deficient and horribly perverted, but any increased power in them would appear rarely, if ever, to be noticed. Nice scents and savoury things have their charms for some, quite as much as excrement, or anything unusually nasty have for others. The salivary secretion runs freely from the mouth in many, and mingles with a glairy nasal flux, rendering the chin wet.

There are some abnormal conditions of the excretions in idiots, and their peculiar perspiration has a sharp, fusty smell, which is retained by their clothes and rooms in a very tenacious manner. The excrement is usually horribly fetid.

Perversions of Mobility.—There is a great amount of deformity amongst idiots, and much of it bears relation to the organs of locomotion; but the first and most peculiar of all the defects of idiots has nothing to do with their shortened limbs, club-feet, contracted or paralysed muscles, and jerking spasmodic movements.

Séguin, many years ago, noticed the defective co-ordination of the different sets of muscles employed in locomotion, in idiots; and, to my mind, he might have asserted that in all the complicated volitional movements of all sets of muscles, there is not that proper combination of action which perfects the attempted movement, or series of movements.

Voice is rendered impossible, in many idiots, and faulty in all; for, in the highest, there is undue slowness, huskiness, and hesitation, or stuttering rapidity, from the inability of the various sets of muscles employed in that complicated performance, to combine their action properly—to *co-ordinate*. The incapacity to direct the eyes to an object, properly, is produced by a want of co-ordination between the muscles of the eye-ball, as well as by a deficient connection between the optic tract and the origin of the motor muscles of the orbit.

The inability to do the commonest useful movements of the fingers, is due to defective co-ordination, for the fingers move well enough, but not in a properly connected manner.

Swallowing is difficult in some idiots, and it, as well as mastication, also often ill performed, arises from defective co-ordination, or united muscular action. In walking and running, however, the production of that combination of action, which enables movement to be easy, steady, graceful, and rapid, is more or less a matter of difficulty with every idiot. Even after long and careful drill, the vice in locomotion may be detected. The walk is peculiar, and the run more so. Yet the muscles which do not act in unison with the others, are not paralysed, and can contract well enough, but not at the right time.

In normal beings, the gift of proper co-ordination is not perfected until years have elapsed after birth; the child uses its limbs long before their muscles can be got to act together to the common end of good walking. Exercise of the muscles indubitably increases the power of co-ordinate movement. But in idiots the slight gift of co-ordination appears still later, and exercise, unless regulated by a system which has action in unison in view, will not increase the gift.

The influence of volition upon co-ordination, is strong in normal beings, but weak in idiots, and the power of will over the muscles, irrespectively of co-ordination, is very weak.

The inability to close the lips constantly, or even for a time, prevents many idiots from retaining their salivary secretion, and probably there is a paralysis of the duct: the weak contraction of the sphincters, and the equally defective state of the function of the muscular fibres of the rectum and bladder, produce the dirty and filthy aspect of many, and the semi-ptosis and the posture of sitting with the chin upon the breast, probably depend upon a defective muscular power.

Paralysis of various muscles, is noticed amongst idiots, whether epileptic or not, and also spasmodic contractions of some sets which contract limbs, although the opposing sets of muscles are not decidedly deficient in being influenced by the will. But the most odd affection of the voluntary muscles, seen in a large per centage of idiots, is the so-called mechanical or automatic movement.

The distinction, usually made, between volitional, instinctive, reflex and physical muscular actions, renders it easy to understand how a series of movements, originating at first, by the will, is repeated over and over again, with rythmical regularity without any direct volitional act. We start to walk, after our will has influenced the necessary muscles, but, after a short time, all their complicated movements are regularly performed without any volitional effort. We think of other things, and the will is directed elsewhere; we are said to walk mechanically or to move automatically. The will, however, if exercised, speedily arrests the regular and mechanical stride.

Many healthy and perfectly developed children and adults get into the habit of fidgeting with the hands and feet, swaying backwards and forwards, and doing many little tricks with their voluntary muscles, whilst the mind is directed to some object remote from all considerations of such movements. These habits are not produced by the direct will, but commence and are carried on mechanically, and are automatic. Simplest admonition will of course arrest these movements, but in the idiot it will not always, and the trick becomes a more or less confirmed habit, and a means of getting rid of superfluous irritability.

These movements are not common to all idiots; and are easily

arrested in some affected with them, whilst they are very difficult, or impossible of prevention, in others.

Their occurrence gravely influences the prognosis, and their diminution is speedily followed by great amendment of mental deficiencies.

In some idiots, automatic movements occur as a mere habit, the result of the frequent and uncontrolled exercise of a trick. They are then curable by constant attention being paid, and by plenty of exercise.

But in other instances, and in some ludicrously so, these movements persist in spite of interference.

A boy, *æt.* 15, under my care, has the movement which makes him resemble a pair of open compasses, first touching the table with one point and then with the other. He opens his legs, stiffens his knees, drops his hands, stands erect, and then lifts one leg and comes down upon its foot, lifting the other, and then placing its foot on the ground, and so on. The eyes are fixed to the front, and the pendulum-like motion goes on, like the man in the song of the cork leg, although you may take him by the arm and hold him. Leave him alone, and off he goes again.

A girl, *æt.* 13, whose case I published in the "Notes on Idiocy" moved her head from side to side on the pillow, hour after hour, until it sickened all to look at her; and when I had her placed on her feet, she began to twirl slowly round like a top. She sits down quietly now, but now and then when left to herself, will move backwards and forwards on her seat, in a brown study.

It is a favourite movement of little idiot children to fix their eyes on space, and to move the head from right to left, and back again, slowly and gently; so too is waving the fingers before the eyes slowly, but the to and fro movement of the body, when seated, is the commonest.

I notice that these movements increase in frequency and intensity (that is to say, are more difficult to prevent by admonition) during temporary indispositions, when the general health flags, and, particularly, if there has been undue mental excitement and too much schooling.

It is a curious sight to look at a ward full of idiots of low class, the majority being troubled with automatic movements. Supposing you are unseen, and the children are quiet, the room appears full of ugly dressed up statues. There is no conversation, and if there be any movement it is commenced by two or three beginning their to and fro movement, others wag their heads and fix their eyes; the little ones wave their fingers, and perhaps a restless idiot bounds backwards and forwards like an ape, and, when still, commences his pendulum movement.

The comparative cessation of these mechanical movements is a

great test of the progress of physical education as applied to idiots. Good diet and carefully regulated hours, assisted by proper drill and exercise, produce good results in nearly every case; in some lasting benefit, and in the others general amendment.

Some of the movements are so extraordinary that I have thus shortly described them.

Head.—The body being still.

1. To and fro, that is to say, the forehead is alternately depressed and elevated.

2. Dropping the forehead suddenly with a jerk.

3. Side to side, the one ear touching its neighbouring shoulder, and then the other ear its neighbour.

4. The chin moved from side to side, and often elevated when passed over to the right or left. When elevated the movement sometimes ceases for a second, and the child looks downwards out of the outer angle of the eye in an odd manner.

5. The face moved slowly to one side and then to the other, the eyes fixed to the front.

When reclining.

6. The head moved from side to side on the pillow.

Body and extremities.

7. Twisting round when erect.

8. Body balanced, first on one leg, then on the other, the knees being straightened.

Sitting.

9. To and fro movement, the legs being still.

10. To and fro movement, the knees rising as the body passes backwards.

11. Waving the fingers before the eyes. Poking out the tongue and returning it. Thrusting the thumb and finger on either side of the nose and rubbing it up and down; and the rubbing of the tender spots may be mentioned as half trick and half automatic movement.

To conclude the perversions of mobility, the inert condition of some, and the irritable restlessness of other idiots must be mentioned; and as the condition of the rectum and bladder has been noticed, it may be asserted as a general truth, that the heart, vessels, and the involuntary muscular system are rarely found free from functional derangement and constitutional debility. I have appended a table of the physical defects of fifty idiots, with the class of their idiocy attached, so that its relation to the defects may be appreciated.

	Age.	Sex.	Speech, hearing, and locomotion.	Muscular power as regards co-ordination.	General cutaneous sensibility.	Patches of increased sensibility.	Of diminished sensibility.	Perversions of special senses.	Automatic movements.
1	J. C.	M.	None; a little; bad	Hardly exists	—	—	—	Squints	Exist, and persistent chorea also.
2	F. T. F.	M.	A little; good; bad	Very defective	—	Both feet	—	Squints a little	Exist.
3	C. B.	M.	A little; good; bad	Very defective	Increased	On head	—	—	—
4	W. H. T.	M.	Good, thick; good; good	General clumsiness	—	Both feet	—	—	—
5	S. C.	M.	Hesitating; good; clumsy	Slightly defective	—	—	—	—	—
6	A. Q.	M.	Slow, good; good; good	Slightly defective	—	—	—	Sees badly	Considerable.
7	J. A. H.	M.	None; good; none	Hardly exists	—	—	—	—	—
8	C. B.	M.	Defective; good; halting	Tolerable	Increased	Back of right forearm	—	—	—
9	H.	F.	A little; good; halting	Bad	—	—	Back of right forearm	—	A little.
10	A. L.	F.	None; doubtful, but exists; bad	Hardly exists	—	Scalp	—	Taste perverted	—
11	S. S.	F.	None; good; bad	Defective	Increased	Scalp	—	Sees badly from defective uniformity of the axes	Yes.
12	F. B.	M.	Good; good; tolerable	Great in the hands	—	Feet	—	Sees badly	—
13	G. B.	M.	Thick and slow; good; defective	Defective	—	—	—	Sees badly	—
14	E. B.	F.	Defective; good; tolerable	Defective	—	—	—	Sees badly	—
15	J. W.	F.	Husky; good; clumsy	Tolerable	—	—	—	—	—
16	C. B. L.	M.	None; good; tolerable	Tolerable	—	—	—	Wandering vision	Chorea.

	Age.	Sex.	Speech, hearing, and locomotion.	Muscular power as regards co-ordination.	General cutaneous sensibility.	Patches of increased sensibility.	Of diminished sensibility.	Perversions of special senses.	Automatic movements.
17	H. M.	M.	None; good; active and bad	Defective	—	—	—	Smell perverted; vision defective	Considerable.
18	F. H.	M.	None; not quite deaf; jerking, but fair	Good	—	—	—	Semi-ptosis	—
19	G. B.	M.	Tolerable; good; halting	Good	—	—	—	Subjective vision	—
20	E. T.	M.	Mumbles; rather deaf; odd	Tolerable	—	—	—	Squints	Exist.
21	J. E.	F.	Defective; good; bad	Bad	—	—	—	Short sight	In excess.
22	E. N.	F.	Defective; good; bad	Bad	—	—	—	Short sight	—
23	M. A. F.	F.	Defective; good; tolerable	Tolerable	—	—	—	—	—
24	W. H.	M.	Husky and bad; good; clumsy	Clumsy	—	—	—	—	—
25	M. T.	M.	Slow and scanty; good; tolerable	Tolerable	—	—	—	—	—
26	F. R.	M.	Tolerable, slow; good; tolerable	Tolerable	—	—	—	Wandering vision	—
27	A. E.	M.	Very fair; good; very fair	Good	Defective	—	—	Squints	—
28	S. D.	M.	None; good; tolerable	Defective	—	—	—	—	—
29	S. A. R.	F.	Mumbles; good; indifferent	Defective	—	—	—	Wandering vision	Exist.
30	T. R.	M.	Slow and bad; slow; tolerable	Tolerable	Defective	—	—	—	—
31	T. B.	M.	Slow and bad; good; clumsy	Tolerable	—	—	—	—	—
32	L. C.	M.	None; a little; bad	Defective	—	Scalp	—	Wandering vision	—
33	F. M.	F.	Good; good; tolerable	Not perfect	—	—	—	—	—
34	B. L.	M.	Defective; good; tolerable	Tolerable	—	Scalp	—	—	—

35	C. O.	30	F.	Husky and slow; tolerable; feeble	Tolerable	—	—	—	—	—	—
36	M. A.	11	F.	Slight; good; tolerable	Bad	—	—	—	—	Wandering vision	—
37	A. C.	7	M.	None; tolerable; defective	Bad	—	—	—	—	Smell perverted	Exist.
38	M. J.	8	M.	Slight; good; tolerable	Good	—	—	—	—	—	—
39	H. H.	12	F.	Slight; doubtful; tolerable	Defective	—	—	—	—	—	—
40	N. O. D.	8	F.	None; bad; bad	Barely exists	—	—	—	—	—	—
41	T. W.	22	M.	Bad; good; slouching	Defective	Increased	—	—	—	Stares	Great.
42	J. R.	14	M.	Husky and bad; good; tolerable	Tolerable	—	—	—	—	—	—
43	B. D.	13	F.	Slight; good; clumsy	Defective	—	—	—	—	Fixed vision	—
44	G. R.	4	M.	None; defective; none	None	Defective	—	—	—	Conjunctiva	Exist.
45	T.	5½	M.	Slight; defective; bad	Defective	—	—	—	—	—	—
46	R. V.	16	M.	Tolerable; good; very fair	A little deficient	—	—	—	—	—	—
47	H. L.	7	M.	Slight; good; tolerable	Defective	—	—	—	—	Vision defective	Exist.
48	.	32	M.	Slow, but tolerable; rather deaf; tolerable	Tolerable	—	—	—	—	—	—
49	T. K.	15	M.	None; good; tolerable	Bad	Increased	—	—	—	Vision bad	Exist.
50	W. G.	4	M.	None; good; tolerable	Bad	Deficient	—	—	—	—	Exist.

<i>Deformities.</i>	<i>Salivary secretion.</i>	<i>Cleanly or dirty in habits.</i>	<i>Irritable or inert.</i>	<i>Organic muscular system.</i>	<i>Epileptic.</i>	<i>Class of idiocy.</i>
1 Two club feet	Flows in excess	Dirty	Irritable	Active	No	2
2 Contracted leg	—	Tolerably cleanly	Irritable	Active	No	2
3 Contracted arm and leg	Slightly in excess	Tolerably cleanly	Irritable	Active	Yes	2
4 Six toes on each foot	Slightly in excess	Clean	Inert	Inactive	Now and then	4
5 None	—	Clean	Inert	Inactive	No	4
6 Short and hump-backed	—	Clean	Rather inert	Healthy	No	4
7 Short thigh	In excess	Dirty	Inert	Inert	No	1
8 Contracted leg and arm	—	Clean	Irritable in excess	Irritable	Yes	Imbecile
9 Contracted forearm	In excess	Dirty	Inert	Inert	Yes	Imbecile
10 None	In excess	Dirty	Irritable	Irritable	No	2
11 None	—	Dirty	Irritable	Irritable	No	2
12 None	—	Dirty	Irritable	Irritable	Yes	Imbecile
13 Odd squint	—	Clean	Irritable	Irritable	No	2
14 —	In excess	Clean	Irritable	Inert	No	2
15 —	—	Clean	Inert	Inert	No	3
16 Large head	—	Clean	Irritable	Irritable	No	3
17 —	In excess	Dirty	Irritable	Irritable	No	1
18 Short in height	—	Clean	Irritable	Irritable	No	3
19 Club-foot	—	Clean	Irritable	Irritable	No	4
20 —	—	Clean	Irritable	Inert	No	3
21 Squint, and contracted knee	—	Clean	Inert	Inert	No	2
22 Ugly beyond belief	In excess	Dirty	Irritable	Irritable	No	2
23 Head drawn down	—	Clean	Inert	Inert	No	2
24 —	—	Clean	Inert	Inert	No	3
25 —	—	Clean	Inert	Inert	No	3
26 Double inguinal hernia	—	Clean	Inert	Inert	No	3
27 Squint	—	Clean	Irritable	Inert	No	4
28 —	—	Clean	Irritable	Irritable	No	2

29	—	—	Clean	Irritable	Irritable	No	2
30	—	—	Clean	Inert	Inert	No	3
31	—	—	Clean	Inert	Inert	No	4
32	—	—	Dirty	Irritable	Irritable	Yes	5
33	—	—	Clean	Inert	Inert	(?)	4
34	—	—	Clean	Irritable	Inert	Yes	Imbecile
35	—	—	Clean	Inert	Inert	No	4
36	—	In excess	Clean	Irritable	Inert	No	2
37	Large head	In excess	Dirty	Irritable	Irritable	Formerly	2 (? 6)
38	—	In excess	Clean	Irritable	Irritable	No	3
39	Deformed lips	—	Dirty	Inert	Inert	No	2
40	—	In excess	Dirty	Inert	Inert	No	2
41	Goggle eyes	—	Clean	Inert	Inert	No	2
42	—	In excess	Clean	Inert	Inert	No	3
43	Flat features and outward squint	—	Clean	Inert	Inert	No	2
44	Outward squint	In excess	Dirty	Inert	Inert	No	1
45	Squints	In excess	Dirty	Inert	Irritable	No	2
46	—	—	Clean	Inert	Inert	No	3
47	Slight squint	—	Clean	Irritable	Inert	No	2
48	—	—	Clean	Irritable	Inert	No	4
49	—	—	Dirty	Irritable	Irritable	No	Imbecile
50	—	—	Dirty	Irritable	Irritable	No	2

Table of the physical defects of 50 idiots.—The classification refers to that described in the 'Journal of Mental Science,' June, 1861.

It will be noticed that the highest of the four classes of idiots corresponds with the least physical abnormality, and *vice versa*.
 Class 5 are epileptic idiots.

Class 6 are hydrocephalic idiots.

Imbeciles are considered as having been born with perfect intelligence and functions, and epilepsy or brain disease has supervened.
 Class 1. Profound idiots; true solitaries.

Class 2. Having a slight intelligence, being able to stand, walk a little, and often capable of slight instruction.

Class 3. Able to walk, run, use their fingers, to be made to attend, to do easy mechanical work, to feed themselves more or less; memory and perception variable in power.

Class 4. Simpletons. Higher than class 3, and reaching to the lowest normal intelligence.

Enomania, or Methyskomania ; its Prevalence and Treatment.

By the REV. W. MACILWAINE, Incumbent of St. George's, Belfast.

It is a fact, which few attentive observers of the state of society around will either deny or dispute, that while our "Hospitals for the Insane" enclose within their walls numbers of the class commonly known as "dangerous lunatics;" and while our prisons and houses of correction incarcerate a still greater number of the enemies of peace and order and the well-being of the community; and whereas our nosocomiums give shelter and treatment to the sufferers from bodily maladies, in all their terrible variety; there are yet at large, and to a sad extent uncared for, multitudes of persons who are the victims of a malady as dire as any in the entire catalogue of disease, and who are, moreover, as dangerous and damaging, by habit and act, to the best interest of society as any criminal or lunatic in existence. The class of persons referred to are those who, from long addiction to intemperance in the use of stimulants, have ceased to possess any available amount of self-control, and have thus become, in effect, to a great extent, if not unaccountable and absolutely insane, at least closely allied to that unhappy class of mental sufferers. It is true that, with the exception of this one mental derangement, these persons may be in all other respects *mentis compotes*, and able to manage their ordinary affairs. But the same remark applies to nearly all *monomaniacs*. It is also true that the attacks of their malady, and their succumbing to it, are in many instances periodical, and that, unless during the prevalence of one of these attacks, the persons in question may be quiet and orderly, and to all appearance respectable members of society; but the like is the case with not a few forms of insanity which have their equally well-marked periods and paroxysms.

In plain fact, we are surrounded by a vast number of persons who are the *bonâ fide* subjects of mental derangement, and that of an extremely dangerous description. This form of mental malady has, it is true, of late attracted a good deal of notice, and been reduced to classification, under the titles of *dipsomania*, *enomania*, and other equally expressive titles, but it has, for long, appeared to the writer of these remarks that the magnitude of the evils connected with its existence, as well as the precise nature of the disease itself, have by no means sufficiently arrested public attention or attracted public sympathy in due proportion to their sad results and the frequency of their occurrence. It is with the hope of obviating this state of things that these remarks are here offered.

In attempting to treat the subject with any measure of scientific or professional accuracy, due regard must be given to an accurate

designation: there is far more due to correct nomenclature than even most scientific men suppose. Now, the names of *ænomania* and *dipsomania* have, one or both, been accorded to this species of disease; but a little attention will easily evince the fact that neither of these, nor, indeed, any other with which the writer is acquainted, properly designates it. The former confines the meaning to one species of intoxicating media, and that not even the most generally employed; the latter widens the sense to *excessive thirst*, arising from any source, and is evidently quite inapplicable to a diseased appetite for stimulants. Every medical practitioner, or, indeed, any ordinarily observant non-professional man, knows that many febrile affections, and dropsical ones also, may end in a stage which might not incorrectly be styled dipsomania, without any reference whatever to stimulating drinks. The name here suggested as a substitute is either *methomania* or *methyskomania*. The generic term for intoxicating liquors ($\mu\epsilon\theta\eta$) enters into the composition of the former, while the latter is a derivation of the term which, in the Greek language, conveys the idea of *making* or *getting drunk* ($\mu\epsilon\theta\upsilon\sigma\kappa\omega$). Perhaps the meaning intended would be better conveyed by *methyskomania*, and to it, therefore, a preference might be due. Either of these words would, however, it is submitted, much better suit the case than those, of late, generally employed for the purpose.

There are many attendants on this fearful malady which demand for it prompt and decisive action on the part of all concerned; and who is not, directly or indirectly, concerned? One is its *prevalence*. Few save those who come in contact with its victims professionally can have the remotest idea of its extent. The writer has discovered it, latent though it has been, in the very highest walks of intellectual pursuits. Even the gentler sex is not beyond the reach of its exterminating influence, and that not in the lower walks of life, but in the higher also. The bosom of many a family among the educated, and even the ennobled ranks, is wrung by the existence of this disease; mothers, sisters, die of it, and are consigned to the grave amidst tears of agony impossible to appreciate. It is, moreover, unquestionably, in some cases, like its allied species of derangement, *hereditary*; facts are at hand to bear out this assertion. Let it only be recognised, as it certainly must, as among mental diseases, and this, too, must be admitted.

These views of methyskomania being admitted, there is one view of it, not, perhaps, generally taken, which the writer begs to submit, and it is as follows.

Among the conservators of the public weal and the strivers after general reformation, reducible to the common head of philanthropic, there are three classes whose office in every well-ordered, not to say Christian, state, ought assuredly to be co-ordinate—these are the *jurist*, the *physician*, and the *religious teacher*. It is a great

unhappiness whenever the paths of these, or any of them, even apparently diverge; and it affords a proportionate hope of good result when they are found to agree. Constituted as our own society is, and with the full scope given to free opinion in our free constitution, it is one of the necessary penalties which we must contentedly pay for those blessings to find, at times, the lawyer, the medical man, and the divine, working separately, or not unfrequently "contrariously" (as, perhaps, Dr. Chalmers would say), in relation to questions which involve individual and social well-being. It is, moreover, but too seldom that we can hope to find the doctor, the juris-consult, and the clergyman, meet and agreeing in their common treatment of a subject requiring their joint aid. Perhaps, on the other hand, some may think, and think truly, it is a matter of thankfulness that their joint aid is but seldom required. Be this as it may, if the case of the victim of the disease in question be attentively and duly considered, it is one which requires precisely this treatment; and if the three professions already indicated were but induced to come together to the aid of the unhappy sufferers referred to, now a fearfully numerous class, a great benefit would be conferred on society.

Let us for a moment see how the case actually stands. A felon, or a dishonest trader, habitually breaks the law, and invades the rights of property, and the law takes hold of him. If the case be one of self-inflicted injury, through mental incompetence, it is all the same—the law protects the man or his property or family from himself. If bodily disease be the source of suffering, medicine comes to its aid, and that gratuitously in the case of the poor. Spiritual ailments are relegated, and properly, to the treatment of that class whose profession it is to apply the great remedial means of the Gospel of our salvation; but, in the case of the methomaniac, we have a man who not only ruins himself and others, but who labours under a deadly disease, and, moreover, incurs the eternal sentence of that law which has declared, with such fearful precision and emphasis, that "drunkards shall not inherit the kingdom of heaven." Here, then, most clearly, is a case which exhibits the triple aspect of *crime, disease, and wretchedness*, and which demands all the aid which the philanthropy included in the threefold class above indicated can bring to its relief.

Now, if these remarks be true, and even obvious, it will, perhaps, appear equally evident that the proper treatment has not, as yet, been generally applied to the sufferers under review. Let us, just for a moment, reflect on the manner in which the case of such practically stands. Here is an individual who has contracted the habit of intoxication to the extent of methyskomania. The fact may be, for a while, concealed within the limits of his suffering and afflicted household, but at length it transpires. He is then an object

marked out for the despairing sorrow of all the right-thinking, and with equal certainty as a prey to all the abettors of and panderers to evil in his neighbourhood. The man is lost; all admit it—some to mourn, others (fearful to say) to rejoice! And what has been the process, all the while, if he have had friends who could, and who did, sympathise, at the first, and make an effort to save? Why, somewhat after this sort. Perhaps his sorrowing partner wept and entreated first, and then intrusted her own sad case, and his, to the *pastor*, who also wept, and warned, and prayed; but all was in vain. Or it may be a *physician* was sought too, and his aid was even less hopeful and less effective, if this could be; inasmuch as he applied himself (as what else could he do?) to the secondary results of his malady, conscious of possessing no specific to meet the real and primary source of his suffering. Thus, a constipated liver, or congested lungs, or inflamed brain, were, each in turn, and when the unhappy man was prostrated, submitted to medical treatment, and relieved or restored only that, when the period of maniacal affection returned, he might, under its all-subduing influence, once again recur to the fearful cause of all his sorrow and suffering: and then, during this paroxysm, destruction is launched against property, family, life itself; and if the *protection of law* is sought, it is only in a passing way. The wretched man becomes temporarily sane, and for a time mingles with his fellows as an accountable agent—but is he so?

These remarks will themselves suggest the real remedy for such a case. That remedy has been partially applied, as in America and in some cases in Scotland, where asylums have been provided, of a special nature, for such sufferers; but ought they not to be universal, and, moreover, legalised? Most assuredly the law should step in and meet the case effectually. The great obstacle in the minds of many, and especially of our legislators, is the fear of interference with personal liberty, or regard—it may be a due regard, but it is possibly also an undue one,—for the soundness of the provisions of *habeas corpus*. But most assuredly this ancient bulwark of our constitution might be conserved and the case before us met. Let it at once be determined that we are dealing with a *disease*: moral and even spiritual appliances are vain here; it must be treated as a malady, not, it may be, simply or purely bodily, but partaking of a psychical character, yet a disease. This disease has been nurtured into maturity, and *it has eventuated in a condition of criminality*. Restraint, therefore, is not only expedient, but it is also necessary, both in a curative and also in a penal sense. When thus secured from the danger or rather the certainty of self-destruction, the patient may be hopefully submitted, not only to *medical* but *moral* and *spiritual* means of renovation, and with a hope of success.

But a difficult question remains. Who is to commit the Methomaniac to this restraint? This is a question for the jurist and the

legislator. Most certainly the law of the land should be precise here. It appears to the writer, however, that a twofold classification of persons so afflicted might be made, and that their treatment should be in accordance with this. In cases where violence and total inaptitude to fill the relations of citizenship were apparent, then, on the sworn deposition of friends and neighbours, a commitment to an asylum, specially designed for and adapted to the treatment of such persons, might take place. And where a sufficiency of self-possession, or a lucid interval in the progress of the disease might occur, an enactment should be made enabling the person so circumstanced *voluntarily to sign an instrument, which should be legally binding*, consigning himself to the custody of properly qualified guardians—the controllers and managers of such an institution—for a *specified term*.

Whenever legal, medical, and moral means, such as those here indicated, are brought to bear on the cases in question, then, but not until then, will a reasonable hope dawn on society of release from the calamitous infliction now incurred by their existence and fearful prevalence.

Observations deduced from the Statistics of the Insane. By DR. RENAUDIN, Director of the Asylum at Baréville. From 'Les Annales Psychologiques.'

THAT a uniform statistical method should be generally adopted by all those connected with the insane is greatly to be desired, for though statistical researches have met the fate of all other methods ('Annales Psychologiques,' July, 1856), have been received with unreflecting infatuation, or been the subject of unmerited reproach, according as they have given us useful facts or have led us into error, yet everything leads us to expect that the extension of a statistical programme, would furnish us with useful data, for the examination of some of the most important questions relative to mental alienation.

The statistics of insanity can only be a collective, not an individual, work, and its primary element must consist in an agreement as to the signification of words and terms and of the elements of a rational classification—in a word, an agreement as to the value of the representative signs of the method of observation. This want of agreement really now exists, and not only acts as an obstacle to the co-ordination of exact statistics, but also has an injurious influence on the insane themselves.

The typical forms, as at present recognised, correspond to the predominance of such and such elements, whose frequency or rarity, or even disappearance at any moment, are useful facts to confirm. We must not, therefore, deny, because the medical constitution changes, whatever structure our predecessors have built up, they having observed altogether different phenomena from those which come under our observation. It is through these transformations that we more easily discern the true pathogenic conditions of insanity; and it is for this reason more particularly, that we should be agreed as to a nomenclature exactly answering to facts, and to a diagnosis as precise as is required in other branches of medical science. Lastly, in order to effectively combine the elements of a methodical observation, the evolution of facts must be connected with the different causes of degenerescence, by establishing their filiation and mode of transformation.

The idiot and the imbecile are not admitted into asylums, on account merely of the arrest of their intellectual and physical development. It is not their nervous affection that is the key to their admission, but the danger arising from their excesses and destructive instincts. Now, this danger frequently depends upon locality; an epileptic or idiot may live harmlessly in the country, when he could not wander about a town without the police soon requiring his admission on the ground of public security.

The position of the insane having been regulated by the law of 30th June, 1838, lunatic asylums have become the principal instruments of statistical investigation; they furnish most valuable facts concerning many etiological conditions, when compiled with observations from different regions whose analogies and differences put us in the way of discovering principles of practical utility.

The number of insane in any given asylum at any given date is a fact, in connection with the general population of the district, whose value can only be determined by the consideration of all the causes which could have produced it. An increased mortality may have diminished the number, an unusually healthy state may have apparently increased the number. Again, the census of lunatics at large presents difficulties more especially in towns, so that the number of the asylum population becomes in this point of view of great importance. Again, experience shows that a considerable period intervenes between the moment of invasion and the admission; in order, therefore, to understand the particular conditions of the invasion of insanity in any country, a considerable period must be taken, in order that the number of facts may be sufficient to allow the permanent elements to be clearly observed, and that the exceptional facts may have only their own proper value. And as, in an historic point of view we find sensible differences, so in the pathological view statistics will show us that the course of changes, while borrowing

both from the past and the present, are already preparing a germ for the future. No examination, then, of one period can be taken as a basis for an absolute theory, until a second period has confirmed or modified those changes which the medical constitution has produced.

Again, the unequal distribution of insanity among different classes of the population has been confirmed by the fixed inequality in the admissions; but whatever has been or is assigned as the cause, an attentive study of asylum statistics shows, that this inequality is in proportion to the degree of agglomeration of the population, establishing a fundamental distinction between town and country; but the conditions which constitute or modify this agglomeration, should be taken into consideration before examining the influence of agglomeration in the production of mental alienation. Thus, in the Department of Meurthe,

In years	}	}	The town population, 105,665, gives 322 insane.
1850 to 1855	}	}	The rural „ 333,978, „ 307 „

Of town populations, many with 45,123 inhabitants give 210 insane, while the 60,542 inhabitants of other towns give only 115 insane.

There is another question of great importance, whose answer has never yet been, and perhaps even now cannot be, satisfactorily given. Has the number of the insane increased, and does it tend to increase? Esquirol asked this question forty-five years ago. At that time statistical facts were very incomplete, and the system founded upon the then etiological conditions, rested less upon veritable facts than *à priori* admitted theories. The increase in the admissions was remarked in 1813, and about 1833 a further increase caused new efforts to be made to improve the accommodation, and even, while Esquirol so severely criticised the institution of Maréville, its population continued to increase, notwithstanding the opening of new asylums in the neighbouring departments, and that the law of 1838 had not been promulgated, and also though the internal administration left much to be desired. In relation with this subject, we are struck, in the statistical tables, with the difference that exists in relation to the admissions during many successive years; examining only what has passed in the department of Meurthe, we find alternations which ought to have considerable weight.

Thus, the lunatic population in the three asylums of this department in 1850 was 63, gradually increasing till in 1854 it was 91, falling in 1855 to 55. The same fact reproduces itself from 1816 to 1824, and from 1833 to 1840, and also 1845 and 1846, and recent observations in other departments show analogous changes. Now, it is obvious that some general cause presides over this non-accidental relapsē, since it shows itself equally at different places, and almost entirely in the same relation to the agglomeration.

Hereditary tendency plays a considerable part in the evolution of insanity. Mental alienation does not generally develop itself suddenly, and often two or three generations pass through the proteiform modifications of different neuroses, before arriving at this final result. Alcoholic intoxication is certainly one of the principal causes of degenerescence, but the indirect and progressive action of this influence is perhaps less prejudicial to those who indulge than to the generations which succeed. The conditions of causality multiply with the age and exercise an influence so much the greater, as the ground is the better prepared, by anterior causes having more or less modified the physical and intellectual idiosyncrasy. Thus is explained (perhaps too exclusively) the effects of the great social commotions and perturbations which have, since the end of the last century, periodically affected our country. Each has produced a manifest recrudescence, less of itself, than because it has found the materials ready prepared by anterior epochs. Thus, the son suffers for the parent's conduct, and often has to bear the counter-blow of effects in which he had no part. We must not, then, be surprised that the number of the insane increases, not in regular progression, but by intervals of which it requires a long period to determine the extent.

What we have said of hereditary dispositions, applies in like manner to the modifications, which take place in different localities, in the mode of existence of the population. For a long time past, it has been admitted that the medical constitution of the country differed very considerably from that of the town, but this seems now daily to decrease. This has been especially remarked in the departments of Meurthe and Vosges since the manufacture of embroidery has so much extended itself. Nervous affections, the apanage of the women of towns, have invaded the country, and hysteria is of daily occurrence, being the germ of degenerescence, which, besides insanity in the present time, is preparing a rich harvest of epileptics and idiots for the future.

To take the proportion of insane which a given department produces is not all that is required. There is always a considerable mobility in the population, emigration is frequent, and the various requirements of each career necessitate frequent changes. Among 1491 insane of the five departments surrounding Maréville, there are 951 living in the place of their birth, 354 had left their birth-place, but not the department, 186 came from other departments, among which 47 were from the more immediate ones.

In studying the population of towns, in connection with the local etiological conditions, another element will be found enclosed in that of mere agglomeration, which must not be overlooked. For example, ancient traditions have left in the manners and habits of the people of Nancy traces which the course of events have not yet effaced. A unanimous and voluntary consent gives to it the moral

attributes which constitute a capital, arising from the ancient supremacy which it formerly owed to the residence of its dukes. Whilst from all parts people are willing to establish themselves in the department of Meurthe, it is rarely quitted to go elsewhere. This fact is seen in the statistics of the insane, since one third of the insane of the town of Nancy do not belong to the department of Meurthe, whilst at Metz, scarce a sixth of the insane are foreign to it. In Paris, out of 135 insane domiciled there, 98 were not originally of it. This point of view may, perhaps, open to us some of the secrets of the general etiology of the insanity of large towns. I only now give it its own value, and must leave further observation to prove its permanence.

The statistics then, published by the care of the Minister of Agriculture and Commerce, although ceasing in 1853, contain some valuable information, showing that this method of investigation is very far from being settled, and we have seen with what caution we should deduce the conclusions, which seem to be derived from certain figures, and how we must take care not to require results, which the figures cannot legitimately give.

On the 31st December, 1853, the sequestered insane were spread through 111 establishments ('*Les Annales Psychologiques*,' January, 1860), of which 65 were public and 46 private. The first were divided into 39 special asylums and 26 district hospitals. Of these 39 special asylums 6 were constructed during the period of 1842—1853 (the period of the statistic). In January, 1835, the insane then amounted to 10,539; in January, 1842, to 15,280; in January, 1849, to 20,231; lastly, in 1854, the number had reached 24,524; that is to say, in nineteen years an increase of 133 per cent. and everything leads to the belief that since then the movement has not ceased. From 1842 to 1854 we have, in relation to the sexes, a balance always on the female side; but during the latter few years the proportion of males manifests a tendency to increase. In January, 1854, the insane were divided into 9314 for men, and 12,675 for women, which gives in the 100 the proportion 48·31 to 52·23. This result should not be admitted as expressing the frequency of insanity in each sex, for, in general, the number of male admissions predominates, but mortality is greater among them, and it is more especially to this cause that we must attribute the reduction of their number at a given moment.

The 23,795 insane, in January, 1853, were thus distributed among different establishments—10,839 in special asylums, 7223 in local hospitals, 5733 in private institutions. It is through public authority, that the number of sequestrations has more particularly increased; for in 10 years the population of public asylums has risen 76 per cent., but only 57 in private asylums, and local asylums have shown an increase of 11 per cent.

Of the 111 establishments, both private and public, in January, 1853, 17 asylums contained 10,935, giving for each a mean population of 643. At this time 7 only surpassed this number. At the present day 12 contain a greater number.

In relation to the population, the proportion of the insane has also considerably increased, since in fifteen years the proportion, which was as 1 in 3024 of inhabitants, has risen to that of 1 in 1676 inhabitants. And, as during the period from 1836 to 1851, the population of France has increased 6.88 per cent., the insane have increased 92.52 per cent., a proportion of fourteen times. But it is not by the sum total of the sequestered insane that the extent of the evil can be measured. A document furnished by the census of 1851 establishes that the total number of insane was then 44,970, which gives, in relation to population, a mean proportion of 1 in 796 inhabitants. We would willingly admit that this proportion is rather under than over the truth, and we very naturally conclude that if in this number there are many inoffensive persons, there are very many also at liberty who constitute a permanent danger to the security of the public. So it happens that the asylums annually recruit their population more from long-neglected cases than from new ones. It is in vain that some departments wish to limit in an arbitrary manner, the number of their assisted sick; the evil is stronger than their calculations, and experience has altogether baffled them. Thus, in the Haut-Saône the number of insane in 1849 was only 80, it now keeps 165. In the department of Meurthe the increase in the same period has been from 170 to 276. In that of Moselle the number has almost tripled, and that of Vosges, notwithstanding all the impediments to admission, the numbers have increased from 35 to 100.

This progression in the number of the insane has much occupied the administrations of the departments and the general councils, and in the work which we are analysing, various opinions which have been enunciated on the subject have been mentioned, and we regret to state that almost all of them betray a very incomplete knowledge of facts, which it is easier to deny than to study in their different significations. Beyond doubt, insanity has now more victims than formerly, and that the conditions of our social state render isolation more necessary now than in any former period. The increase of patients who are maintained by their families in both private and public asylums shows this. It is not that the relations desire to get rid of these patients; on the contrary, it is only as a last resource that they are isolated. Those who have attended closely to the prejudices of both high and low, to the passionate demands for discharge of the very poorest—those who have read the protestations of the municipal councils against the isolation of the insane of their districts, and have observed the public danger from those insane, so often sent home as calm, quiet, and inoffensive—can well understand that the increase in

the asylums, depends rather upon the intensity of the evil itself, than from imaginary abuses, which have produced phantoms in the minds of the general councils.

It would be impossible to notice *seriatim* all the opinions given by the departmental councils, to excuse themselves from the increased expenses incidental to the increased requirements of the insane.

But we again repeat it, that to deny the evil is not to destroy it; and whoever refuses to study the subject in all its bearings exposes himself to be deceived, for everywhere we remark that facts contradict preconceived notions, which could easily have been rejected without entering far into the depths of science.

We willingly admit, with the general council of Calvados, that the passions and excesses have been at all times the same; that humanity has the same weaknesses and aspirations; and that if the manifestations do somewhat change, the same virtuality in the collective as well as in the individual character is seen; but when, from the physiognomy of passion I pass to the examination of the nature and the number of those who participate in its exercise, and study the conditions and transformations under which they act, I have a very different opinion. We cannot abstract the great modifications which the revolution of 1789 produced in the social movement, which was not, as hitherto, restricted to the surface, but which radiates through all the masses of the public hierarchy. From the moment when we cease to ask a man whence he comes, from the moment when merit replaces all the titles to nobility, and that each may become an ancestor, the sentiment of personality awakes, the individual acquires a value formerly often despised, and in civil as well as in military life, the officer of fortune has disappeared under the distinctions accessible to all.

As the sentiment of personality awakens, and while it is fortified by a virtuality intellectually perfect, no obstacle can embarrass its progress, thus ambition is nothing but a reasonable aspiration towards a determined end, which can be attained under the direction of conditions easily fulfilled. But if there be those who can stay their course, how often do we see others whom the sentiment of personality looses; for one who succeeds, how many fail! Thus is it, so to say, that passion is the expression of vain efforts; absent merit is supplied by intrigue, and thus we encounter those who are lost to all sense, and the insane, the last term for all disordered passion. What now, however, is important to observe, is the generalization of the impassioned movement which, from the heights of the social ladder, spreads itself everywhere, endeavouring to overturn in its passage all those whose virtuality was not up to the level of its influence. The immigration into towns—the abandonment of agriculture—the progress of stock-jobbing—the search of public employment—the preference accorded to works of skill or to the

chance contracts of commerce, lastly, the ever increasing number of bankrupts, such are the facts of which the councils-general yearly complain, refusing at the same time to see in them the intimate connection with those dramas, whose termination is found in suicide or in sojourn in a lunatic asylum.

While society had a belief, when the breath of free examination had not engendered doubt, when the principle of authority was still powerful, the religious principle could not go astray, and we only observed the exaggeration of fanaticism, excited by local and accidental causes. Ignorance has seen her mask torn away, the intellectual level has progressively risen, doubt has prevailed, and truth is extinguished in the shock of our revolutions, and yet our epoch is, perhaps, that which is most fertile in religious insanity. Fear has replaced fanaticism, and has necessarily made many victims among that crowd which, over-excited one moment, by a false agitation finds only a void the next, when quiet has been restored. This over-excitement, however, exercises temporarily a prophylactic influence; thus, in 1848, the number of admissions, generally, had considerably diminished. But we must not omit to notice on the other hand, that there was a marked increase subsequent to the year 1849. The character of this increase should, however, be defined before we consider the explanation of it.

In relation to this period, one fact cannot but strike us as important—the attacks against family relations—most prominent lesions of the affective sentiments, and with this, the depressive form has become the most frequent. The development of the affective sentiments corrects the wanderings of other sentiments, whilst, on the other hand, their decadence is the starting point of those deplorable perversions, which we find in so many insane, and which at the present time especially contribute to render them more dangerous than formerly. Rightly do we complain of the abuse of alcoholic liquors, and of prostitution, which being causes of a certain degenerescence, are, besides, the true index of that weakness of the affective sentiments, which, met with everywhere, is sure to bring fatal ruin, if not arrested by a powerful hand. But if those deep disturbances which have ruined society, have had their momentary victims, how numerous must be the victims they have prepared for the future! When France succumbed in 1814 to a formidable coalition, it was not that her courage was overthrown, but that she could only recruit her army with soldiers born under the Reign of Terror, and that a physical degenerescence had left as a consequence, a true moral weakness. Such is the epoch in which the statistics reveal a considerable increase in the number of the insane. Especially as to the fact that at that time, the generation which, born under the influence of our disasters, and the calamitous years that followed, was developing itself, must be added the effect of the

cholera of 1832, and the political agitation of our third revolution. Since 1850 the increase has further shown itself; for to the facts of hereditary tendency, whose origin we have indicated, is added the perturbations of 1848, the cholera of 1849 and 1854, whose influence on the population of France the last census has revealed.

An allusion is often made relative to the pathogenic influence of revolutions, they are far from being identical, manifesting themselves less in the ideas which are awakened, than by the passions which are aroused. The primary effect of all social convulsions is to inspire fear in all those who, spectators of the struggle, see in it the loss of security and the ruin of their hopes. Confidence is destroyed, expansion retires, and virtuality itself is oftentimes gravely compromised. In those who take an active part—some wear themselves out, more or less quickly; others invigorate themselves, whilst others, drawn by the most thoughtless enthusiasm, are completely bewildered the moment that the return of order and security leaves un-nourished that sterile agitation which is the breath of anarchy. To enunciate this fact, is to show how the pathologic consequences naturally range themselves, and also how the number of victims is so considerable after that the struggle has ceased. But if isolated revolutions have their disastrous consequences, how ought they to be aggravated, when a new revolution complicates the results. Those who have escaped the first, find a stumbling block in the second, and if this be surmounted, it is sure that the breath of the third will carry them away. These things happen in the pathological order, as surely as in the moral order, and much error would have been avoided in this world if these questions, better studied, had not been much obscured by the sophisms of a greedy egotism.

The increase in the admissions of the insane, first especially felt in the department of the Seine, progressively spread itself through the other departments, until for the period from 1849 to 1853, it has shown itself as 97 per cent. It is in this point that the revolution of 1848 is principally distinguished from its elder sisters. Until then Paris, and a few exceptional centres, had had the monopoly of agitation, and it was there naturally that mental alienation should have its greatest number of victims. But in 1848, agitation was decentralised, fear became much more general, the perturbing root was deeper, and the progress of the evil had gone so far, that in 1851, when Paris was pacified in two days, the struggle continued energetically in the departments furthest from the centre, where the secret societies could not be dissolved but by long-continued efforts. Again, it is since 1848 that we observe the immigration into the towns and the abandonment of agriculture for work created by the exaggerated development of certain manufactures. Annually the Asylums of Salpêtrière and Bicêtre furnish us, by the insane which they return to the Departments of their home, the unanswerable

proof of the dangers of this hot social temperature, which overwhelms those who are not sufficiently inured to resist its influence.

If the sum total of the insane at any given time, has shown the number of females to be above those of males, the statements of annual admissions presents a totally opposite result, for the period between 1842 and 1853—in which the proportion per cent. of admissions is represented as 53·30 for men and 46·70 for women. This fact calls for some explanation, in order that we may not be led to consider, that men are more predisposed than women to insanity. At Paris and in other great centres of population, equality is generally maintained between the two sexes, more frequently the females predominate over the men; if we now trace concentric circles round these great agglomerations, the further we travel from the centre, the more the proportion of women to the men decreases. It is to the female that agglomeration of population appears most fatal, and it is especially since 1854, that this fact has become more and more evident, not only in populous towns, but also in certain less important commercial centres, which are the seat of periodic and nomadic agglomeration. It is too, in the alternating fluctuation which the proportion of sexes in the admissions presents, that we observe the modifications in the medical constitution which gives a peculiar stamp to mental alienation. So that, without entering here into the development of this idea, we can state, that the predisposition of one or other sex shows itself, more or less according to the existence of circumstances of a nature to influence the reigning constitution of disease.

Notwithstanding that the isolation of the insane, has been for a long time considered as necessary to the public security, yet physicians have been accused of seeing danger, not only in the acts which the insane have committed, but in those which they may commit. Now we have frequently remarked, that sufficient notice has not been taken of the threats of the insane. Crimes committed under the influence of a sudden spontaniety, are comparatively rare, and even when they seem to have this character, the medico-legal expert shows that they have been preceded by a considerable period of incubation. The danger exists as long as there are threats, and so long may the act be committed; for, once the incitation fixed, either by an irresistible instinct, or by hallucinatory conceptions, a fatal attraction will necessarily, if without obstacle, lead to a serious issue. There is in the acts of the insane a sequence so logical, that their prevision is not conjectural, and when the physician has declared the existence of the danger, it certainly is very imprudent to wait for any demonstration of it. I quite foresee, that the behaviour of our patients in the asylum, where they are calm, mild, and inoffensive, working eagerly, and submitting without complaint, will be objected to this view. We can point out, that the most dreadful crimes have

been committed by the mildest of lunatics, but as an answer we shall observe that, an insane man believes, for example, in his right to the throne, or in the exercise of some reforming power, announces loudly his intention to proceed to the seat of government to exercise his projects. Shall we wait the accomplishment of the acts he may commit, or shall we prevent, by an opportune sequestration, the practical development of a delusion whose consequences are foreseen? Why therefore should not an equal solicitude watch over all? The danger of which a lunatic is the cause, exists not only in himself, but also in his connection with the surrounding circumstances. More than ever, is the insane become as a foreign body in the general movement which impels society. The material conditions of life becoming daily more difficult, is demanding an activity which fetters and annoys, because its excitement increases, and its impressions become more painful. When everything becomes a source of suffering, the attempts at reaction are more energetic, especially when the defects of an early education have exaggerated the intolerance of the suffering, have excited a strong irritability, and have removed the instinctive impulses from the empire of a reasoning will, or from the influence of the affective sentiments. Lastly, it has been attempted to exclude idiots and imbeciles from the action of the law, under the pretext that these diseases are without hope for the person, and without danger to the public order, or personal security. We cannot do better than borrow our refutation of this opinion from Dr. Ferrus, than whom no one has more ably contributed to the solution of the different problems relative to public charity.

“Without contradiction,” says the learned inspector-general, “insanity and idiotism are very different things, since one consists in a disease having supervened in a person, who, before being attacked, enjoyed the plenitude of his intellectual faculties, whilst the other is, so to say, but the normal and permanent state of an individual, whose faculties have undergone in a greater or less degree an arrest of development. But this diversity of origin and aspect, does not prevent the lunatic and the idiot from agreeing in one essential point, that of mental alienation—a generic expression which embraces in its full acceptation all the species of moral and intellectual defection. Both are wanting in judgment, or rather moral liberty; it matters little, whether by alteration or default, both are incapable of appreciating the morality of their acts, of directing the will, of maintaining their determination; that is to say, that, lost to themselves, they are equally insane. In a word, there is between the lunatic and the idiot this only difference, that the one has never known, and the other knows no more. If then it is so, the law not having established a distinction between the categories of insanity, it is evident that, without derogating from our position, we cannot exclude the idiot from the measures which were intended to apply to all the

insane. As calm and inoffensive as the idiots may appear, it needs but a trifle to rouse in them the most violent instincts, and to force them to acts the most compromising to the security of public order. Nothing is less rare than to see murders committed by these unfortunates, incapable of giving an account of what they do. As the greater part possess physical force, and have sometimes enough intelligence to execute what they are commanded to do, they become often in the hands of perverse persons blind instruments of mischief. There is another point which should not be lost sight of, because it relates to dispositions whose manifestations are not less noxious than constant—I mean the brutal passions. Lechery is in idiots a characteristic phenomenon; we all know with what eagerness they give themselves up to onanism. To satisfy uncontrollable desire, they will attack any woman or girl they may meet apart, and make them victims to their vile purposes. Female idiots are not attracted towards men with less power; and with shame be it said, there are those who abuse their ignorance and weakness. Multitudes of children, born in the most unfavorable circumstances, are the fruits of such ignoble connections. Certainly these are facts gravely compromising public order and personal security, and we must add, the repose of the family. There is then great reasons why we should class idiots in the category of dangerous lunatics, towards whom the law warns the administration to take caution and care.

The general statistics also show us two facts which ought to give rise to the most serious reflection. The manifestation of mental alienation before twenty years of age, and the prevalence of general paralysis. Formerly insanity of early age was a very rare exception; now, on the contrary, we observe a more marked precocity, and the insanity of the young seems to have some relation to the numerous suicides now so prevalent. The deep perversions in the instincts and sentiments, act strongly on the developing of these cases, of which puberty is often the crisis, or as often acts as an exaggeration. It happens in all ranks of society, and seems to be on the increase. A direct or predisposing hereditary tendency will necessarily play an important part, revealing to us once again, how important it is to calculate, not only the causes which impress directly, but also those which exercise a collective action on the generation which precedes.

Lastly, general paralysis was formerly considered as the almost exclusive appanage of the male sex, but which now counts as many victims among females. It is in the examination of causes, which precede and produce this form of insanity, that we have one of the proofs that mental alienation is a disease much more serious now than formerly, and must necessarily make a greater number of victims.

We have noticed all these points as a refutation to those opinions

by means of which, the construction of institutions as answering to the pressing wants, was impeded, and we notice with satisfaction that the general councils of 1859 have been signalled by a return to the just appreciation of facts; and if the cause of the insane has not conquered all the sympathies to which it has a right, antagonism is extinguished, and the future presents a better promise.

J. H. B.

Two Cases illustrative of two distinct forms of Mania, with general Paralysis. By KENNETH McLEOD, A.M., M.D., Certified Student in Medical Psychology and Mental Diseases, of the University of Edinburgh, and Assistant Medical Officer of the Durham County Asylum, Sedgfield.

(Communicated by Professor LAYCOCK.)

DR. McLEOD to PROFESSOR LAYCOCK.

DURHAM COUNTY ASYLUM;
Oct. 15, 1861.

MY DEAR DR. LAYCOCK,—I am sorry that owing to constant occupation of my time by asylum engagements, I have not been able sooner to forward the cases of which I promised you a detailed history. This I have been at some pains in ascertaining as accurately as possible, and regret that I have not been able to put my materials into a more polished form. Both of them seem to be very typical examples of the forms of general paralysis which you differentiate, namely, the alcoholic and diathetic. Each affords a most perfect example of the sequence by which, from a perfect *arthritic* health, and sound arthritic modes of psychological manifestation, the invasion of paralysis gradually proceeded to sap and extinguish life.

Both appear to me to be pure examples of the mode of decline to death in each. Faculties never very brilliant or developed to any extent, but eminently sound and normal in modes of action, gradually became enfeebled, and ultimately erased without the repetition, or optimism, which finds a rudimentary homologue in the accumulating propensities recorded in both cases.

The development of the emotional and animal in Case I, and the automatic acts in Case II, are perhaps the phenomena of greatest interest and importance. The pathological appearances seem to me also to correspond with and throw a very interesting light on the manifestations during life. The automatic manifestations which I

have detailed in Case II, and which I might have exemplified much more largely, bear, I think, on two points—

1. The often-observed fact of the remembrance in age of cerebral acts, which took place while cerebration was in all its vigour, rather than of recent impressions, which coincide with feeble organismic change.

2. This fact and the general consideration of the automatic acts themselves demonstrate the purely physiological nature of memory, which has always been claimed by the metaphysicians as exclusively within their province. There was memory in *representation*, instead of *presentation*, as satisfactory a manifestation of *reflex* cerebration as could be.

Another interesting case bearing on this matter has come under my notice.

A sea captain, after a long and anxious voyage, got into a state of physical depression, and profound mental gloominess, melancholia of the most pronounced nature, regarding present, past, and future, and investing all in misery and darkness. He was "treated" by blisters, mercury, and low diet! Of course he got worse, and as he grew weaker he began to show symptoms of exactly the same sort of reflex representation. He fancied he was on board ship at night, and talked and acted accordingly. After his admission into the asylum he was treated vigorously by stimulants, strychnia, and lots of beef-tea. The automatic acts left him, he is now fairly into the *redux* phenomenon of melancholia, insisting on his poverty and wretchedness. As formerly, he never talked at all with reference to external relations. I hope his doing so now may be a token of ultimate recovery.

Trusting that the cases though hurriedly and too imperfectly related, may be of some service to you as illustrations of your views of the pathology of general paralysis,

I remain, yours most sincerely,

KENNETH McLEOD.

TO PROFESSOR LAYCOCK, Edinburgh.

CASE I. *Mania with general paralysis (dietetic) after paroxysmal drunkenness and syphilis. No optimism: propensity to collect and accumulate; appetite for food and stimulants exalted; instinct for personal cleanliness abolished; recurrent attacks of apoplexy. After death chronic disease of cerebro-spinal membranes; no atheroma.*

History.—W. L., was the son of a strong stout Northumbrian farmer. He belonged to a very healthy and long-lived family, in whose history mental aberration was unknown. He was brought up to the trade of a miner, and worked in that capacity in Wales until the year

1855. As a young man he was of strong arthritic habit, well built, and muscular, possessed of large features, ruddy complexion, rather inclining to the vascular. He was an unusually active and efficient workman, energetic and persevering, and earned as good wages as the exercise of his trade admitted. His intellectual powers were never of a high order, and had not been developed to any extent by education, but they were characterised by soundness and steadiness, and exhibited no eccentricity or partial abnormal development. His original disposition was warm and kindly. His appreciation of religious, social, family and self relations, were healthy, and the correlative duties of these normally performed. Gradually, however, he yielded to drunken and dissolute habits, and towards the end of his stay in Wales was so mastered by alcoholic and sexual appetites, that he had become a hard habitual inebriate, and contracted a severe attack of syphilis. In order to get rid of the latter he submitted himself to the treatment of a quack, who administered large quantities of medicine, mercury, it is believed, among the rest, which rather aggravated than allayed his malady.

In the year 1855 he became a stone-quarrier, and came to live near Newcastle. Here he took small contracts or "jobs," and while he kept sober made excellent wages; he spent all these in drink, which now held him as a slave. His life was an alternation of very hard work, good resolutions, and temporary sobriety, and occasional drunken sprees, broken resolutions, riot, and excitement. His temper and disposition gradually underwent a change. He became emotional, habitually excitable, occasionally violent, and very quarrelsome, entertained suspicions of his fellow-workmen, and not unfrequently fought with them. His intellect began to yield to his passions, and rational forbearance to give place to violent manifestations of irritability and temper.

In the year 1856, he had an apoplectiform attack of the following nature. He had been very much overheated, and in that state took a copious draught of cold water. Immediately thereafter he fell down insensible; was taken home, remained in a state of coma for about an hour, and gradually recovered, retaining, however, slight paralysis of the right side, and exhibiting still more acutely symptoms of intellectual degeneration, and the predominance of passion and appetite.

In 1857 he was admitted into the Bath Lane Asylum, Newcastle, under the care of Dr. Smith. He then presented the symptoms of general paralysis. His articulation was very much affected, words imperfectly uttered, and syllables run into each other. His gait was feeble and uncertain, the right foot being more tremulous and out of control of volition than the left. He was admitted with a pair of black eyes bearing evidence of an excitability which characterised him to the last, and an irritability which did not allow the slightest

interference or thwarting to pass unresented. He laboured under intellectual torpor. His memory was bad, and particular incidents lost in more general recollections. He exhibited no optimism or any symptoms of that multiplication or repetition, which is the fundamental feature of the psychological manifestations of the insane paralytic. He was, however, an inveterate accumulator, bringing together all sorts of things, secreting them, and retaining them by every artifice. He was ready to steal when occasion offered. His appetite was voracious, and not by any means nice as to what he eat. On his admission, and for some time after, he laboured under a discharge from the urethra, and had two or three small sores upon his penis. His bowels were, at the same time, very loose. Not insensible to the calls of nature, he frequently made for the water-closet, but dark, gruelly, noxious stools, came flowing away involuntarily, and he was, consequently, a disagreeable dirty patient.

He remained in the Bath Lane Asylum until its patients were transferred to the Durham County Asylum at Sedgefield in 1858, in which institution he was retained until the end of that year. During this time he was treated by antisyphilitics, astringents, tonics, stimulants, and a generous diet. His condition fluctuated. At one time he was very helpless and paralysed, almost unable to talk or walk, with a voracious appetite and severe bowel complaint. At another time he was more lively, talkative, and stronger. His bowels became more regular, evacuations less frequent, more consistent, and under his control, the urethral discharge disappeared, and his mental and physical health so improved that he obtained, towards the end of the year 1858, a month's leave of absence on trial, and was at the end of it considered fit for discharge.

He was brought back to the asylum on the 9th of April, 1859, being at that time thirty-nine years of age. He had resumed his former employment, but at the same time had gone back to his former habits. He had been drunk for a whole fortnight before his admission, had conceived a violent enmity against one of his fellow workmen, whom he thought it his duty to kill, had threatened to kill his wife, and "had ordered a large hot-house for a small garden."

After his admission, the following facts were noted:

I. *General health.*—The respiratory and circulatory symptoms were ascertained to be normal.

His teeth were large and good, but worn on one side by the use of the tobacco pipe, a habit which he indulged in great excess. His gums were spongy, tonsils enlarged, and ulcerated. His appetite was excessive, his digestion apparently good, and bowels open frequently—once or twice a day—stools being dark and offensive.

There were several small chancres and excoriations around the corona glandis, and on his back and chest was an abundant eruption of syphilitic herpes, which had existed for four years.

II. *Mental manifestations.*

1. *Presentative faculties.* (1.) The corporeal presentative faculties, or faculties of sensation and sense were normal. To the last he retained the sensibility of every part of his body, and seemed to see, hear, taste, and smell. There was, however, slight irregularity of the left pupil, which did not contract so readily as the right.

(2.) The faculties of subjective presentation, attention or apperception and memory, were both impaired, feeble, and imperfect in their modes of action.

Continued attention in conversation, or work, he was incapable of commanding, and circumstantial recollection was equally impossible, general events being remembered, and those more and more faultily and generally, and particular incidents forgotten.

2.—*Representative faculties.*

(1.) *Gesture* and muscular motion were feeble, uncertain, and consisted rather of a series of jerks than a continuous muscular motion. He was very unsteady on his legs, seemingly afraid to trust them, and frequently fell or settled down on them. The right leg and arm were always observed to be worse than the left, and the latter he generally held in his left hand. Emotion aggravated his uncertainty of gait, but when his food was set on a table near him, so strong was his appetite for it that he always scrambled and struggled to it.

(2.) His *expression*, generally blank and unmeaning, frequently assumed a look of pain and suffering, tears starting into his eyes, and his features assuming a most doleful expression. The facial muscles, and those of mastication, moved feebly, and also in a spasmodic jerking way.

(3.) *Speech* was with great difficulty accomplished, and articulation gasping and spasmodic. The effort to talk rendered the attempt more futile, and any emotion had also the effect of disguising by disorganising the word or totally aborting its utterance.

III. *Ideation*, including association and comparison of ideas, seemed to be very slowly accomplished, giving evidence of exceedingly feeble cerebration.

IV. *Volition*, as signifying mental and corporeal dynamical action, was very slow in evolution, fitful and spasmodic. Emotional exhibitions were frequent and apparently severe.

V. The faculties of relation, which have not, within the walls of an asylum, a stimulus to action, seemed in him to suffer from the general paralysis. He was unconcerned as to where he was, though occasionally he spoke of his wife with much emotion. Appetites for food and nervine stimulants were voracious, and sense of personal cleanliness and instinctive desire to get rid of excreta, very much perverted and depraved.

From this time the progress of his case was one of decline. His accumulating propensities were as strong as ever, and it was observed

that when he recovered a little he selected for accumulation articles of more value. Three times he became suddenly paralysed, totally unable to walk or speak, and after each of these attacks became physically weaker, and mentally more demented.

When I saw him for the first time in the beginning of August, 1861, the power of voluntary motion and representation was almost gone. He lay mostly on his right side, passed his excreta frequently in bed, ravenously gulped up his food and drink, could not talk, though his attempts to speak resulted in a whining cry, accompanied by a miserable, distracted look. His body was covered with large pustules, surrounded by an inflamed indurated base or areola, and his hips and back were disfigured by deep sloughing bed-sores. He was plied sedulously with nutrients and stimulants, and all possible attention was paid to his cleanliness and comfort; but his vital functions became more and more feeble, his sores spread and became gangrenous, his bowels torpid, and pulse fluttering and rapid.

On the morning of the 14th of August he became thoroughly exhausted and died, the cyanotic condition of his face and extremities immediately before death bearing evidence that a cardiac paralysis and syncope was the immediate cause thereof.

A post-mortem examination was performed on the 15th, at 1 p.m., when the following facts were noted:

I. *External appearances.*—The body generally was very much emaciated, muscles small and soft, and bones easily felt through the attenuated skin.

The cranium was of considerable size, but the forehead was small, narrow, and recedent, the posterior aspect or occipital region of the head being much more prominent and developed. The superciliary ridges were prominent, and features all large and well marked. The bridge of the nose was lofty, and its alæ well formed and of considerable size. The eyes were small, sunken, and dim. The cheek bones very high and prominent. The mouth and jaws were very large, and lips thick, the lower jaw being particularly broad and massive. Those of the teeth which remained were large and well formed, but most of them were either decayed or lost. The gums were blue and spongy; the thorax was symmetrical and well developed, and limbs, though emaciated, gave evidence of original size and strength. Several deep, sloughy ulcerations existed in the regions of the trochanters and sacrum, and there were scattered over the body solitary pustules of large size, and presenting as ulcers and scabs, stages in the process of cure. Around the anal margin was a fringe of external piles, and internally to these appeared a number of purplish elevations of an erectile appearance.

II.—*Cavities and their contents:*

1. The thoracic organs possessed their normal relation to each other.

The *lungs* were both emphysematous, especially the upper lobes and anterior borders of them, the rest being of normal appearance and feel. The pleural surfaces of both were unadherent and thickly studded with minute tubercles, giving the membranes a grainy or sandy feel. The lungs contained no tubercles.

The *heart* was covered by a layer of fat, which was principally deposited in the sulci. Its cavities were of normal relative size, and neither of them contained much blood. The valves were all healthy, and aorta and pulmonary artery sound. The former showed not a trace of atheromatous degeneration. The heart weighed $11\frac{1}{2}$ oz.

2. On opening the abdominal cavity, the epiploon was found in the condition of a membranous apron, devoid of fat and unadherent.

The *liver* weighed 2 lbs. $15\frac{1}{2}$ ounces. The surface of it was striped with an alternation of normal liver brown, and fawn colour, and on the convex surface of the left lobe this latter had a predominance almost to the exclusion of the former. On section the appearance was distinctly that of fatty liver, being a lighter brown than normal, retaining the impression of the finger, having besides an oily feel and appearance.

The *kidneys* presented both of them the physical characters of fatty degeneration, not very grave or far advanced, but which involved the disappearance of one or two of the pyramids. The spleen appeared to be normal, and also the suprarenal capsules and pancreas.

The intestinal canal presented all over it a beautiful arborescent congestion, sometimes so minute as to correspond to the description of capilliform. This was especially marked in the stomach. No organic lesion besides was detected.

III. After sawing off the calvarium in the usual way, on attempting to raise it, it was found to be slightly adherent to, and with considerable difficulty separable from, the surface of the dura mater.

1. *Membranes*.—The dura mater presented an opaque, somewhat pearly appearance, and was possessed of very considerable vascularity, red thickly branching vessels very visibly permeating the surface of it. On both sides it was found to bulge smoothly, and have a bladder-like appearance. This general rotundity of it was, near the longitudinal sinus on both sides, interrupted by dimples or depressions, as if the membrane were somehow tacked down. The bulging, as well as this depressed appearance, was more marked on the right side. Fluctuation was distinctly perceived, and the resistance of the cerebral convolutions felt after depressing the membranes and displacing the fluid. The membranous bag was besides translucent, when a candle was held on the opposite side. On the right side, the dura mater was cut through at the level of the divided skull, and in doing so a large quantity of fluid escaped. The membrane was

found to be in some places much thickened and leathery. On raising it, no adhesion was found, until the site of the depression was reached. There it was found to be tacked down by the continuation of large veins, which, gathering in the pia mater from the under surface and sides of the cerebrum, entered the longitudinal sinus, or lateral sinuses or offsets thereof. Around these veins, which were of considerable size and number, the dura mater adhered to the surface of the arachnoid by means of patches of arachnoidal bulbous villi, which entered into and lodged in the substance of the fibrous dura mater. They could be with a little traction pulled out, and left on the visceral surface of the dura mater a fibro-reticular patch, in the meshes of which they were lodged. This mode of adhesion, obtained on both sides in the vicinity of the dura mater principally surrounding the transit of veins from the pia mater into the longitudinal sinus. From the inner surface of the dura mater could be peeled a fine homogeneous transparent membrane; and when removed, a pearly opaque, somewhat blood-stained surface was left. Into the sinus on the free border of the falx numerous veins of different size entered, from behind, before, and from the surface of the corpus callosum, and from the adjoining cerebral convolutions. On the left side the infra dura matral collection of fluid was not so great, nor the general depression of the convolutions so marked. Externally it presented the same appearance as on the other side. On raising it a slight difficulty was experienced, from an adhesion of some parts of its under surface, which seemed to be glued to the opposite arachnoid by a dusky rusty-looking substance. Large veins entered the longitudinal sinus in the same way, and the same mode of adhesion by arachnoidean villi obtained as on the right side.

The under surface of the dura mater was smooth and shining, of a general dusky colour, but presenting here and there oval and rounded patches of a mahogany red, and over the outer and anterior surface of the anterior lobe of the cerebrum a general mahogany brown colour. This latter was found to be occasioned by blood, fluid, and coagulated, contained between two transparent membranes, which seemed to be a continuation and splitting up of a transparent membrane similar to that on the other side, lining, and capable of being separated from the dura mater. On puncturing one of the containing membranes a quantity of blood flowed out, ascertained to be so by the microscope, and in some of the smaller separate patches it was hard and coagulated. The greatest thickness of the layer was a quarter of an inch, and the dimensions of this largest patch over the left brow of the brain was two by one and a half inch. After removing this membrane, another similar one could be stripped off the dura mater also containing smaller blotches. On its removal the fibrous membrane was laid bare.

The *arachnoid* presented over the sulci, and in the bends of the convolutions, a yellowish colour due to thickening and opacity of it. The pia mater presented all over the brain excessive vascularity, large dilated venous trunks containing dark blood, conducted from numerous inosculating radicles, on all parts of the brain. There was, however, a more marked congestion over that part of the brain on which the blood-bag described rested. The pia mater which dipped between the convolutions was very much injected, receiving very numerous vessels from the underlying substance of the brain. The sulci also lodged large veins, which joined those observed on the surface of the brain.

2. The cerebral convolutions had generally a depressed flattened appearance, and possessed neither the prominence nor plumpness which they ought to have, being rather imbricated over one another. The white substance was found on section to be normal in consistence, but to present on section a very punctated appearance, which was owing to the transverse division of very numerous and comparatively large vessels containing a quantity of dark blood. These could be pulled out, and presented under the microscope no abnormality of their coats. The grey substance was normal as to colour and consistence, and seemingly as to quantity relatively to the atrophied convolutions, though its absolute amount was certainly smaller than it ought to be. It also was permeated by numerous vessels joining those of the pia mater in the sulci.

The *right ventricle* contained a considerable quantity of a clear fluid. The surface was all over very vascular, covered by large branches of vessels containing dark blood. These ramified beneath the lining membrane of the ventricles on the surface of the corpus striatum and collected into one trunk which running along its posterior border, disappeared beneath the fornix just as it was joined by another vessel coming along the margin of the fornix from before. The choroid plexus was very large, its free border being rounded and tuberculated, being composed of a knotted congeries of dilated or varicose vessels containing coagula. This condition of it also obtained in the descending cornua.

The *left ventricle* presented exactly the same features.

The base of the brain presented the same appearance of excessive vascularity, the arteries and veins being numerous and large, the former were normal in their mode of distribution, and neither to unaided sight nor to the microscope exhibited any symptoms of atheroma.

The substance of the brain was carefully examined and no organic alteration of it observed.

The spinal cord was cautiously exposed. The dura mater in some places bagged out into bladders containing fluid which could be displaced and the substance of the cord felt. In other places it

seemed to be pinned down to the surface of the cord. On slitting it through it appeared thicker than usual, and in some places was almost leathery. The apposed surfaces of the arachnoid adhered—1. By small thready fibrous bands; and 2, over a patch of surface. In this case both surfaces presented a peculiar dusky uniform mahogany colour, with vessels ramifying beneath it. This appearance was due to a similar phenomenon, a similar collection of sanguineous matter beneath the membrane as was observed in the brain.

Sections were made of the cord at intervals of an inch, and nothing abnormal observed in consistence or relative disposition of grey and white matter.

CASE 2.—*Mania with general paralysis (diathetic.) Paralysis at first limited to the speech; no ascertained optimism; propensity to accumulate; reflex cerebral acts. After death extensive atheroma of the cerebral arteries; thickening and chronic congestion of cerebro-spinal membranes.*

D. S—, æt. 74, a native of Scotland, was bred up a seaman; he was a very strong, sturdy, muscular man, of medium height, firm, and large physical development. He had never received much education, but by sobriety, industry, and sense, rose to the position of a master mariner. He in this position earned good wages and brought up a large family in respectability and comfort. He plied his vocation incessantly until twelve years ago, when he was forced on account of failure of his eyesight, rendering him unable to see the compass, to give up going to sea. His bodily powers also began to fail, and intellectual faculties to get feeble. His walk became a little tottering, his accent slow and thick, his memory uncertain and treacherous, and his modes of thought childish, and rate of thinking slow. During the first six years of his stay at home he retained a sense of external relation and spoke and acted accordingly, though he was gradually getting decrepid and feeble in powers of motion and conversation. He during this time manifested a tendency to accumulate, but did not express any delusive belief in wealth or social position. He gradually began, however, to lose a sense of where he was, and at first at nights and latterly during the day, spoke and acted as if he were on board ship, commanding his family as if they were the seamen, and handling the furniture of the room, and scrambling on sofas, chairs, &c. as if they were the deck and rigging of a vessel. He uttered his orders in a loud tone, and was very much annoyed that they were not more actively obeyed. As his bodily power declined, and articulation became more paralysed and less easily understood, and mental evolution slower and feebler, his automatic representation corresponding to familiar and habitual former external relation became more complete and incessant. Besides he

became so blind that the actual relation of external objects were shut out, and he often injured himself by coming in contact with these. He at last became so troublesome and unmanageable at home that he had to be sent to a workhouse. There he continued his automatic representations, and imagining that he was on board ship, constantly threw off his coat in the fancied gravity of his exertions; pulled about his bedstead as if he were launching boats, and disturbed the inmates, and by running heedlessly against opposing obstacles endangered himself. He was therefore sent to the Durham County Asylum where he was received on the 9th of July, 1861. He was then 74 years of age.

The symptoms observed on admission were those of general paralysis in a most advanced stage. His presentative faculties objective and subjective were almost completely erased; his senses obtuse and almost lost; attention and memory to all appearance gone. Lost as he seemingly was to present external relation, his ideation or acts of thought corresponding to these were also wanting, and he did not energise in any way either mentally or physically in correlation with existing circumstances. His modes of representation were therefore an acted memory of former relations and circumstances. During the day, he sat, coiling up an imaginary rope, gathering it with the right hand into the left, or walking feebly and distractedly about, wearing a meaningless and rather unhappy expression, trying to articulate words which could seldom be understood, and when they were, referred to something nautical. At night he was very restless. If he was in bed he pulled at the clothes as if they were sails and ropes, and if these were held and the pull rendered more difficult, his exertion correspondingly increased and accompanied by a "Heave oh," sung out in sailor like style. He very often got out of bed, tried to handle it or put his shoulder or back against the side of the room pushing and straining and asking for assistance with a "come away, lads." He also tried to clamber up the window shutter, and was one night found by the night-watch hanging from the top of it by his hands. His appetite was good; bowels frequently open, and fæces passed involuntarily, of slight consistence and very noxious odour.

From the time of his admission he became more wasted, helpless, and weak. It was ascertained that he was labouring under disease of the aortic valve, a loud blowing being audible with the first sound of the heart at the base, but the physical examination was rendered very difficult by the constant mumbling of the patient. Latterly he presented œdema of the præcordial region and incipient gangrene of the right great toe. On the 27th August, a severe diarrhoea set in, which was treated without benefit by astringents and sedatives both administered in mixture and by injection. On the morning of the 29th, he was in a moribund condition, scarcely able to breathe, not

at all to articulate, with a scarcely perceptible and very slow pulse. Every moment or two, all the muscles of his body gave a slight convulsive start, and this fitful expenditure of vis nervosa, as it involved the muscles of respiration, interrupted that function by an occasional hiccup.

By galvanism and the free use of stimulants and administration of beef tea at intervals, he was rallied so far as to breathe less laboriously, though still a falling of the lower jaw, and respiratio superior was evident. He now moaned constantly, and once or twice was observed to go through the automatic representation of biting off an imaginary quid of tobacco. Towards the evening of the 30th, a mucous rattle developed itself in the trachea, and breathing became more seldom and laboured, pulse less perceptible, and the heart's action feeble and trembling. Vital activity slowly declined and finally fled at 1.20 of the following morning, death being a consummation of a paralysis of vital functions which had gradually with slow, steady pace, enfeebled, impaired, and destroyed them.

On the morning of the 1st of September, an autopsy was performed, when the following facts were noted :

I. *External appearances.*—The body generally was very much emaciated, and its muscles small and soft. The cranium was large and massive, scalp very sparingly covered with hair; forehead lofty and broad, and its measurements in every way above the average. The superciliary ridges were prominent and well arched. The features symmetrical, well formed, and strongly pronounced. Nose large, straight, and broad; ossa malæ prominent. Mouth and lips large. Eyes placed far apart, but dim from the existence of an arcus senilis which almost entirely covered the cornea. Both jaws were broad and well-developed, and the teeth which remained in them of large size and normal shape. The skin of the face was thick and almost greasy, containing dilated and varicose capillaries. The thorax was broad and well arched, and ribs broad and strong. The bones of the limbs were large, and joints well-formed and healthy. The superficial temporal artery could be seen running tortuously up the temple, and felt hard and firm, and the radial artery also give a cordy, almost calcareous, sensation.

II.—*Cavities and Contents.*

Thorax.—Both lungs were universally attached to the parieties of the chest by pleuritic adhesion, which in some places amounted to a complete amalgamation of the opposing surfaces of membrane by a thick, superposed false membrane. The lungs were to feeling and sight normal in structure, though considerably congested.

The heart was large and flabby; its anterior surface was entirely covered by a layer of fat, marked by reticulations caused by the vessels which passed through it, which was principally deposited in the inter-ventricular and auriculo-ventricular sulci. The coronary

arteries felt hard, and in some places calcareous and gritty. Both were carefully dissected, and found to have undergone a complete atheromatous degeneration of their coats, which in the larger branches existed as a calcific tube covered by the external layer of vessel, which was thus much narrowed in calibre, and in the smaller, as a yellowish, somewhat soft, and buttery thickening of their coats in patches.

The *muscular* fibre was pale, soft, and of a light brown, displaced to a great extent by the fatty layer described. The right auricle seemed to be distended out of proportion to the rest, and on laying it open, it was found to contain a firm fibrinous coagulum, which almost completely occupied its cavity, and was attached to and involved in the *musculi pectinati* of the auricle proper and the *chordæ tendineæ* of the tricuspid valve; the other cavities were normal in size, but contained little or no blood. The aortic valve was found to be incompetent, and when exposed the flaps of it were seen to be very much stiffened and thickened by atheromatous changes, in some places almost calcareous. No portion of this was eroded, but they stood out half-closed, and stiffly retained that position. The mitral valve was normal in form, but slightly hardened.

The aorta and its principal branches were thickly studded with calcareous plates projecting into its interior as nodulated roughnesses. This was especially marked where the coronary, carotid, subclavian and innominate left it. The orifice of these vessels being thereby much narrowed.

II. The abdominal peritoneum was void of any adhesions.

1. The stomach showed a considerable amount of chronic congestion, being flaccid almost void of *rugæ* internally, and having in some places its mucous membrane eroded, and in others reddened by submucous punctiform congestion.

All the rest of the intestinal tube was more or less congested in a ramiform manner, and about two feet of the ileum near its termination inflamed, of a uniform dusky red internally; chiefly covered with mucus and a yellowish colour externally, with occasional more yellow patches.

The mucous membrane was sound throughout its entire length; the colon was very strongly contracted on itself; the longitudinal glands being thus thrown into unusual distinctness.

2. The liver was small of a fawn colour externally, soft and pliable, it was yellowish-brown internally, torn easily asunder, and was evidently far gone in fatty degeneration, a fact which was proved conclusively by microscopic examination. It adhered posteriorly to the right supra-renal capsule, tearing it open and showing it to consist of a cavity filled with a brown pulp. The supra-renal capsule of the opposite side was in the same state.

3. The kidneys were both fatty and the renal arteries atheromatous.

4. The capsule of the spleen was slightly adherent to the sur-

rounding structure. It presented a mottled appearance, its surface being marked by calcareous tubercles and larger nodulated elevations. Its substance was completely disorganized, converted into a pink pulp. This could be easily washed out, leaving the tubercular structure which was seemingly normal. The abdominal aorta and *all* its branches were very far advanced in atheromatous and calcareous change. The psoas muscles were pale, friable and soft, and both presented within them evidences of muscular apoplexy.

III. The *dura mater* adhered firmly to the interior of the cranium, which was of normal thickness. The spinal cord having previously been removed the fluid which must have existed beneath this membrane escaped then. It was found to be very much thickened, more so than in the last case. On removing it veins were found to enter its longitudinal sinus, and in the same way and the same mode of adhesion, by arachnoidean villi, to obtain, though these were manifestly larger and in some cases had completely penetrated the membrane. The mass of the brain looked small and wasted compared with the size of the cranium. The convolutions were flattened and depressed and almost completely hid from the view of the thickening of the arachnoid, and the congestion and the chronic hyperæmia of the pia mater. The former was marked by yellow opacities and raised into numerous bullæ by subarachnoid clear effusion, which also indented as well the subjacent convolutions. The pia mater consisted of large flattened veins running laterally and from below towards the longitudinal sinus, collapsed and receiving numerous branches of considerable size from between the flattened convolutions. Its arteries were round and cordy, very atheromatous, and when divided retaining stiffly this tubular form and containing a red fibrinous coagulum. The bend of the internal carotid artery upon the body of the sphenoid bone was quite calcareous and the caliber of the artery here very much narrowed.

All the branches of the principal cerebral arteries, and those arteries themselves, were also far gone in this degeneration, though it was less pronounced the smaller their size.

The brain was carefully steeped in spirit for future more careful examination, and measures taken to ensure its access to the cerebral substance; but when it was again looked at, so great was the tendency to disorganization, and so feeble its organic structural integrity, that it was throughout much softened. The left middle lobe had been previously observed to have undergone the process of softening, and conversion into a grey pulpy matter which was with the greatest ease removed by the handle of the scalpel.

All the rest of the cerebral substance though friable and wanting in normal firmness and cohesion was comparatively sound.

*Lunacy in France.** By DR. COXE, Commissioner in Lunacy for Scotland.

ROUEN, September 20, 1861.

As considerable attention has recently been directed to the state of lunacy in Scotland, and much difference of opinion still exists as to the best method of providing accommodation for the insane poor, I have thought it not unlikely that it may interest at least a section of your readers, to know "how they manage these things in France." You are aware there is no compulsory poor-law in this country; nevertheless, there is much charitable expenditure. Each parish or commune has its own resources, derived from the rents of land, the interest of money, local imposts, or charitable bequests; and its ability to provide for its poor varies with the amount of its revenue. In some communes, accordingly, the poor are well cared for, while in others "they are steeped in misery to the very lips." In 1838, the present French law of lunacy came into operation. It provides for the erection of departmental asylums, and for the maintenance therein of the insane poor. The funds for the buildings are voted by the Conseil-Général of the department, while those for the maintenance of the patients are found in this way:—The law determines that a commune possessing a certain income shall pay a certain proportion of the keep of its pauper lunatics; the remaining portion is defrayed by the department. The proportion paid by the commune varies from a sixth to a half; but as it is rare that a commune pays the highest rate, by far the greater share of the cost of maintenance falls on the department. It is the duty of the préfet to ascertain the income of the different communes within his jurisdiction, and to fix the proportion which each has to contribute for the pauper lunatics belonging to it. The rate of maintenance to be charged by the asylum is also fixed from time to time by the same official. At present, in the department of the Seine Inférieure, it amounts to one franc twenty-five centimes a-day for males, and to one franc fifteen centimes a-day for females. The poorest communes, accordingly, get their pauper lunatics maintained for a sixth of these sums, or about twopence a-day. Of course, as forming part of the department, they have to pay their share of the departmental expenses, but these fall in a much greater ratio on the wealthier communes—on such, for instance, as those of Rouen and Havre. The natural effect of this system is to stimulate the poorer communes to send every possible case to the asylum.

The French law classifies admissions into asylums as "voluntary admissions," and "admissions d'office." The former are admissions

* This paper originally appeared in the 'Scotsman' newspaper, in the form of letters, all bearing date September of this year. Being intended for serial publication, they are not altogether fitted for continuous reading; but the writer could not undertake to recast them. A blank line marks the divisions of the original letters.

demanded by relatives; the latter, admissions ordered by certain officials in virtue of their office. The legal formalities in the two cases differ essentially. In voluntary admissions the application must be accompanied by a statement of the degree of relationship in which the applicant stands to the patient, or of whatever other tie subsists between them, and also by a medical certificate of insanity; but no official order for the reception of the patient is required, and indeed, in cases of urgency, the superintendents of public asylums are authorised to dispense with a medical certificate. "Admissions d'office" appear to have been intended by the law to embrace only such patients as were dangerous to themselves or the public; but as no indigent person would be received into an asylum on the demand of his relatives, the practice has grown up of making all admissions of pauper lunatics, "admissions d'office." The object of the orders granted in these cases, however, is simply to authorise the medical superintendent of the asylum to receive the patient, and to extend to him the benefits of the institution at the public expense. The officials competent to grant such orders are the préfets of the departments, and the préfet of police at Paris. In cases of urgency, however, the commissaires de police at Paris, and the maires of communes elsewhere, may order the removal of a patient to an asylum, being bound, however, to give notice to the préfet within twenty-four hours, in order that his sanction may be obtained to the detention of the patient—that is, to his gratuitous treatment.

Application for the admission of pauper patients is made to the préfet by the authorities of the commune, generally by the maire, and is accompanied by a medical certificate of insanity. The order of the préfet is then, with rare exceptions, granted as a matter of course, and the superintendent of the asylum is bound to receive every patient whose admission is thus authorised. In this way the maire of any commune who can procure a certificate of insanity for any pauper, can get him removed to the asylum and maintained there at an average cost of less than twopence a-day. As might be expected, this power has been greatly abused; and the French departmental asylums are in consequence crowded with fatuous and demented patients, many of whom might perfectly well be disposed of in private dwellings. Numerous complaints are annually made of this state of matters by the préfets, in their reports to the Conseils-Généraux of their departments. The préfet of the Department of the Cantal, for instance, in his report of 1855, while declaring that the law which provides for the care and treatment of the insane is a "human and generous law," deplores that it is "corrupted by selfishness, which tends without ceasing to enlarge its limits and to pervert its intentions. If care were not taken," he continues, "to prevent its provisions from being abused, our asylums would soon be filled to overflowing with all those whose moral or intellectual nature

is enfeebled or clouded, and who, without being dangerous or troublesome to society, are yet a source of embarrassment or dislike to their natural protectors. . . . I have therefore submitted every fresh application for admission to the most rigorous examination, and I have called on the director of the asylum to bring under my consideration, with the view to their removal, all those patients whose mental state does not offer any danger to the public peace." In this last paragraph, the *préfet* refers to the statutory provision which directs him to inquire into the mental condition of all patients in confinement twice in the year, and to remove from the asylum such as might properly be restored to society, or be placed with safety in private dwellings. It would seem from the passage just quoted that the *Préfet* of the Cantal really acts on the provision referred to; but in most departments this half-yearly inquiry is a mere form. Every six months, a list drawn out by the superintendents of asylums of all the patients under their care, is transmitted to the *préfet* with a note appended to each name, which almost as a matter of course, recommends the continued detention of its owner. Of this list the *préfet*, equally as a matter of course, approves, and in token thereof signs it; and thus for six months to come the question is settled. It, however, by no means follows that the superintendent considers all his patients as properly placed in the asylum. But he is in this difficulty, that he does not know what else to do with them. If sent home to their communes, either no provision is there made for their maintenance, or they receive very inadequate assistance from the *bureaux de bienfaisance*. Under these circumstances their families are very unwilling that they should be discharged; and if, notwithstanding this, they are sent home, endeavours by fair means or foul are made to get them back into the asylum as soon as possible. The *préfet*, pestered with repeated applications to this end, and occasionally alarmed by a breach of the peace, at last gives the superintendent to understand that only recovered patients are to be discharged.

It seems impossible, however, that the existing system can go on much longer unmodified. At the present moment there are at Quatre Mares, the departmental asylum for males of the Seine Inférieure, from 100 to 150 patients whom the superintendent would not hesitate to discharge if provision could be made for their comfortable maintenance in private dwellings; and at St. Yon, the departmental asylum for females, there are nearly 300 similar cases. For several years the asylum of St. Yon received both the male and female patients of the department. At the beginning of 1835 it contained only twenty-three males and thirty-five females; but, on its gradually becoming overcrowded, it was resolved to erect a separate establishment for the men. On the 30th May, 1852, the day on which the asylum of Quatre Mares was opened, the number of patients had increased to 279 males and 506 females. This new

asylum was built to accommodate 400. At my visit yesterday I found it greatly overcrowded, triple rows of beds being placed in some of the dormitories, and several of the corridors being used as sleeping rooms. In this way accommodation is provided for 546, or 140 above the number for which the building was constructed. The population of both asylums is now 1396. This rapid increase in the numbers of the insane in France, or rather of the numbers in asylums, is a most serious and even alarming fact, to the consideration of which I shall again return. At present, however, I will merely add a few words on the precautions taken by the French law for guarding against the possibility of detaining sane persons as lunatics. These are much greater where the admissions are voluntary than where they are made *d'office*; and also greater where the patients are placed in private than in public asylums. In all cases, however, within twenty-four hours of the admission of the patients, copies of the application for admission and of the medical certificate must be sent to the préfet, accompanied by a certificate from the medical superintendent of the asylum, containing his opinion. If the admission has been into a private asylum, the préfet is directed within three days after receipt of these documents to send one or more medical men to visit the patient and to report to him on the case. The préfet must also within the same period announce the admission of the patient to the procureur-impérial of the arrondissement of the patient's domicile, and also to the procureur-impérial of the arrondissement in which the asylum is situated. At the end of fifteen days the superintendent of the asylum sends a fresh certificate to the préfet on the mental condition of the patient, and afterwards reports on him every half-year, as has already been stated. Official visits to asylums are directed to be made periodically by the préfet, and by the procureur-impérial of the arrondissement in which they are situated, and permissive power of visitation is accorded to the maires, the juges de paix, and other authorities. It, however, frequently occurs that even those visitations which are required by the law are not regularly made, while those which are merely permissive are almost universally neglected. But all the asylums of the empire are visited by the inspecteur-général des établissements pour les aliénés, or his assistants. These inspections are not so frequent as those of the English and Scotch commissioners in lunacy, nor are they made in the same regular way, but only from time to time as it appears necessary, or on special instructions from the minister of the interior. Nevertheless, they require the services of one inspector-general and two assistant inspectors.

The duties of the inspector-general and his assistants are to report to the minister of the interior whether the statutory visits have been made by the préfet and other functionaries, whether the registers are properly kept, and whether all the certificates required by the law

have been granted in proper form. They are likewise called on to report on the condition of the asylum, on the number of private and pauper patients, the numbers under restraint or in seclusion, the numbers employed or idle, the numbers sleeping in associated dormitories or in single rooms; further, on the nature of the food and clothing, the manner of serving the meals, the cost of maintenance, the measures taken for the discharge of patients, the administration of the funds of such patients as are not under curators, the number of attendants, &c. Their duties, therefore, appear to be much the same as those of our commissioners in lunacy. But, besides these general inspectors, there is likewise a special inspector for the asylums of the department of the Seine. This functionary derives his appointment from the préfet, and his duty is to watch over the asylums of the capital, and to report on their condition to the conseil-général of the department.

It is well known that the reform of the condition of the insane in France was commenced by Pinel towards the close of last century. His exertions, however, had no material influence on asylums beyond those of Paris, and the lunatic establishments of the provinces long remained in a most shameful state. When these institutions were visited by Esquirol in 1818, the pauper patients, and frequently also those maintained by their friends, were found naked, or only covered with rags—anything being considered good enough for madmen. A large number of them slept on straw, placed on the damp floor of their cells, and were left without any coverings to shelter them from the cold. Their food was of wretched quality, and wretchedly cooked; and means of restraint, consisting of chains, iron collars, and iron girdles, were in habitual use. The number of patients at that time in confinement in France was 5153. They were scattered through fifty-nine establishments of various kinds, of which only eight were specially devoted to the reception of lunatics. The others were hospitals, prisons, and “depôts of mendicity,” in which the lunatics were frequently associated with persons suffering from infectious or loathsome diseases, with depraved criminals, or dissolute beggars. Twenty years elapsed before the French law of lunacy introduced a better system, and made it illegal to place insane patients anywhere but in asylums, or in separate wards of hospitals or hospices, containing at least 50 patients. In 1853, the number of institutions in France receiving lunatics was 111. Of these, 65 were public, and 46 private, establishments; and of the former, 39 were public or departmental asylums, and 26 hospices or wards of hospices.

The number of patients, which, as has been stated, was 5153 in 1818, had increased in 1838 to 11,982, and in 1854 to 24,524. These are the numbers which were in establishments. Those left in their homes cannot be estimated with any approach to accuracy, but

they were returned by the census of 1851 as amounting to 24,433. I have been unable to learn the present number of patients in asylums. No recent information on this point appears to have been published, and the officials to whom I applied could merely state the broad fact that it had largely increased since the publication of the Government report on the "Statistiques des Etablissements d'Aliénés" in 1857. This report embraces the period from 1842 to 1853, including both years; and if we suppose that the increase has since been going on at the same rate, the present number of lunatics in asylums in France cannot be less than 32,000. Of the insane who still remain at home it is impossible to form any estimate entitled to credit, but in all probability they are considerably more numerous than those placed in establishments.

The French law does not require that every department should provide an asylum for itself, or even enter into association with other departments to erect a common establishment. It is satisfied if an agreement is made with any existing public or private asylum for the reception of the lunatics of the department; but it is necessary that this agreement should be approved of by the Minister of the Interior. There is still a considerable number of departments which have neither provided accommodation within their own territory, nor entered into any treaty with neighbouring departments for the erection of a common asylum on theirs, and which accordingly remain dependent on such haphazard accommodation as they can command. But it is remarkable that the census of 1851 does not return the proportion of lunatics at home as much higher in those departments which are without provision for their insane, than in others which have provided tolerably ample accommodation. In the whole of France the proportion of lunatics in private dwellings was then 6·8 for every 10,000 of the population. In sixty-one departments possessing asylums it was 6·4; in twenty-five departments without asylums 7·3. In a number of departments, however, this average was widely departed from; and, indeed, in several provided with asylums, the proportion of the insane at home was higher than in others where there were no asylums. On the other hand, again, in some departments without asylums, the proportion of lunatics at home was occasionally considerably less than in others where ample accommodation had been provided. Thus, in the department of Calvados, where of 1191 lunatics, 696 were in asylums within the department, the proportion at home was 10·1 per 10,000 of the population. In the department of the Ile-et-Vilaine, where 370 of 797 were similarly placed, the proportion at home was 7·4 per 10,000. In the department of the North, where 1062 of 2010 were in the departmental asylums, the proportion at home was 8·2 per 10,000; and so on with several others. On the other hand, in the department of the Dordogne, in which there is no asylum, the proportion at home was returned as only 4·7 per 10,000; and in the departments of the

Hautes Alpes, Basses Alpes, Hautes Pyrénées, and Pyrénées Orientales, which are all without asylums, the proportion at home was respectively 5·4, 6·0, 3·2, and 3·7 per 10,000. These figures show how very much we have yet to learn concerning the distribution of lunatics. It would appear, however, that the establishment of asylums tends in a remarkable manner to increase the known number of lunatics; and there is every reason to infer from past experience, that if asylums were erected in the departments just named their apparent comparative exemption from lunacy would speedily be found to be delusive. Indeed, the erection of an asylum seems as it were a challenge to nature to show that she really does abhor a vacuum, for no sooner is it opened than the patients pour in, and before long it is not only filled but overcrowded. Hence many of the departments which have not already provided accommodation are deterred from building. They maintain that no pecuniary advantage is attained but, on the contrary, that the erection of an asylum leads not only to an increased number of patients, but very frequently also to an increase in the rate of maintenance. I shall have occasion in a future letter to return to the consideration of this question, but in the mean time I would point out that the increasing tendency of patients in recent times to gravitate into asylums is in a considerable degree connected with the changes which modern civilisation has effected in the habits and occupations of both the upper and lower orders of society. An insane person is now much more of an inconvenience in a private family than formerly, and on this account a much greater readiness is displayed to have recourse to the facilities which asylums offer for disposing of him. But the expense which this course involves is not all loss, and it is necessary in forming an estimate of the burden which asylum treatment entails on the community to bear in mind the saving effected in private dwellings, partly by the cessation there of all expenditure for maintenance, and partly by the additional work which the removal of the patient enables the family to perform. In many instances, too, there must be a great saving of misery to the patient as well as to his friends, which it would be impossible to estimate at a money value. But on the other hand, there can be no question that many indigent patients could be retained at home with perfect justice to themselves, more contentment to their friends, and greater economy to the public, by granting them an allowance sufficient to provide for their comfort, but one which would be greatly below the payments made to asylums.

Supposing the present number of lunatics in the asylums of France to be 32,000, it is probable, judging from the character of the admissions, that 21,000 or about two-thirds of the whole are supported at the public expense. This, at an average rate of a franc a day, would give an annual charge of 7,665,000*f.*, which is probably considerably within the mark, as the expenditure in 1853 amounted

to 7,006,327f., when the number of patients was very much less. But the burden, whatever its present amount may be, is beyond all doubt a very serious one, and one, moreover, which tends to go on increasing, chiefly from the want of efficient arrangements for the removal from asylums of those patients who, though still insane, might properly be confided to the care of their families. In Scotland there is a similar tendency, although there modified in a considerable degree by the operation of the Poor-law. In France, as I have shown, it is the immediate interest of the Communes to get all their pauper lunatics placed in asylums; whereas, in Scotland, it is the immediate interest of the parishes to keep them out. But in Scotland, as in France, no efficient provision is made for the discharge of harmless unrecovered patients, and for seeing that no one is improperly or unnecessarily detained. Hence the too common feeling entertained by many inspectors of poor, that to send a patient to an asylum is to become responsible for his maintenance there during the rest of his life. In France there is a strong and growing party in favour of modifying existing arrangements by the introduction of the cottage system, but the great difficulty there is the want of a poor law to secure adequate allowances to patients when discharged. In Scotland where this difficulty does not exist, or at all events might be removed, the law interposes obstacles by requiring a license costing £15 10s. a-year, whenever more than a single patient is placed in any house. This impediment to the development of the cottage system offers indirect encouragement to the provision of lunatic wards in poor houses. But these, if placed on a proper footing, become mere subsidiary asylums, and are not calculated to effect any great saving in the cost of maintenance. Besides, every aggregation of diseased minds is in itself an evil, which, however, where asylums are concerned, must be regarded as a necessary one. In such establishments special arrangements are required for the safe and proper treatment of the patient. A skilled medical man and trained attendants must be provided, and it is evident that these will be forthcoming only where adequate remuneration is offered. Wealth may of course provide everything required for the treatment of even a single patient; but when it is a question of paupers, a large number must of necessity be congregated together to provide the proper means of treatment. But in those poor-houses where the maintenance of the patients is in any decided degree below the average asylum rate, it will be found that the saving is effected by confiding them to the care of ordinary paupers as attendants and depriving them of almost the whole of those sources of amusement and occupation which are enjoyed in asylums. And it is clear that if patients are of a class that can be managed by such paupers as are found in poorhouses, they may, as a general rule, be equally well, if not much better cared for by their friends; and this arrangement would

be far preferable to collecting them together in groups, under circumstances in which all social and family ties are necessarily severed. However, the demand for accommodation is so great, and the circumstances and character of the relatives of many of the patients so unfavorable, that this course cannot be rigidly adhered to; and a place intermediate between asylums and private dwellings is thus opened to lunatic wards of poor houses which they may very legitimately occupy. Only due care should be taken that they are supplied with all proper appliances for health and comfort. But it does not follow that they should be restricted to the reception of only incurable cases. Many patients are affected with transient mania which a few days removal from the sources of excitement is sufficient to cure, and the necessary seclusion might often as well be obtained in the lunatic wards of a poor house as in the wards of an asylum. The truth is that no establishments for lunatics, by whatever name it goes, should be entitled to any privileges merely from being one of a class. It should stand entirely on its own merits, and its position be determined according to the appliances it possesses for the care and comfort of its inmates. But while thus admitting that lunatic wards of poor houses have their own legitimate sphere of usefulness, I am strongly of opinion that the constant growth of asylums, and the ever increasing number of their inmates, should as much as possible be met not by the perversion of one class of institutions to the purposes of another, but by measures to check the growth of lunacy at the fountain head, and the removal home of such of the insane as can derive no benefit from prolonged treatment, and whose continued detention is not required for the public safety. It is a question which our present knowledge does not afford us the means of answering—whether lunacy as a malady is now of more frequent occurrence than formerly. Hitherto I have rather leaned to the view that the increase in the number of the insane was chiefly due to our more extended information concerning them, and to the prolongation of their lives through improved care and treatment. But I have latterly begun to fear that a considerable share of the increase is due to physical causes dependent on the habits of the people. Still it was not without surprise that I learned from M. Dumesnil, the resident physician of the Asylum of Quatre Mares, that two-fifths of the admissions into that establishment are traceable to the abuse of intoxicating liquors, and that one patient in five is, when received, affected with general paralysis. This is an indication of an amount of dissipation among the working classes of France for which I was not prepared. It is principally, however, in the manufacturing districts of the north that this result is observed; and it is worthy of notice that the evil effects of drinking are ascribed by medical observers not so much to the abuse of alcohol, as to the deleterious

agency of essential oils dissolved in the impure brandy consumed by the people. Excesses of other kinds no doubt bear their share of the evil. Much has been said about the importance of asylums to cure insanity, but more pains might fitly be taken to guard against its occurrence. Let us, however, hope that as we are now beginning to find out that our prison population may be kept under by prophylactic measures, we may by-and-by make the discovery that similar means will prove equally efficacious in keeping down the population of our asylums. But one of the first steps in this direction must be a thorough reform in our whole system of lay and clerical teaching. At present, the opportunities enjoyed by both ministers and schoolmasters to enlighten the intellect, elevate the moral nature, and improve the physical condition of mankind are sadly wasted, and one of the consequences is the steadily-increasing growth of the scourge of lunacy.

THE lunatic asylums of France are generally extensive establishments. So far back as 1852, twenty-six public asylums, twelve quartiers d'hospice, and seven private asylums contained each more than 200 patients. The highest number was 1324 in the Salpêtrière at Paris, and the next highest 961, in the asylum of Mareville, near Nancy. Seventeen establishments contained each more than 400 patients. Since that time their population has largely increased. The asylum of Quatre Mares, which then contained 204 patients, now contains 546; that of Clermont sur Oise, which contained 889, has now above 1300; and so on with almost every asylum in France. But as yet there is not the slightest indication that the amount of accommodation provided is sufficient; and projects of new asylums, or the extension of old ones, are almost everywhere under consideration. Thus, at Rouen it has recently been resolved to provide accommodation for 200 additional patients in connection with the Asylum of Quatre Mares, although this establishment was opened only ten years ago, and was then considered large enough for the wants of the department for a long time to come. There is further a project at Rouen to supersede the present Asylum of St. Yon by a new establishment which it is estimated will cost 2,500,000f., or £100,000. At Lille, too, it has been resolved to replace the existing female asylum by a new structure beyond the town; and at the present moment a commission is engaged in preparing plans for a new asylum for the department of the Seine. These facts are but an indication of what is going on throughout the whole of France. Everywhere there is a desire to provide most amply, and in the most approved manner, for the care and treatment of the insane, but the constantly-increasing pressure upon the departmental finances is gradually inducing the conviction that some modification of the

existing system is required. The supporters of this view argue that it is not the business of the State to relieve families of duties which they ought themselves to perform, and that, accordingly, whenever a patient passes into such a state that he can be properly cared for at home, he ought to be returned to his friends. A committee of the *Société Psychologique* of Paris has recently visited Gheel with the view of determining how far the system there in operation is capable of being introduced into France, and their report, which is expected in November, will probably have some material influence on the question. But, whatever its import may be, it is not likely that the pressure for additional accommodation will soon be relieved. In the department of the Seine this is so great that a large number of patients have for many years past been sent to distant asylums, occasionally two or three hundred miles from Paris, and there is scarcely a department in the empire in which it is not experienced in a greater or less degree.

Many of the departmental asylums of France occupy old conventual buildings, but of late years a number have been built for their especial object; and the prevailing views in France as to the treatment of the insane will most readily be illustrated by a description of one of these. For this purpose, I shall choose that of *Quatre Mares*, as the plans were prepared under the direction of M. *Parchappe*, the present Inspector-General of Lunatic Asylums. This establishment is situated about three miles from Rouen, on a compact piece of land measuring about 110 acres. So far as I could learn, it has cost about 1,500,000*f.*, or £60,000. This is equal to £150 per patient for the 400 for which the house was constructed, or to about £110 per patient for the 546 actually occupying it. It was stated to me, as a general fact, that the accommodation of each patient in the modern French asylums costs about 3000*f.* The buildings at *Quatre Mares* are so placed on the edge of the property that the greater part of the land is entirely protected from intrusion by the public. The general principle of construction is to afford abundant means of classification; and for this purpose separate buildings, communicating by covered ways, are provided for the different groups of patients, which are more numerous than in English asylums. There are, for instance, separate divisions for the children, the old and infirm patients, the epileptics, the patients of dirty habits, the refractory or excited patients, those under treatment or constant observation for their mental affections, those under treatment for bodily ailments, the working patients, the convalescents, and the different classes of private patients. In English eyes this amount of classification is unnecessary, but with this point I have at present no concern.

The sleeping accommodation, except for the private patients, consists almost entirely of associated dormitories, there being only a few

single rooms for excited patients. The prevailing opinion among French superintendents on this point is that single rooms should be suppressed as much as possible, on the ground that it is much better for the patients to place them under the surveillance of attendants during the night, than to leave them to their own guidance in single rooms, to crouch naked on the floor, or to shout in terror without any one to soothe them. And to such an extent is this principle occasionally carried, that in the asylum of St. Yon there are only twenty single rooms for 800 patients. In France more restraint is used than in England; and it is possible that the smaller proportion of single rooms in the asylums of the former country may involve a necessity for this. I am, however, more disposed to think that it is due to the proportionally smaller number of attendants in France; and I am strengthened in this view by the fact that in the asylum of Fisherton, near Salisbury, which contains nearly 400 patients, among whom are many criminals—some of them extremely dangerous—there is not even one single room except for the private patients; and yet restraint is there, it may be said, never used, simply because the staff of attendants is well chosen and sufficiently numerous. At Quatre Mares there is only one attendant for thirty patients.

This question of dormitories and single rooms is, however, a very complex one, and requires consideration from several points of view. The great preponderance of large dormitories in the asylums of France gives them more of a barrack-like aspect than those of England, and prevents the introduction of those home-like arrangements so much appreciated by many English patients. In France single rooms do not appear to be considered at all as affording the means of increasing the comforts of any of the patients, but simply as a means of isolation, where this is absolutely necessary. But comfort is frequently synonymous with health, and I am disposed to think that the small proportion of single rooms in the asylums of France is one of the causes of the greater mortality prevailing in them than in those of England. For the twelve years ended 31st December, 1853, the mortality in the lunatic establishments of France, on the average numbers resident, was 15·52 per cent. for males, and 12·5 per cent. for females; whereas, in those of England, for the five years ended 31st December, 1858, it was 13·25 per cent. for males, and 8·96 per cent. for females. However, it is probable that the nature of the cases under treatment may have as much to do with this result as the nature of the accommodation. I have already referred to the large proportion of patients affected with general paralysis received into the asylum of Quatre Mares. In 1858, the total number of patients admitted was 204, of whom 80 were affected with acute mania or melancholia, 28 with chronic mania or melancholia, 17 with maniacal imbecility, 54 with general paralysis, 20 with epilepsy, 3 with idiocy, and 3 with senile dementia. Deduct-

ing the 80 cases of acute mania and melancholia, we have here a very hopeless list, and one in which a large mortality might confidently be expected. Still we are scarcely prepared to find the mortality in that year amounting to 93 in an average resident population of 446. The causes of death, however, point more to the destructive influence of dissipation before admission than to the action of deficient hygienic arrangements in the establishment. Thus, of the 93 deaths, 40 were ascribed to general paralysis, 8 to nervous marasmus, 7 to epilepsy, and 6 to apoplexy. On the other hand, only 7 were due to consumption, 4 to pneumonia, 3 to pulmonary apoplexy, 1 to pleurisy, and 5 to inflammation of the bowels. The remaining deaths were due to various affections not pointing to any particular origin. Rightly weighed, these figures show how impotent in many cases are asylums to diminish lunacy by restoration to sanity. In fact, a large proportion of the patients are beyond all human aid before admission, and the true course, therefore, appears to be to seek to keep down the numbers of the insane by neutralising the influences which lead to lunacy by deteriorating the physical condition of the people, and not by fulfilling a tardy duty in providing the means of treatment after the mind is already totally wrecked.

The general arrangement of the buildings at Quatre Mares is a square with advancing wings in front, and receding wings behind. The whole of the land is enclosed by a wall, which has only recently been finished by the labour of the patients. Entrance is gained by a gate, provided with two lodges, into an oblong square, planted with shrubs, on one side of which is the superintendent's house. Passing through this court, a row of buildings is reached containing another lodge and various offices; and beyond it, crossing another small square, is the asylum proper. In the immediate front are the board-room, director's office, kitchen, &c., and to the right and left on the ground-floor the divisions for the children and old and infirm patients. These are two divisions which are seldom if ever seen in British asylums, but are common in those of France. On the floor above them are the infirmary and *lingerie*. In the right and left advancing wings are the divisions for the "patients under treatment," and for the convalescents and lowest class of private patients. Passing through these buildings we enter the central square, in which stands the chapel, a large and handsome building with stained glass windows, and in no respect differing from an ordinary Catholic place of worship. On the right hand side of this square is accommodation for the private patients. It consists of three stories, the style of the arrangements in each storey being regulated by the rate of payment. On the left hand side is the building for the working patients, also of three stories; and in the right and left receding wings and back portion of the square is the accommodation for the

excited patients, those of dirty habits, and the epileptics. Each division has its own airing-court, its own dining-room, and constitutes, as it were, a complete establishment in itself. In the general grounds are the farm buildings, and two houses which have recently been provided for the accommodation of patients paying a high rate of board.

The asylum is under the direction of a *Médecin en chef*, who is assisted by a *Médecin adjoint*, and two *internes*. In many of the asylums of France, however, the management is divided between a medical superintendent and a director, the former having charge of the medical treatment of the patients, while the latter presides over the management of the house, sees to the purchase of provisions, materials for clothing, &c., and has charge of all the domestic arrangements. He is empowered to engage and discharge the servants and attendants, but is bound, in regard to the latter, to consult the wishes of the medical superintendent. In general, this division of authority has not been found to answer well, and the practice is gradually becoming established of confiding the entire responsibility of the management to the medical superintendent. In this case he is assisted by a steward. Theoretically, the idea of making the management of the house a distinct matter from the treatment of the patients has much to recommend it. As a general rule, a medical man, when appointed to an asylum, knows nothing of the economic management of a large institution, and is accordingly not in a position to exercise efficient control in this department. There is, therefore, great reason to fear that much waste occasionally takes place in establishments of which a medical man is the supreme head, and it would, I believe, lead to a very great saving if it could be made the personal interest of some one in our asylums to keep down unnecessary expenditure. The plainest course to this end would be to contract for the maintenance of the patients, as is done at Ghent. There the *administration des hôpitaux* provides the asylum, and appoints the medical superintendent and chaplain; while a religious fraternity undertakes to supply food, clothing, and attendance at a specified rate per diem. This at present amounts to 75 centimes, or sevenpence-halfpenny. It might be worth while for our district boards to consider whether some plan of this kind could not be tried in Scotland. The problem to be solved, however, is not how to reduce the expenditure to the lowest possible point, but how to provide for the due care and treatment of the insane poor without adding unnecessarily to the burdens of the community. It is agreed on all hands that, at whatever sacrifices, proper accommodation and proper treatment must be provided; but if this can be obtained at a cheaper rate than at present, by any modification of the existing system, there seems no good reason why it should not be adopted. The plan which appears to me most feasible would be for the district board to place

its asylum at the disposal of a thoroughly efficient medical man, who should undertake the maintenance of the pauper lunatics of the district at a stipulated rate. A committee of the district board should visit the asylum every week or every month, to inspect the condition of the establishment; and the contract should be void whenever they reported that the interests of the patients were not properly attended to. The Board of Lunacy might have a like power to declare the contract at an end; and, if thought proper, a power of appeal to them might be given to the superintendent from the decisions of the district board. It may be objected to this proposal that it is a return to the pernicious system of "farming out." I admit the force of the objection, but I answer that we have examples of private asylums which are well and liberally conducted, and that, with efficient supervision, the experiment suggested might fairly enough be tried. The suggestion, however, does not pretend to carry with it any improvement in the mode of treatment, but simply a precaution against needless waste.

The average rate of the maintenance of patients in the asylums of France is considerably lower than in those of Scotland. This arises principally from the lower salaries and wages paid in the former country. At Quatre Mares, for instance, the attendants begin with 240f. a year, and receive an increase of 15f. every year till the maximum of 360f. is attained. The male attendants in France thus receive pretty nearly the same wages as are paid to female attendants in Scotland.

The departmental asylums, being public property, are under the direction of a commission of five members appointed by the préfet of the department. This commission visits the asylums every month, examines into the condition of the patients and buildings, and is the medium of communication with the préfet and the conseil général of the department. It is through it that all proposed alterations and extensions are recommended to the department. A similar commission visits those private asylums which receive departmental patients, but its functions are here restricted to supervision.

The Asylum of Clermont on the Oise is a private establishment. It was founded by Dr. Labitte, the father of the present proprietors, and was opened in 1835 with sixteen patients. On the day of my visit it contained 1307, and will probably soon contain 1500. Two years ago, on the recommendation of M. Ferrus, late Inspector-General of Asylums, the number was restricted by the Minister of the Interior to 1200, and in consequence of this decision a good many patients were discharged. But from the growing pressure for admission it was soon found necessary to withdraw this restriction, and the numbers

are again steadily increasing at the rate of about fifty a year. This establishment receives the pauper patients of the five departments of the Oise, Seine and Oise, Seine and Marne, the Aisne, and the Somme, at the rate of 1*l.* a day for the men, and 9*6c.* for the women. The charge is thus considerably less than at Quatre Mares and St. Yon, where it is 1*l.* 25*c.* for the men, and 1*l.* 15*c.* for the women; and the five departments are, moreover, saved the expense of building. The propriety of providing an asylum for themselves has been mooted over and over again by these departments, but the fact that the cost of the recently erected departmental asylums has averaged about 3000*l.* per patient, without including the price of the land and furnishings, and the further fact that the inmates of these asylums, instead of being maintained for less money than at Clermont, cost more, are arguments which no logic has hitherto been able to overcome. Nor is it likely that a different view will soon be entertained. But the important question now presents itself, whether the patients in this private establishment are as well cared for as in those which are more under the immediate control of the departmental authorities. On this point I shall endeavour to afford the reader the means of judging for himself.

The Asylum of Clermont is conducted by four brothers, each of whom takes his own department. The establishment is on a very extensive scale, not only as regards the number of its patients, but also as regards the extent of its buildings, and the quantity of its land. It consists of two great divisions—the asylum proper and the farm, which last is somewhat ostentatiously, and rather absurdly, designated the Colony of Fitz-James; the proper name being derived from a small village in the neighbourhood, and the term colony in imitation, I suppose, of the so-called lunatic colony of Gheel. The asylum proper is situated in the suburbs of Clermont, and has grounds extending a considerable way into the country. The farm is about a mile and a half distant, in a quiet rural locality. The two establishments possess between them from 600 to 700 acres of land, of which about 600 belong to the colony. Of these, 500 constitute the farm, and 100 are occupied by yards, buildings, pleasure-grounds, &c. Of the amount of land pertaining to the asylum proper I cannot speak with certainty, but besides that occupied by the buildings and airing-courts there is a vegetable garden, which I was told comprises eighteen hectares, or about forty-five acres. It may safely be said there is no asylum in the world possessing an equal extent of land, although there may be some—such, perhaps, as that of Bedford—which, proportionally to the number of their patients, are as well provided. But the large space occupied by the buildings, airing-courts, and yards, both at the farm and asylum, cannot fail to strike the visitor. In the French asylums generally, however, there is more elbow-room than is usually found in those of England. The

buildings are less crowded together, less compressed as it were, and the airing-courts are multiplied by the system of classification adopted. Hence, whatever may be thought of the principles on which this classification is founded, the additional moving and breathing space which it affords the patients assists in giving vent to that pent-up condition of the animal spirits which in more contracted establishments is so apt to overflow in noisy and destructive demonstrations. In a former letter I mentioned that mechanical restraint is more had recourse to in France than in England. There is, however, a great difference in this respect in different establishments; and it is worthy of notice that, as a general rule, restraint is much more used in the Bicêtre and Salpêtrière at Paris than in the provincial asylums. The cause of this lies probably in the fact that in the public asylums of the capital the *médecins en chef* are non-resident, and merely make a daily visit; whereas in those of the provinces the medical superintendents are resident in the establishment. In some asylums of France, however, restraint is now nearly altogether banished, and in a few years it will probably be as seldom seen in that country as in England. M. Morel, of the asylum of St. Yon, is the great advocate of non-restraint in France, and is using his utmost endeavours to do away entirely with its use in his own establishment. He has already achieved great success, under the very serious difficulty of having to accomplish his reforms with the assistance of Sœurs de Charité, trained to look upon restraint as necessary and indispensable. But it is not only the abolition of restraint to the person that M. Morel is striving to abolish. He aims at reducing to the minimum the restraint of enclosing walls, and he pointed out to me how he had replaced the ponderous gratings which formerly separated the airing-courts from the general grounds by a slight fence of lath, which any patient might, with the greatest ease, break down. "As yet, he added, "there has been no attempt to pass it." There is an indication of progress in this direction in some of the Continental asylums in advance even of those of England. At the asylum of Meerenberg, near Haarlem, for instance, I found the airing-courts, even those of the refractory patients, planted with flowers and shrubs, and enclosed merely with a paling, which carried with it no greater feeling of confinement than the fence of ordinary pleasure-grounds. In this asylum, too, mechanical restraint is nearly as thoroughly abolished as in any asylum of England.

In several of the French asylums, and more particularly perhaps in that for females at Lille, I was struck with the well-furnished, comfortable look of the infirmaries, and of the day-rooms and dormitories of the quieter patients. This accommodation was equal to any of the same kind I have seen in England, and much superior to what I have ever had occasion to see in the pauper department of any of the

public asylums of Scotland. I could not help being struck also with the neat and tidy manner of serving the meals, and with the very proper behaviour of the patients at table. The asylum at Lille, of which I speak, occupies an old and inappropriate building, formerly a convent, and was long in a most deplorable state. In 1853, when placed under the superintendence of M. Gosselet, 80 out of 400 patients were habitually restrained by straps or the strait waistcoat, and the vociferation, dirt, and confusion which then prevailed can now scarcely be credited. The establishment, it is true, is still overcrowded, greatly deficient in appropriate means of exercise, and most unsuitable in many respects for the treatment of the insane; but these defects serve but to place in bolder relief its present admirable management, and to show how much more dependent for success an asylum is on the character of its superintendent than on the nature or arrangement of its buildings. I greatly regret to say that when I visited this asylum two years ago, I found that M. Gosselet had just died; but this event, I have been informed, has not injuriously affected the condition of the patients.

In no asylum with which I am acquainted are farming operations carried on so extensively as in that of Clermont. The produce of the land supplies a great part of the consumption of the establishment; and the aim of its proprietors is to render it as much as possible independent of extraneous assistance. The soil is tilled, the seed sown, and the produce reaped by the labour of the patients. A thrashing-mill and flour-mill, of the most approved construction, and driven by steam, prepare the flour; and an extensive bakery furnishes the bread. A well-stocked byre supplies the establishment with milk, and numerous stalls are occupied by cattle fattening for the butcher. There is further a well-filled stable, numerous pigs and sheep, a large poultry-yard, a rabbit-house, and, in fact, all the belongings of a large and well-conducted farm. The only difference is that in an ordinary farm the produce is sold instead of being consumed on the spot, and that the labour is performed by hired servants instead of by lunatics.

Of the 1307 inmates of the united establishments some 200 are private patients. Of these about 150 reside in the asylum proper. The remaining fifty occupy buildings in connexion with the farm, but as a general rule take no share in the work. Of the 1100 pauper patients, nearly 200 men and about 100 women are employed at the farm—the men principally in agricultural operations, and the women in the washing-house and laundry. About 950 patients thus remain in the asylum, so that comparatively only a small number have the benefit of the "*air libre*" treatment of the farm. But of those who remain in the asylum many are employed in the kitchen garden, and a considerable number in the different workshops for shoemakers, tailors, carpenters, smiths, &c., so that altogether, industrial occupa-

tions are carried on in a very extensive manner. Nevertheless, the number of patients is now so much in excess of the means of employment, that it is in contemplation to extend the sources of occupation by the acquisition of another farm.

The accommodation of the patients at the farm is of the simplest description, and consists of extensive blocks of building, each entered by a central door. On the ground floor is, on the one hand, a large day-room, or lounging or exercise-room, and, on the other, a capacious dining-room. On the floor above, which is reached by a central stair, are large dormitories, divided into two ranges by a small intervening room in which the attendants sleep. A lavatory constitutes part of this division, but there is no water-closet accommodation within doors, either at the farm or at the asylum proper. Sometimes a small dormitory is formed by partitioning off part of a large one; but as a general rule the patients sleep in groups of about thirty. This is the case also at the asylum, and in neither division are there any single rooms for the paupers, except a few for the excited patients—only fifteen, for instance, for 500 women. I have already remarked on the extent of ground occupied by the buildings and courts, and I would here specially direct attention to the large amount of day-room accommodation provided, which affords to a certain extent the means of exercise during unfavorable weather.

At the farm there are no enclosed airing courts, and nothing in the general aspect of the place to distinguish it from an ordinary farm, although a stranger would probably be led to inquire what was the purpose of the range of buildings occupied by the patients. They reminded me of the lodging-houses or hotels at some of the more primitive of the German watering places; and the passing traveller would likely come to some conclusion of this kind, especially if he could detect what he might fancy was the “*Brunnen*.” Of course, all the patients sent to the farm are selected, and care is taken to send none with dangerous or suicidal tendencies, or with a known disposition to escape.

It might very naturally be supposed that the risk in an establishment of this kind would be to overwork the patients; but in the first place, the supply of labourers is greater than the supply of work; and secondly, its proprietors are men who thoroughly understand that it is their interest to avoid any such error. Besides, there is a constant surveillance kept up by the monthly visits of the departmental commissioners, and by the less frequent inspections of the *préfet*, *procureur-impérial*, and *inspector-general*. The rule is that the hours of labour shall not exceed six a day, and then the work is of such a modified kind, that it is reckoned that six patients do not do more than one healthy labourer. Of course, no ordinary industrial enterprise could be profitably conducted on such a footing, but under the peculiar circumstances of an asylum, in which the

patients must be maintained whether they are idle or occupied, and in which they must at any rate be kept under constant surveillance, whatever work they perform is so much of a gain. And then, it must be remembered, the asylum supplies the manure, the attendants the means of supervision, and the patients the labour; so that all that remains of unavoidable outlay is the rent of the land and the cost of implements. But to make a farm pay, even under such favorable circumstances, knowledge and skill are necessary. In the present instance, however, these are forthcoming. The establishment is carried on, I have said, by four brothers. One of them, a physician, takes the medical charge. Another directs the management of the farm, and frequents the markets to purchase cattle for fattening, and to dispose of surplus produce. A third acts as steward, and looks after all the household details: while a fourth does the duty of traveller, and purchases whatever may be wanted for the use of the patients or for the house, such as clothing materials, colonial produce, furniture, &c. In fact, it is a firm in which each partner takes that department with which he is thoroughly acquainted. That the concern is prosperous may very safely be inferred from the thoroughly business-like look which pervades it. The cattle in their stalls, the pigs in their sties, the poultry in their yard, have that well-fed comfortable look that tells of money in the purse and good management.

The arrangement of the buildings of the asylum is nearly as simple as those of the farm. There are separate divisions, as in most French asylums, for the children, the old and infirm patients, those under treatment for their mental affections and bodily ailments, the working patients, the epileptics, and the excited patients; but with the exception of the division for those last named, all the accommodation is arranged in pretty nearly the same simple fashion as at the farm. The buildings are of two storeys; in the lower are the day-room and dining-room, and in the upper generally two large dormitories, separated from each other by an intervening room in which the attendants sleep, and from which, by a window, they may watch the patients. This is the type of the accommodation, although, from the original nature of some of the buildings, it is occasionally departed from. The lavatories, as at the farm, are in the centre part of the buildings, and are thus easily reached from both dormitories. Each division has its own airing court generally planted with shrubs and trees, into which the patients have ready access from their day-rooms. In the division for the refractory or excited patients there are a few single rooms, placed on one side of a corridor; but their number, in proportion to that of the inmates, is only about 3 per cent. for the females, and still less for the males.

In the whole construction and arrangements the object has been to depart as little as possible from the standards followed in everyday life. Accordingly, none of the windows are protected by trellis

work, and comparatively few secured by bars. The patients are encouraged to work, not only by an improvement in their diet and allowances of snuff and tobacco, but by money payments; and I was informed that some of the best workmen, especially among the shoemakers and tailors, earn fifteen or twenty francs a month. This money they are allowed either to spend, or to let accumulate as a fund on their discharge. Facilities for spending it are afforded every Sunday by the admission into the asylum of vendors of fruit, confectionery, &c. Some patients take advantage of these opportunities, while others prefer to purchase articles of dress of superior quality to those allowed by the institution, or such as are not included in the asylum wardrobe. I know of no other asylum in which this system of remuneration is pursued, and its introduction into our Scottish asylums would probably be objected to by parochial boards, on the ground that it would tend to increase the rate of maintenance. But the Frères Labitte must be satisfied that it is for their own interest to engage the patients by such means to employ themselves, otherwise it is very certain they would not voluntarily pursue this course. How far, however, it may be for the real welfare of the patients to be so stimulated I am not prepared to offer an opinion. It is possible that in their wish to gain money they may be led to do more than is beneficial in their condition; but it would require prolonged opportunities of observation to determine this point. My attention was called to the matter by overhearing a patient, whose discharge had just been ordered, intimate that he would be ready to go as soon as he had squared his account with the cash-keeper, and on inquiry the above explanation was given me. I likewise, on the same occasion, made the discovery that in the French railways no lunatics are allowed to travel with the other passengers. A second-class compartment must be taken for them, which is paid for at the rate of 23·4 centimes per kilomètre. This payment secures the entire use of the compartment, and the same sum is paid whatever may be the number of patients. Hence departments which are at a considerable distance from an asylum wait till they can fill a compartment; but in the mean time the patients are frequently placed in most unfavorable circumstances.

The clothing and general appearance of the patients of the asylum of Clermont was certainly not inferior to what I saw in the asylums of Quatre Mares and St. Yon; and mechanical restraint was not in more frequent use. I noticed two or three patients wearing the strait-waistcoat, or having their hands restrained by straps, but no one was seen in seclusion. However, in a hurried visit, and in one which is made by favour, it is impossible to make those minute inquiries which an official inspector would feel it his duty to institute, and therefore I can only state what came cursorily under my own

observation. As to the general management of the asylum, the opinion I formed was very favorable; and although I have no doubt that the Frères Labitte are rapidly making money, I believe they are doing so in a fair and legitimate manner. It is very certain that a private institution will, as a general rule, be more economically conducted than a public one; and if in the hands of clever and enlightened men, care will be taken not to ruin its reputation by penurious management. I found, however, that the asylum of Clermont is much more jealously watched by the authorities than the departmental institutions. The inspector-general visits more frequently, and the préfet and procureur-impérial are more attentive to their statutory duties. The rapid development of this asylum, and the great extent to which industrial occupations are carried by the establishment of the farm and workshops, are ascribed by the Frères Labitte to their being comparatively independent of the control of the conseils-généraux of the departments. They determine what to do, and proceed at once to carry it into execution; whereas the superintendent of a departmental asylum must first gain the co-operation of the visiting committee appointed by the préfet, and then through it the authority of the conseil-général. It is not surprising therefore that he should often fail in introducing manifest improvements, or only partially succeed. A conseil-général, moreover, often acts on short-sighted policy. Thus, when that of the Seine Inférieure agreed to build the new asylum of Quatre Mares, it committed the grievous error of choosing for the site land of such wretched quality as would scarcely repay the labour bestowed on it by persons dependent on the return for their daily bread, far less that of insane patients, who have sense enough to know that under all circumstances their wants will be supplied, and who above everything require the stimulus of success to cheer them in their work. I have not attempted to describe minutely the structural arrangements of the asylum of Clermont and its dependencies, nor the manner of its administration. An account of these will be found in a memoir entitled 'La Colonie de Fitzjames,' published by Dr. Gustave Labitte, and more fully in a paper by M. Vitard in the fifth number of the eleventh volume of the 'Journal de la Société de la Morale Chrétienne.' Detailed statistics of the asylum are promised before long by Dr. Labitte. Their importance to determine many doubtful points cannot be overrated.

The lunatic colony of Gheel has of late years attracted considerable attention; and not without reason, for, rightly studied, it is capable of affording a most important lesson in regard to the accommodation which should be provided for the insane. I say rightly studied, for the opinion which the visitor will form of Gheel will

very much depend on the spirit in which the investigation is undertaken, and on the aspect in which the establishment is seen. There is little under the sun either all wholly good or all wholly bad, and, accordingly, any one who goes to Gheel determined, on the one hand, to see nothing wrong, or, on the other, to find nothing objectionable, cannot be regarded in the light of a trustworthy observer. First impressions may be true, but there is always a considerable risk of their being false; and a judicious inquirer will look at both sides of a question before venturing to express an opinion on its merits. An asylum superintendent would naturally object to a judgment being passed on his establishment simply from a visit to the refractory wards; and the director of Gheel would be equally entitled to call in question any opinion formed on a similar partial inspection of his domain.

I do not know the precise extent of the commune at Gheel, but, starting from the village as a centre, a brisk walk of about an hour in any direction brings you to the confines of its territory. During the "course," to use a French expression, the land will be found to be of very variable quality. In some parts it is tolerably rich and productive, in others thin and poor. The best land occurs in the neighbourhood of the village and round the larger hamlets, and the poorest generally on the outskirts of the commune, but mostly in the district called Winklehomsheide, where it gradually passes into a miserable sandy heath, interspersed with pools of water, and presenting some scattered arable patches, the cultivation of which yields a precarious and scanty subsistence to an impoverished peasantry.

Your readers are already acquainted with the general features of Gheel as a place for the care and treatment of the insane, but it may be useful briefly to recapitulate them. The distinguishing principle consists in distributing the patients in numbers, not exceeding four, in private dwellings, instead of gathering them together in special establishments, in groups occasionally comprising not less than fifteen hundred or two thousand persons. The commune of Gheel contains above 11,000 inhabitants, and distributed among this population there were, on the 31st December 1859, 800 lunatics. Of this number 676 were natives of Belgium, chiefly from the provinces of Antwerp, Brabant, and East Flanders; and 124 were foreigners, mostly Dutch. Of the sane population, 3312 were resident in the village, and 7894 in the landward part of the commune, some in scattered houses, but the greater part in hamlets, which occasionally contain several hundred inhabitants. The total number of houses was 1913; and the number in which patients were received 617, or about a third of the whole. Of these, again, 233, or rather more than a third, were in the village, and the remaining 384 in the hamlets and separate houses of the landward district.

It will be seen, on comparing the number of patients with the number of houses receiving them, that, as a general rule, only one or two are placed in each house. Stated precisely, there is accommodation for one patient in 280 houses, for two in 297, for three in 32, and for four in 8. Of the occupants of these houses, 372 were peasants, 25 shopkeepers, 17 shoemakers, 16 carpenters, 8 bakers, 10 labourers, 32 tavern-keepers, 10 employés of the colony, 5 teachers, 10 "rentiers," 8 lace-workers, 7 smiths, 5 barbers, and 9 clog-makers. Other patients, in numbers of one, two, or three, are placed with masons, ropemakers, saddlers, tanners, dyers, &c. In fact, patients are received indiscriminately by all classes of the community. Of the total number, 515 were employed in one way or another; and 285, either from inability or caprice, did not engage in any kind of work. The chief sources of occupation were agricultural labour and household work. The former provided employment for 130 men and 36 women, and the latter for 58 men and 176 women. Of the remaining 37 men and 78 women, the males were chiefly occupied as tailors, shoemakers, carpenters, smiths, &c., and the females in sewing, knitting, and lace-making. A lunatic asylum, in its ordinary signification, is an extensive building in which the insane are collected, very frequently in large numbers. Some have been sent for curative treatment, others from being dangerous, others from inability to extend to them proper care at home, and others, again, because they were found to be a nuisance or an inconvenience. An asylum, then, may be said to meet a public want, which presents itself in a variety of aspects, and under phases which modern habits of life are every day rendering more and more complicated. But is there no risk, it may be asked, of the welfare and happiness of the patient being sometimes sacrificed to the convenience or comfort of his family? or is it necessary or natural that the insane should, as a general rule, be all gathered together in large barrack-like buildings, and be subjected to the same wearisome routine and irksome discipline? No doubt the existing system has its advantages. It affords convenient means of withdrawing from the family circle those who are unfit for ordinary social life, and of placing them, without much trouble or delay, in circumstances in which their power to do harm will as much as possible be neutralised, and in which their eccentricities will not attract public attention. And there can be no doubt that the seclusion and isolation which asylums afford the means of enforcing must, in many cases, greatly conduce to recovery, and, therefore, both for the cure and for the care of the insane, they are calculated to confer inestimable advantages both on the patients and on society. But must asylum treatment, or rather what it often degenerates into— asylum confinement—be continued as long as the patient remains affected with insanity? What is expected from such prolonged seclusion? Is comfort increased, mortality lessened, or expenditure

diminished? These are all vital questions in the disposal of the insane, and the experience derived from Gheel enables us, in some degree, to give them an answer. But Gheel, be it remembered, is not a model institution. Even its warmest advocates do not claim for it this position. But, even with all its existing imperfections, it teaches us the important lesson that a large proportion of the insane can be properly cared for without falling back on the restraint and seclusion of an asylum. I am far from maintaining that all the patients who are sent to Gheel are proper subjects for such an establishment. Some are of dirty habits, others are dangerous, noisy, suicidal, or disposed to wander. Such patients are not only unsuitable inmates for private dwellings, but also improper subjects for an institution in which efficient restraint can be exercised only by mechanical contrivances. But the evils to which I here advert have long been recognised, and by no one are they more thoroughly admitted than by Dr. Bulckens, the present enlightened medical director of the colony. Many years ago, the necessity of providing an ordinary asylum in connexion with the colony of Gheel was urged upon the Belgian Government by the celebrated Esquirol. Representations to the same effect have been constantly made by the Belgian Lunacy Commissioners since their appointment; and, at length, principally through the influence of the late Professor Guislain, of Ghent, the necessary funds were voted by the Chambers. The building is now ready for the reception of patients, and will be occupied early in spring. Unfortunately, however, it is on too small a scale to receive the whole of the patients who are not suitable for private care; and, indeed, its object is more that of an hospital for the treatment and observation of recent cases than a place of refuge for dirty and troublesome patients. The accommodation is calculated for fifty inmates only (twenty-five of each sex), of whom thirty-four will occupy associated dormitories, and sixteen be placed in single rooms. It is probable, however, that, through the pressure for accommodation, the numbers in the associated dormitories will be considerably exceeded. The plan was furnished by Professor Guislain, whose views it embodies, as previously carried into execution in the asylum of Ghent. Its characteristic features lie in the arrangement of the single rooms, and in the laying out of the airing courts. The single rooms are placed between two corridors, having the door opening into the one, and an unglazed window, provided with an ornamental iron frame, looking into the other. Facing this unglazed window, in the outer wall of the corridor, is a glazed window, which overlooks the airing court. The advantages ascribed to this arrangement are the introduction of warmth through the unglazed window from the heated corridor, the free supply of light and fresh air, and the facility it affords of efficient surveillance. The chief peculiarity of the airing courts consists in small yards being

attached to each of the "strong" rooms, with the view of affording to its occupant the means of exercise without fear of being excited by other patients.

The nature of the accommodation of the private dwellings varies in different parts of the commune according to the occupation and circumstances of the owners. In the village, the larger hamlets, and farms of the better class, the houses are generally substantial erections of brick, with floors of deal or tiles; but in the remoter and poorer districts the walls are frequently of mud supported on wattle, and the floors of bare earth—damp, rough, and uneven, like those of Highland cottages. The comforts enjoyed by the patients vary in a like degree. In the landward parts of the commune the farm or croft contains, on an average, perhaps about ten acres. On inquiry I have found its extent as great as thirty and as small as an acre and a half. The smaller possessions are chiefly where the land is poorest, and here also is generally found the greatest amount of poverty. The rent paid for about ten acres of fairish land, with a tolerable house, was stated to me to be 240*f.*, or rather less than £10.

A Gheel crofter's house of the better sort is much larger than the dwelling of a small farmer in Scotland. The day-room or living-room, which is first entered, is generally of large size, with a huge projecting chimney, under which there is commonly sitting-room for several persons. Over the fire, which is always on the hearth, and of turf or peat, is usually suspended a large pot or caldron, in which the food for the cattle is prepared. Plates and dishes of Delft ware, with a goodly array of beer-stoups and glasses, are generally in sufficient abundance to fill a number of shelves fixed on the walls; and in almost every house there is an ancestral-looking eight-day clock. On one side of this room, and generally opposite the fireplace, is the byre, usually tenanted by from four to six cows; and on the other are the bedrooms, and a sort of work-room, containing baking-troughs, churns, &c. But bedrooms occupied by patients or members of the family frequently occur in queer out of the way corners, occasionally reached by trap-stairs or ladders, resembling those attached to masons' scaffolds. The patients' bedrooms are generally of small size, but they are all single. The furniture is scanty, but the bedding and general aspect of the rooms convey as favorable an impression as is derived from an inspection of those occupied by the family. On the whole there is an appearance of rough comfort and plenty, and the looks of both the patients and their guardians give indication that the means of subsistence are adequate. Milk, butter, and cheese constitute the chief animal portion of their diet; and bread, potatoes, and vegetables of various kinds its chief bulk. But in a number of houses I noticed bacon suspended from the roof, and other indications of fulness. The

chief evil under which the Gheel houses suffer, especially those of the landward district, and more particularly of its poorer portions, appeared to me to consist in the insufficient means of warmth. In most of the houses there is a cooking stove, which stands either in the living-room or in the adjoining work-room, and which diffuses a comfortable degree of heat; but the sleeping-rooms are frequently remote from its influence, and, being without fire-places of their own, must in winter be extremely cold. Moreover, in the mud and wattle houses the walls are so thin, and frequently also in such a dilapidated condition, that the temperature there must fall extremely low. I am not surprised, therefore, to find that of the 257 deaths which took place in the four years 1856-59, 160 occurred in the six winter months, against 97 in those of the summer half year.

A visitor who should inspect merely the houses of the village, or of the larger hamlets, would be apt to form too high an opinion of the Gheel system of treatment; but on the other hand, one who visited merely the remoter hamlets and the scattered cottages of the Winkelomsheide would infallibly fall into the opposite error. Herein, accordingly, may consist the explanation of the very different accounts which have been published of Gheel. But, in forming his opinion, the visitor must bear in mind that the patients are classified according to the very same principles which regulate classification in ordinary asylums. They are placed in groups or zones, which form the substitutes for asylum wards. Thus, in the village and larger hamlets are placed the quiet, better behaved, and more industrious of the patients, while the more noisy, dirty, and least manageable are placed in the remoter hamlets, and in the separate houses of the Winkelomsheide. Several reasons combine to suggest this mode of classification. In the first place, in the village and the more populous landward districts, the public peace would be disturbed by noisy or troublesome patients, and decency outraged by the obscene; and, in the second place, the inhabitants of the village, and the more wealthy of the peasantry, are above the pecuniary necessity of receiving such patients. They accordingly refuse them as inmates, and indeed decline to retain any patients whose habits have become filthy; and thus, as a matter of necessity, all the worst patients, whether included in this category from being noisy, destructive, dangerous, filthy, or obscene, gravitate into the remotest districts and poorest houses. Such cases constitute the opprobrium of Gheel. But an erroneous idea would be formed of the system if it were imagined that the patients continued permanently in the houses in which they are first placed. On the contrary, their guardians are changed whenever this step seems advisable, either from the progress of the malady, from incompatibility of temper, or from any of the other numerous causes which, in the

nature of the circumstances, must be constantly occurring. During the year 1859, accordingly, there were 132 changes of domicile.

Of the 800 patients, 68 are subjected to some degree of mechanical restraint, but in 51 of these cases this is restricted to anklets connected by chains about a foot in length, which are worn to prevent escape. About fifteen patients wear leather girdles, to which their arms are attached by short chains in such a manner as to prevent the dangerous employment of their hands, without depriving them entirely of their use; and two require the strait-waistcoat. But the concentration of bad cases, consequent on the system of classification adopted, is apt to produce an unfavorable impression on the visitor, who, on finding in certain localities every third or fourth patient hobbled, or every sixth or eighth with his hands fastened in the manner described, might, on limited inquiry, be led to condemn the whole system; and I cannot deny that the condition of several of these patients was very miserable. Personal cleanliness, and cleanliness of clothing and bedding, are occasionally greatly neglected, but I am not prepared to say in a greater degree than is the case with the peasantry with whom they are placed, and who, from the causes to which I have adverted, are occasionally in a state of great poverty and misery. Indeed, it is their poverty alone that induces them to receive such inmates, and the pittance which is paid for their maintenance—from $6\frac{1}{2}$ d. to $7\frac{1}{2}$ d. a day—must under such circumstances prove totally insufficient to afford the means of providing for their proper care. Every patient requiring mechanical restraint should be considered an improper case for Gheel. Repressive means of this kind are not only to be deprecated on their own account, but also for the tendency to believe in their necessity which they keep alive. But I am satisfied that much of the restraint now in use at Gheel might, with a little additional care and trouble, be dispensed with. The chains to the legs, and the girdles round the body are worn night and day; and the clothes of the patients are so fashioned as to permit of their undressing without the removal of the instruments of restraint. This permanent application of the means of coercion is quite uncalled for, and I firmly believe that a regulation calling for the removal of the chains and belts every night would soon lead to the discovery that in many cases they could entirely be given up. Whenever it was found necessary to continue restraint, the patients should be removed from Gheel or placed in the asylum. Unfortunately, however, as I have already said, the new asylum is of much too limited extent to receive all the patients, who, from one cause or another, should not be left in private dwellings; and hence the evils to which I have been directing attention are not likely to be soon eradicated. At this season of the year, too, (September,) the condition of the patients is frequently aggravated by ague. In almost every house in the poorer districts which I

entered, I found several of the inmates, both sane and insane, suffering from intermittent fever, and this, no doubt, often helped to give a darker hue to the picture.

But, fortunately, there is a brighter side to turn to. Of the whole 800 patients, I should say that perhaps 700 are comfortably and happily placed; and we have herein evidence, which cannot be called in question, that a large proportion of the insane may very properly be accommodated in private dwellings, and be allowed to enjoy the pleasures derivable from ordinary social life.

The patients at Gheel are not by any means all fatuous or imbecile. Of every 100 admitted, 13 are affected with melancholia, 42 with mania, 4 with monomania, 34 with dementia, and 7 with epilepsy. I state this fact, as there seems to be a general impression that the cottage system is applicable only to the fatuous or demented. This, however, is very far from being the case, and at Gheel may be seen many patients affected with mania or melancholia who, I conceive, are there under more favorable circumstances than they would be in closed asylums; at the same time, I admit, I saw some cases, especially of patients suffering under the monomania of persecution, which I did not consider properly placed at Gheel. In a very large proportion of the admissions, the affection was already chronic and the prognosis unfavorable, only 17·6 per cent. being considered as affording much hope of recovery. Indeed, the greater portion of the patients have been brought from other asylums already in a state deemed incurable; the proportionally small number of curable being chiefly paupers of Brussels, which city sends, with few exceptions, the whole of its insane poor to Gheel. Accordingly, of the total number of patients, 216 were from this town. The position of Gheel as a place of curative treatment cannot therefore be inferred from the number of recoveries. Still it appears from the registers that 19 per cent. of the admissions during the four years 1856-59 were completely restored to sanity, and the advocates of the system argue that this proportion, considering the class of patients admitted, is extremely satisfactory. The deaths in 1858 amounted to 9 per cent. on the average numbers resident, and the average age at death during the four years just named appears to have been nearly fifty-three years. Of deaths from suicide there were only two in four years, and only one case of pregnancy. No death is recorded in this time from violence by a patient. To afford a standard of comparison, I may state that in the public asylums of Scotland, in the year 1860, the proportion of recoveries on the admissions was 37·7 per cent. for males, and 40·1 per cent. for females; the per-centage of deaths on the average numbers resident, 10·2 for males, and 7·5 for females; and the average age at death, 44·5 years for males, and 49·2 years for females. At the same time, the deaths from violence and suicide were more numerous than at Gheel, and immunity from pregnancy was certainly not less.

In the medical administration of Ghcel there is room for improvement. The duties of the director, M. Bulckens, are too multiform, and his time is too much occupied with correspondence and the keeping of registers, to permit of sufficient personal inspection of the patients. In stating this, I do not overlook the fact that each of the four sections into which the commune is divided has already its special medical inspector; but the proper working of the system must so much depend on the thorough acquaintance of its head with everything that is going on, that nothing should be allowed to interfere with frequent visitations by himself. Where the distances are so great, the assistance of a horse seems indispensable for the efficient discharge of this duty; and, unfortunately, the emoluments of M. Bulckens' office are too limited to afford him help of this kind. The talents and zeal of this gentleman are deserving of a much higher reward than is at present accorded them.

Before closing these letters, I think it may be well to add a few words on the procedure adopted in France for the discharge of patients, and on the form of the registers kept in the asylums of that country. Every patient admitted on the application of relatives, may at any time be removed by them; provided he is not, in the opinion of the medical superintendent, dangerous to himself or others. In this case, however, it is necessary to give notice to the *préfet*, who is authorised to order continued detention. In all admissions d'office, the authority of the *préfet* is required for the discharge of the patient; but the relatives, by relieving the department of the cost of his maintenance, may at any time constitute him a voluntary patient, and then dispose of him as they think fit; provided always he is not certified as dangerous by the superintendent.

The registers of a French asylum are extremely voluminous. A space of several pages is allotted to each patient. On the first pages of each division of this kind are copied the certificate of insanity granted before admission, the order by the *préfet*, and whatever other documents may have been transmitted with the patient. Next are entered copies of the certificates granted by the medical superintendent on admission and at the end of fifteen days; and the remaining pages are reserved for the monthly entries on the condition of the patient, which the superintendent is required by law to make. A marginal space is reserved for the signatures of the official visitors. This system involves a great deal of writing; but it has the great advantage of at once bringing under review all that is known concerning the patient, and in this respect it must be of great assistance to the official visitors in enabling them to determine their course in all cases in which an appeal is made to them.

Tenth Report of the Inspectors of Lunatic Asylums in Ireland.

WE have received the Tenth Report of the Inspectors of Lunatic Asylums in Ireland, and we only perform a very pleasing duty in submitting a brief review of that important document to our readers. It is scarcely necessary on our part to do more than give extracts from it, in order to do it justice, since the clear and concise style of the document itself is its own best commentary.

The inspectors briefly point out in their opening paragraphs the great change that has taken place for the better, in the original asylums, built thirty years ago, "Losing much of their original gloominess and prison-like appearance, while modern improvements, tending to the comfort, well-being, and efficient treatment of the patients in them, have been introduced or are in process of being so."

The report goes on to state the labours of the inspectors in attending on grand juries "for the purpose of placing before them the requirements of their respective counties, and the advantages likely to be derived from breaking up of large districts, or those where two or three counties had but one asylum between them;" or, in other words, to limit an asylum district to a population bordering upon 200,000 souls.

The result of the labours and recommendation of the inspectors has been as follows:

Orders in council have issued for the erection of asylums in Wexford, Clare, Mayo, Donegal, and Monaghan. An auxiliary asylum for Tipperary at once, and a further subdivision of this extensive district, as well as that of Cork, as soon as an Act of Parliament can be passed permitting such desirable objects being attained. Additional room is also strongly recommended for the metropolitan district, which labours equally with our own chief city under the pressure of applications at the present time.

We thus find that an absolute amount of accommodation, to the extent of 1600 beds in new asylums is in progress; which, added to 4500 already in existence, and increased by the contemplated alterations in several of the old asylums, will, in the words of the report, "bring up the provision for the insane poor of Ireland to about 6400 beds." An account taken in relation to the population (in round numbers now about 5,500,000), equivalent to one bed for every 860 of the entire population of the island.

The above brief analysis of the accommodation existing and in progress is highly satisfactory, and shows an amount of activity on the part of the Irish authorities, for which we candidly say, we

were not at all prepared, and it is not without some degree of just pride that the inspectors add :

“Reverting to our statement, relative to the extension of asylums now in progress or to be immediately undertaken, coupled with the existing accommodation, it will appear that Ireland is likely to stand in a foremost position, certainly equal to, if not decidedly above, any other country in Europe, as regards her extent of regular asylum provision for the insane classes, and the curative advantages thus prepared for them.”

As to the treatment of the insane confined in the existing asylums, the inspectors speak of it in terms of very marked approval. The cures, calculated on admissions, have been on the average of 46·64 per cent. ; the mortality, chiefly from pulmonary and cerebral affections, has been only 6·56 per cent. ; ten inquests have been held within the two years over which the report extends, while the number under care or treatment appears to have been 10,740 ; the official visitations of the inspectors, on an average, to each asylum have been from five to six visits, involving an amount of travelling duty which certainly exceeds anything on the other side of the channel.

The report speaks in the most hopeful terms of the ministration of chaplains, and in a mild but painful tone alludes to the fact, that Belfast alone excludes the services of regularly appointed chaplains.

We would suggest that these officers be called on to give, at the close of their official year, a summary of the result of their ministrations, as is the case in the English asylums ; the adoption of a rule of this kind might do much good, and could lead to no possible disadvantage.

We cannot do better than give the entire paragraph which relates to the social condition of the patients in the Irish asylums, differing, as it does in many respects, from the population of English asylums, and calculated to modify the views which seemed to have existed in the minds of the English commissioners in lunacy when reporting on the want of those luxuries that are frequently met with in the asylums of Great Britain. *

“But desirous as we are to promote in every way the amusement of the inmates of our district hospitals, and to afford them every means of in- and out-door occupation suited to their antecedents, it should not be forgotten that a large proportion of them is composed of agricultural labourers, and of individuals from the humblest walks in life. In England, on the contrary, while the insane of a similar position are located to a considerable extent in licensed houses, or, for the sake of economy, in the lunatic wards of union buildings, the regularly constructed borough and county asylums, erected at a cost fully one third greater than ours, are peopled, for the most part, from the artisan and better-instructed classes, and from the shopkeeping

and farming communities—both alike accustomed to many domestic comforts, and to which the rural population of this country, it must be admitted, are as yet strangers in no small degree. Nevertheless, although for all practical purposes there may exist an equal amount of substantial advantages in Irish asylums, as shown in the average scale of dietary, clothing, &c., which obtains in them, as well as in the attention paid to direct personal necessities, remedial and other, but above all, in an undeviating humanity towards the insane, it should not be a matter of surprise if, considering the relative social condition of their inmates, a deficiency of furniture, carpeting, and ornament is noticeable in them, as contrasted with many of the more expensively supported establishments in the sister kingdom. Comparisons having occasionally been made between these similar institutions of either country, with reference principally to their interior arrangements, wishing to uphold, but in a spirit of candid emulation, the character and usefulness of our own, we have entered on these explanatory remarks; and would further state for your Excellency's satisfaction that, while many of our institutions are kept with a most creditable taste and neatness, no longer presenting that nakedness hitherto so much complained of, *in all*, under the careful superintendence of their resident medical officers, order, regularity, and a regard to outward comforts, are steadily progressing from day to day, with an extension of certain improvements originated in this, and which are being adopted in other countries."

The above remarks deserve the calm and kind consideration of the authorities and the public, and will on future occasions, we trust, be kept in mind.

The report gives very valuable information as to the increase of lunacy in the workhouses of Ireland—for instance, in 1859 there had been in the Irish workhouses 2047 lunatics of various grades; in 1861 the numbers are 2534, notwithstanding the steady decrease of population in these institutions. The concluding remarks of the inspectors upon the state of the insane in many union workhouses, deserves serious and solemn notice on the part of the Irish authorities. "In fact (say these gentlemen) we cannot imagine a more melancholy existence than a prolonged confinement within the dark and narrow precincts allotted, in some unions, to lunatics who, under more favorable circumstances, might be restored to society."

If the state of lunatics in workhouses be reprehensible, their condition in gaols in a moral point of view is far more to be deplored; and we grieve to find, by the document before us, that no less than 1365 lunatics of both sexes have been sent as "dangerous" within two years, to the various gaols of the country. In fact, in the words of the report, "Gaols may be almost regarded as subsidiary asylums." There appear to be 100 lunatics confined in the

prison of Dublin, thirty in Wexford, and twenty-six in Castlebar. The central or criminal asylum at Dundrum, near Dublin, appears to be in a most efficient condition, but badly (as is the case in all other parts of Ireland) requiring additional accommodation.

We will now glance at the tabular information supplied as to the condition of Ireland from police and poor law points of view, as the inspectors seem to have left, to use a common term, no stone unturned to obtain the most correct, and at the same time comprehensive information on the subject.

On 1st April, 1861, the police summary of idiots, lunatics, and epileptics for all Ireland appears to be 4956 males, 4032 females, or in full numbers, about 9000; not one of whom is in a gaol, workhouse, or asylum! Certainly this, if correct, is a most fearful account of irresponsible human beings at large in Ireland, or at least under no control beyond that of domestic life. The inspectors themselves feel the terrible force of the police returns, and almost recoil before it, since at page 12 they state that in the early part of the year Sir Henry Browning, inspector-general of constabulary (probably the best organized and most efficient force in Europe) issued an order to the effect that returns should be taken in the police districts (160) of every case, and to make marginal notes of their results. No class was exempted, rich and poor being alike included. The aggregate shows an increase of 1379, principally among the idiotic and imbecile. We do not attach any paramount importance to these returns, which, from the mode in which they were collected afford no absolute data. They merely show, or profess to show, the total number of persons *reputed* to be more or less mentally affected, or, in other words, the stock from which lunacy may be engendered. Of the 8991 reported, 5469 are represented as being idiotic or imbecile, 1871 epileptic, and 1651 insane. We are induced to think that these returns "are approximately correct."

The report next refers to the returns from poor law officials, and gives the numbers in these institutions. The total number residing in workhouses at the close of the period for which the report had been drawn up being 2534, of which 635 are stated to be lunatics, idiotic 1020, and epileptics 879.

We will not follow the report through its other and more complicated tabular labours, but content ourselves with a few remarks upon the general bearings of the lunacy question in this island, as suggested by the condition of those into whose care this suffering class has been handed over by the wisdom of Parliament. Upon looking over the appendix, page 40, we find that the medical management is of the most varied kind, both in expense and degree, and our English brethren must be prepared for a statement with which we have from time to time endeavoured to make them familiar, and which has more than once puzzled our own poor brains.

The medical management of the Metropolitan Asylum in Dublin appears to cost the large sum of £1169, while the resident doctor or manager, under existing regulations, cannot perform a single medical duty. There is an office attached to the Irish asylums called that of "visiting apothecary," and which involves the making up of medicine on the part of an officer living a mile (often more) from the asylum, and who alone can perform this duty—a truly Hibernian mode of transacting an important and often an urgent duty.

The inspectors at page 6 allude in delicate terms to the unfortunate misunderstanding at Maryboro', between the resident physician and visiting medical officer, and while we respect the manner in which the report deals with a state of things, which were given in full in the January number of the journal, we cannot but feel pain that the new regulations promised for nearly ten years to the asylums of Ireland, and which were guaranteed to Parliament by Mr. Cardwell in July last, have not yet made their appearance. Let us hope that the able, energetic, and straightforward chief secretary, who has succeeded Mr. Cardwell, will at once issue that important code, and thus put an end to a state of things that seems to court dissension, by leaving in and attached to every asylum, officers ignorant of the extent and amount of their responsibility, and whose ignorance of that responsibility, may give rise at any moment to a state of things calculated to mar or counteract all the benevolent intentions of the executive or its chief officers. If the government desire to establish as the chief officer of the lunatic asylum of a district in Ireland, a medical man, who, according to parliamentary returns, may only devote three or four hours a week to the duty of superintending its complicated duties, let the fact be so stated and accomplished. If, on the contrary, the government of Ireland really intends that the chief officer shall reside, as he does in England, under acts of Parliament, let this be so stated, and let him be so recognised at once, not only by the executive as he is at present, but by the community at large, and a state of things such as exists now in Maryboro' Asylum, and which covers it with something worse than ridicule, will cease almost as a matter of course.

From Lord Carlisle and Sir Robert Peel we confess we expect a good deal, and God grant, so far as the reform of the Lunacy Code in Ireland is concerned, that we may not be disappointed.

DR. W. F. GAIRDNER AND MEDICAL EVIDENCE.

“Hard words break no bones,”* and what a merciful provision of providence it is that they do not do so, especially in the present day, when hard words can be hurled through the penny post, or even shot with the speed of lightning through the electric wire, that is, if people ever do afford to quarrel by telegram. And then consider the present state of periodical literature, showering down its leaves upon us as if all time were a windy autumn day, and every one lived in a forest, or in Valombrosa, wherever that may be. Who would have a whole bone in his skin if hard words were able to fracture the frame-work of our poor mortal bodies? It is bad enough that our tempers are sufficiently brittle to be in danger from such missiles, for they certainly do fly thick from some quarters, and now the paper duty is taken off, is not the duty to our neighbour of using soft words instead of hard ones the more incumbent upon him who, through the long-reaching tongue of the printing press, may make every one his neighbour? Here is an amiable physician living in the north country, as far away as auld Reekie, who has been pelting us with hard words with as much vehemence as the Irish navvies threw paving stones at Tom Brown’s schoolfellows on the Rugby coach, and for about the same amount of provocation too; to a whoop of defiance we reply with a mischievous schoolboy shot from a pea-spitter, and then up come the paving stones. Well, we won’t send any of them back again, nor do we believe that Dr. Gairdner himself, like the “*durus homo*” of Horace—

“*Tumidus et confidens tanti sermonis amari,*”

can have any genuine affection for them. Abuse, indeed, is an uncommonly good resource, of which some men are very skilful in availing themselves, whenever they find the munitions of argument exhausted. ’Tis the moral law enunciated in the old song, which commences—“Pray Goody please to moderate the rancour of your tongue.” And what is it all about, Goody? “What is all this about? says my mother,” with reference to the first original story of a cock and a bull. Why, in this particular instance, it is all about a statement made by Dr. W. F. Gairdner, that he had known a judge who for several months had sat in the high judgment-seat of Scotland, judging righteous judgment there, while the poor man was all the time suffering from softening of the brain. Well, perhaps a judge may have done such a thing if the mind neither

* See the November number of the ‘*Edinburgh Monthly Medical Journal*.’

inhabits the pineal gland, nor yet even the whole substance of the brain, as Mr. Shandy concluded when he philosophised on the account given by Uncle Toby of "a Walloon officer at the battle of Landen, who had one part of his brain shot away by a musket ball, and another part of it taken out after by a French surgeon, and after all recovered and did his duty very well without it." "If death," said my father, "is nothing but the separation of the soul from the body, and if it is true that people can walk about and do their business without brains—then certes, the soul does not inhabit there.—Q. E. D." But it may be said that this, after all, is not quite an apt illustration of Dr. Gairdner's proposition, inasmuch as the judge is not stated to have done his business after his brain had been removed, but only after this organ had been softened by disease; but wait a while, gentle reader, and think not to escape so easily, for here is the conclusion at which "my father" arrived upon the theory of that great Milanese physician Cogliossimo Borri, who affirmed the principal seat of the reasonable soul to be in the fluids of the brain. "As for the opinion, I say, of Borri, my father could never subscribe to it by any means; the very idea of so noble, so refined, so immaterial, and so exalted a being as the *Anima*, or even the *Animus*, taking up her residence, and sitting dabbling, like a tadpole, all day long, summer and winter, in a puddle—or in a liquid of any kind, how thick or thin soever, he would say shocked his imagination; he would scarce give the doctrine a hearing." It would appear, therefore, that although this great philosopher could give credence to Uncle Toby's story about the Walloon officer who did his business very well without brains, he would have been quite gravelled by Dr. Gairdner's account of the judge whose reasonable soul sat dabbling in a cerebral puddle.

This problem of the manner in which mind and body are bound together, and continually plague each other, has puzzled greater philosophers than Mr. Shandy. One of the greatest of them makes his physiologist, who has succeeded in putting together the "stuff" of which brains are made, and in setting it to work, exclaim:

"Nur noch ein Wort! bisher musst ich mich schämen.
Denn Alt und Jung bestürmt mich mit Problemen.
Zum Beispiel nur; noch niemand konnte es fassen,
Wie Seel' und Leib so schön zusammenpassen,
So fest sich halten als um nie zu scheiden,
Und doch den Tag sich immerfort verleiden."

To return to our serious *moutons*, Dr. Gairdner's statement made upon oath, in the high place of justice, and on the occasion of a great trial, was as follows:—"Softening of the brain does not necessarily injure the mental powers; it may co-exist with vigorous mental powers. I have known various instances of persons fulfilling important functions who have died of softening of the brain when

they were fulfilling those important functions. I know of one case of a judge, in this very court, who had softening of the brain, who died of apoplexy, with which he was seized three days before his death, and who had for three or four months been daily performing the duties of Judge-Ordinary, with perfect approval, and with perfect clear-headedness, and who, from the appearances found in his body, must have had softening of the brain, and several softenings of the brain, for a long period before that." If any of our readers should possess a moral sensibility so unimpressible as to consider it good taste to illustrate in a court of justice the heaviest infirmities of poor human nature, by describing them as they have occurred in the previous occupants of the judgment seat, we despair of helping him to perceive the incongruity of Dr. Gairdner's illustration with the place in which it was given; we should as soon try to tickle the back of a tortoise. But, passing over the good or bad taste of the illustration, if it was gall in the mouth, was there that in it that would make it food in the stomach of the understanding? Was it true and valuable information? Was it not rather inaccurate and deceptive, leading the court to believe one thing while the witness meant another? There are few medical students we should suppose so ill-informed as not to know that local softenings, the *ramollissement* of French writers, may occur in the brain in such a manner as to leave the mental faculties for a time unimpaired; and if Dr. Gairdner had used the term *a softening in the brain*, or *a circumscribed softening of the brain*, we should not for one moment have been disposed to impugn the accuracy of his statement. But the term *softening of the brain* is accepted by the general public to mean a softened condition of the whole organ, to describe, in fact, the common water-logged brain of chronic lunatics; it is a term in vulgar use, and is often enough employed as a mere periphrasis for insanity. "I seldom tell the friends of my patient," a fashionable alienist once said to us, "that the man is insane, I say he has softening of the brain; it saves the feelings." Now Dr. Gairdner made use of the term softening of the brain—so that it might be applied in this loose and general manner, when in the cause of truth he ought to have defined the affection as a softening in the brain circumscribed and limited to some part of the organ which is not subservient to the mental functions. If we are mistaken in what he had to state, and which therefore he ought to have stated, if he really intended to testify that he had actually known a man discharging judicial functions in that court while suffering from a general softening of the brain, all we can say is, that such a statement would be entirely adverse to all that we have been able to learn in these matters, and we leave Dr. Gairdner to prove its possibility.

There is yet another point in this evidence upon which it is now clear that a greater amount of accuracy might have been obtained.

The knowledge tendered in evidence by a scientific witness in a court of justice, must of course be at first hand. Advocates are not over ready to permit a man to say "I have heard tell of such a thing," or "I have read of such a thing." A witness is put into the box to testify that which he knows, and Dr. Gairdner was certainly understood to give such testimony as to this case of a judge who did his work with clear-headed efficiency, while suffering all the time from softening of the brain. But what does he say in his last article in the 'Edinburgh Medical Journal'? He says, "Now it so happens that we can assure Dr. Bucknill that Dr. Gairdner stated neither more nor less than what was exactly *the truth*, as ascertained by the most careful personal examination of the body of the judge in question, and the most minute and particular inquiries, through his ordinary medical attendant and relatives, into the facts prior to the attack of apoplexy of which he died." It would appear, therefore, that the only knowledge to which he was in a position to testify was that obtained by himself at the *post-mortem* examination of the judge's body, and that for the essential part of his story he was indebted to the hearsay information of other persons, the ordinary medical attendant and the relatives. This information may or not have been accurate, but given at second hand, in a court of justice, we need not say that it was utterly worthless; and if the opposing counsel had been aware that Dr. Gairdner was speaking at second-hand, and had thought it worth his while to do so, he would certainly have put this evidence out of court.

But it is open to Dr. Gairdner to insist that his knowledge of the duration of the existence of the softened brain or of parts of the brain was not solely derived from the hearsay description of symptoms, since he knew the fact from his own observation of the body. "The judge," he says, "from appearances found in his body, must have had softening of the brain, and several softenings of the brain for a long period before that;" namely, before the three or four months during which he daily discharged his judicial duties with perfect clear-headedness.

This is indeed encouraging; and if Dr. Gairdner will enlighten us in this yet unknown power of pathological divination, we shall not be induced to say of this discussion *which he has provoked*, that the game is scarcely worth the candle. To be able to affirm of certain *post-mortem* appearances found in the brain that they were caused by several softenings of the brain, at a time long before the date of three or four months before death, this, indeed, is science; but why is it kept from the world? Let us intreat Dr. Gairdner no longer to do himself the injustice of withholding it from his scientific brethren.

One word more. Dr. Gairdner is severe upon the alienist-physicians who presume upon their limited knowledge of a specialty to

set themselves against [he says the knowledge sets *itself* against, &c.] “a more accurate and comprehensive knowledge,” such as that possessed by himself for instance. Now this is an old complaint against us, and the answer to it lay under Dr. Gairdner’s pen when he wrote the above sentence. Accuracy and comprehensiveness do not go together. The general physician may be comprehensive; he may be a philosopher, a scholar, a man of science and a man of the world, but he cannot be accurate everywhere. The specialist may know only one thing, but he will be a poor creature if he does not know that one thing thoroughly. The public sufficiently recognises the truth of this principle, when the treatment of disease is in question, but in law courts special knowledge is certainly not over-estimated. We have known, for instance, alienist physicians tendered as witnesses to prove the existence of insanity in an important lunacy cause, the facts of which they had carefully studied before expressing an opinion. The “other side” not having provided themselves with medical witnesses, when they find this evidence tendered, go into the highways and bye-ways of the city, and procure an equal number of medical men prepared to take the opposite view of the case. The court is supposed to estimate the weight of the evidence; but if doctors are to counterpoise each other in this manner, why should physical weight go for nothing? Why not improve upon the system of Garagantua’s justice, and, instead of placing the doctors in the witness box, why not put them into a pair of scales?

In conclusion, let us assure Dr. Gairdner that, although we do not quite hold the opinion that knowledge “comes neither from the east, nor from the west, nor yet from the south,” none can more heartily subscribe than we do to the assertion of the “honesty and capacity” of the “far north.” But why this Tooley Street reference to the “far north?” Is all Scotland angry because we have displeased one of her sons? Surely not, for the brain of auld Caledonia is as sound and hard as that of any lady who ever typified a great nationality, and we have also the best reason to know that her heart is as warm. Dr. Gairdner should take care what he says about us anent this matter of nationality, lest, when having left our own little corner of science and our forthcoming immortal work on the ‘Physiology of the Universe’ has been crowned by the applause of mankind, he may find us claimed for one of his ain folk—and then what would he think of his articles? To entertain angels unawares is better than to wrestle with one; and so we intreat Dr. Gairdner to speak and to think more kindly of his possible countryman.

Description of a Proposed New Lunatic Asylum for 650 Patients on the Separate-Block System, for the County of Surrey.

THE advantages derivable from the separate-block system of asylum architecture, from simplicity of construction, facility of natural ventilation, and diminished risk from fire, great as they may be, are yet but small advantages in comparison with that afforded by avoiding the evil of concentrating vast numbers of insane persons within a limited space, so that each patient, to his great detriment, becomes, as it were, surrounded by a thick atmosphere of insanity.

The separate-block system diminishes this main evil of asylum architecture to the greatest practicable extent; while, if the decentralization of the buildings be kept within due limits, the advantage of economical management dependent upon the provision of easy communication between the separate blocks and the use of one set of offices may still be preserved.

We believe that in the plan submitted, the decentralization of the buildings is effected in the manner most consistent with simplicity of construction and facility of communication; and although it may be said that the difference between the ground plan and that of some other asylums is merely due to retiring the middle third of each wing, the result of this simple change is to give an arrangement entirely distinct and different from that of any asylum in existence.

The removal of the residence of the medical superintendent from the centre of the asylum has the sanction of experience at the Gloucester County Asylum and at Chester. A new residence for the medical superintendent is at the present time being built at some distance from the large Edinburgh asylum; and the same arrangement has been made at Broadmoor and at Inverness. By distributing the residences of the officers, their influence will be at least as much felt throughout the asylum as if, in the more usual manner, they were all placed in the centre of the buildings.

In the plans here set forth it is designed to describe a County Lunatic Asylum so constructed as to distribute the patients over the widest area which may be consistent with economical management and due supervision; and for this purpose to break up the buildings used for patients into blocks sufficiently separated to ensure the advantages of isolation and yet to provide ready means of communication with the kitchen and other central offices.

It is further intended so to place these separate blocks that the patients residing in them may enjoy the whole benefits of a southern aspect, of a front view, both for the buildings, and the courts and pleasure-ground devoted to their use.

It is further intended to make the internal arrangements of these separate blocks in such a manner as to avoid internal galleries and passages, and to provide for the day residence of the great majority of the inmates on the ground floor in spacious and well-proportioned rooms, and to provide for their sleeping accommodation on the upper floors; certain exceptions to these arrangements being made in favour of acute and infirm cases for whom large wards and the use of stairs would be objectionable.

In the construction of an asylum on this plan, it may be thought that the great length of covered ways will be a costly item; and to some extent this would be true. But those covered ways at the back of the blocks, and those at right angles to the front, would add little to the cost, since the walls of the buildings and of the airing courts would be made use of in their construction, and a wooden roof, which would last twenty years, might be added to these walls for 12*s.* the foot run. They would also prevent the need of erecting exercising sheds and sun-shades. The covered ways facing to the front would be more expensive, but their length is not great.

By avoiding all waste of room, the construction of the block buildings themselves would be exceedingly economical. The avoidance of internal passages rendered possible by the use of the external covered ways, would be one cause of this economy of room. The use of large rooms for the day accommodation of the patients would be another cause of it. Daily observation assures us that a number of patients will not distribute themselves over the long galleries in use in asylums, as they readily do over large day-rooms. The result is that half the space in long galleries is wasted space, and wasted space is the greatest and most common architectural extravagance. Let any one of our most costly public buildings, asylums, hospitals, or even prisons, be looked at with the desire to ascertain in what manner the money it has cost has been sunk, and it will probably be found that there is little enough to shew for it in ornamental extravagance: but this one thing will be apparent almost everywhere, namely, that there is abundance of wasted space, wide galleries only used as passages, wide well-staircases, and intervals of space used for nothing. It is by avoiding all waste of space that the buildings of the plan submitted would, as it is hoped, be equally economical and efficient.

Reference to Ground Plan. No. 1.

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| <p>A A. Large wards.
 B B. Small wards.
 C C. Covered ways.
 D. Chapel.
 E. Kitchen and scullery.
 F. Refectory and amusement room.
 G G. Washhouse and laundry.
 I J. Meat, bread, and cellar stores.
 K L. Bakehouse and brewhouse.
 M. Entrance gate.
 N. Kitchen court.
 O. Board room and office.</p> | <p>P. Reception and visiting rooms.
 Q. Matron and general servants.
 R. Steward and clerk with store-rooms.
 S. Workshops.
 T. Medical superintendent.
 V. Assistant medical officer and chaplain.
 W W. Workshop—yards, and courts.
 Y Y. Walled airing courts.
 Z Z. Patients' pleasure grounds.</p> |
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Reference to Plan of Block. No. 2.

First or day-room floor of a large ward.

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|---|---|
| <p>A. Large day-room.
 B B. Smaller day-rooms.
 C. Bath-room and lavatory.
 D. Entrance lobby and stairs.</p> | <p>E E. Single sleeping rooms.
 F F. Lobbies, with closets in recess.
 G. Water-closet.
 H. Scullery.</p> |
|---|---|

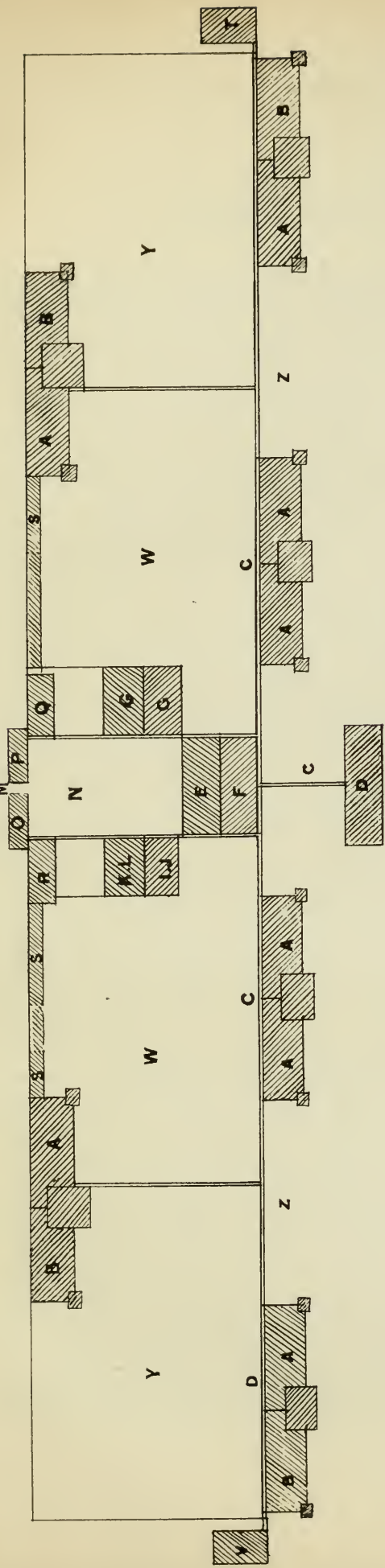
Reference to Plan of Block. No. 3.

Ground floor of small ward for acute and infirm Cases.

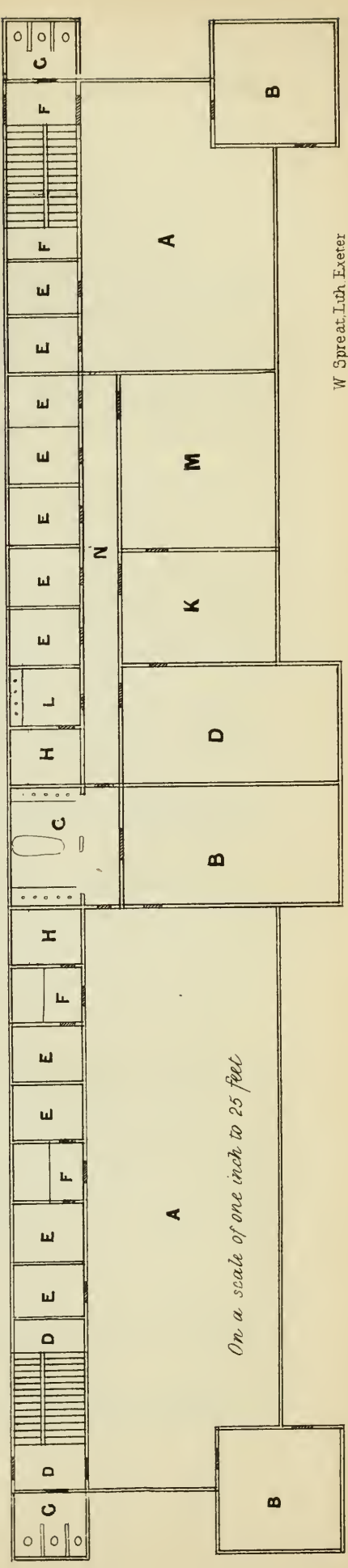
- | | |
|--|---|
| <p>A. Large day-room.
 B. Smaller day-room.
 D. Dormitory.
 E E E. Single sleeping-rooms, opening into passage.
 F. Entrance lobby and stairs.</p> | <p>G. Water-closet.
 H. Scullery.
 K. Attendants' room.
 L. Lavatory.
 M. Dormitory.
 N. Passage.</p> |
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PLAN OF A PROPOSED COUNTY LUNATIC ASYLUM FOR 650 PATIENTS.

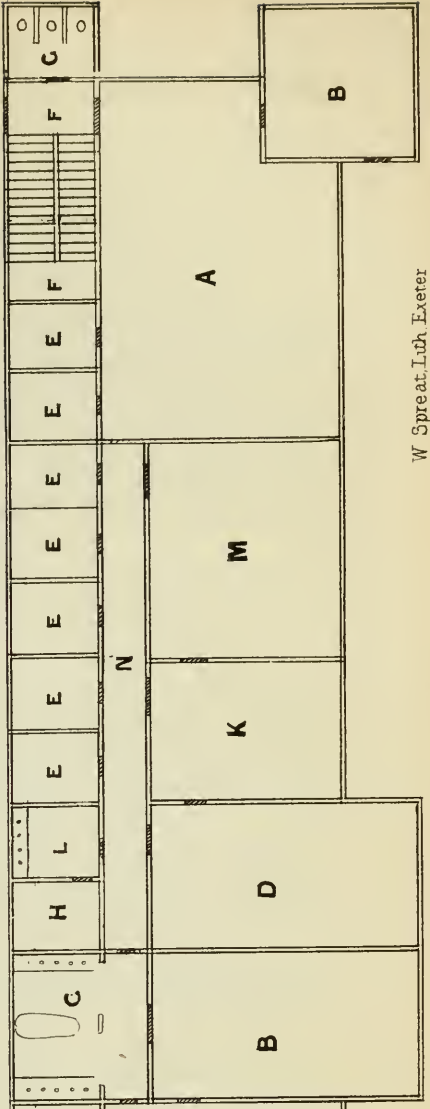
No 1



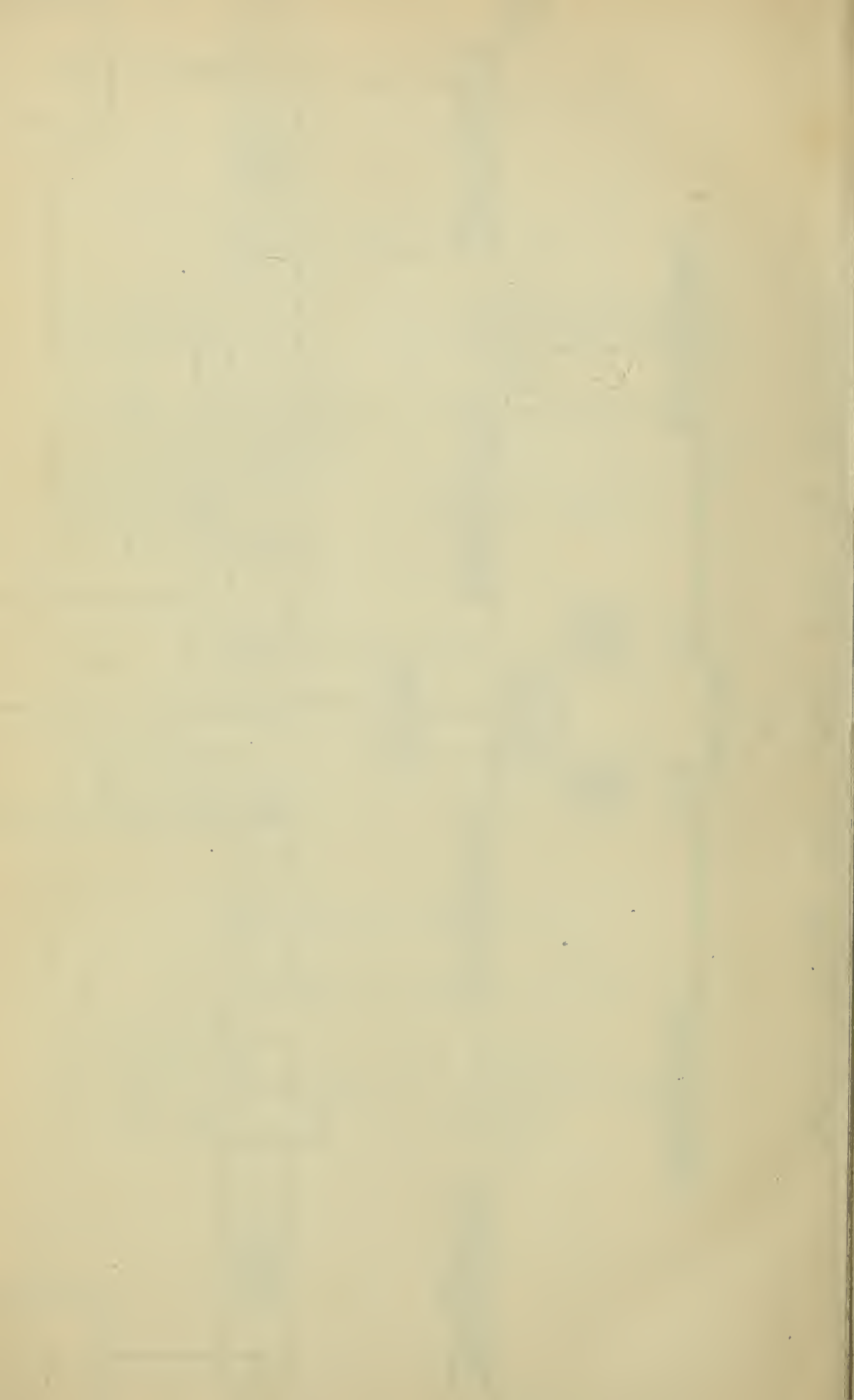
No 2



No 3



On a scale of one inch to 25 feet



Ground Plan of the Buildings.

The buildings consist of six separate blocks, three for men, and three for women; four of the blocks are in alignment in the front; the second and fifth blocks are in retirement from the front to a distance of about sixty yards; they however face the front, so that the whole line of block buildings with the chapel occupying the central position between the men's and women's sides, forms one frontage, affording scope for architectural effect.

In the centre of the buildings and behind the chapel are the refectory, kitchen, and other domestic offices, constructions of one story, for which ample space is afforded.

The entrance of the asylum is from the back, and from the north, and on each side of the entrance are the board room and the visiting and reception rooms; and in immediate proximity the residences of the steward and of the matron. In the matron's house and under her control, the cooks and laundresses will reside.

The residence of the medical superintendent is a distinct building to the east of the front, and in connexion with the acute and infirmary wards for women.

The residence of the assistant medical officer and of the chaplain is to the west of the front, and in connexion with the acute and infirmary wards for men.

The different blocks are brought into connexion with each other, and with the chapel and domestic offices, by means of covered galleries; these galleries are intended to be open on the side facing the airing courts, so that they may serve as sun-shades, and as covered ways for exercise; they will also form the boundaries of the courts to prevent escape.

The inclination of the ground is supposed to be from the north to the south so that the lower windows of the blocks retired from the front will look over the covered ways connecting the front blocks.

The chapel is intended to be the only part of the building upon which architectural ornament will be displayed, and should perhaps be of light-coloured stone in contrast to the plain brick of the asylum buildings. The spire or tower will contain the bell or clock, and the chapel itself will mask from the front the low roofs of the domestic offices.

The stables and farm buildings will be placed at a convenient distance from the asylum, sufficiently remote to prevent the effluvia from a large piggery reaching the wards.

The gas works must be on the lower level. If facilities should be afforded it will be advisable to make a wharf and yard in connexion

with a creek of the neighbouring canal on the asylum property; and in this yard to place the gas works, the pump for raising water, sheds for coal and other bulky stores, a smith's forge, and the residence for the engineer. The water, for which a supply of not less than 25,000 gallons daily must be provided, should be pumped into cisterns placed in the central tower of each block. If the main water supply should be derived from the canal, two or three shallow wells with common hand pumps will be useful to supply water for drinking.

Construction of Blocks and Internal Arrangements.

The main building of each block is of two stories, but there are in connexion with each block three towers of three stories, the third story in each tower being used exclusively for small dormitories. These towers have high-pitch roofs and while they provide valuable accommodation, they will break the monotony of the line of building, and give an agreeable and effective outline to the structure. The towers at the end of each block are fifteen feet square within the walls; the central tower in each block is thirty feet by twenty-four feet and a half.

The blocks have single roofs, the span of which is thirty-three feet within the walls.

The span of the floors from the front wall to the walls of the single sleeping rooms is twenty-three feet within the walls.

The several blocks will not be of exactly the same length.

The blocks for the women should be longer than those for the men, to accommodate the larger number of female pauper lunatics which accumulate in all county asylums; but no block will exceed 180 feet from end to end of the main roof.

Each block has a partition wall in the centre which divides it into two or into three wards; the blocks nearest the centre are divided into two wards only; the four blocks furthest from the centre are divided into three wards each, namely, one large ward marked A, and two small wards, one on each story, marked B. Thus there are four large wards and four small wards on each side, sixteen in all. In each block the front or south side is occupied by living rooms and dormitories, and the back or north side is occupied by a range of small rooms, the front or south wall of which will support on that side the floors of the larger rooms. The corridor of communication will run at the back of each block, the windows of the lower range of single rooms being placed above its roof. Means of ingress and egress are provided at the extremity of each block. In the large wards there is only one internal wall running longitudinally,

but in the small wards there is a second wall running rather more than half the length of the ward and dividing off a passage leading to the dormitories and single sleeping-rooms. This is a passage of communication only, and is lighted by windows in the inner walls of the dormitories and by a glass door opposite to an end window. With the exception of these passages fifty feet in length in the small wards, there are no internal passages or corridors or galleries in the whole of the building.

Tranquil and healthy patients will be placed in the large wards which are nearest to the centre, in order that they may more readily dine together in the refectory, and that the women may be near to the laundry and kitchen, and the men to the workshops. Patients suffering from bodily disease and from acute mental disease will be placed in the smaller wards; the wards especially devoted to the use of the sick will be those which are close to the residences of the medical officers; the excited and dangerous will be placed in the small wards in the retired blocks.

Accommodation in the large wards will consist of one large day-room from fifty-five to sixty-five feet long within the towers, according to the size of the several blocks. The width is twenty-three feet, the height is fourteen feet.

In addition to this spacious living-room, there are two smaller sitting-rooms in the towers. Behind one of the sitting-rooms in the central tower is a bath-room common to the block; and the smaller sitting-room in front of this bath-room is to be used as the anteroom in connexion with it, when numbers of patients are being bathed.

Only four of the small rooms on the ground floor of the large wards are to be used as single sleeping-rooms by patients who would at night be liable to disturb the quietude of the dormitories in the second storey. Three of these single sleeping-rooms do not open directly into the large day-room, but into a small lobby between each pair of them; the lower part of which lobbies is utilised as store-closets. The water-closets are placed outside the blocks, and communicate with the entrance lobbies. They have opposite windows, external to the block buildings, to ensure thorough ventilation.

The second floor in each large ward, twelve feet high, is devoted entirely to dormitories and single sleeping-rooms. All the single sleeping-rooms open direct into the room which is placed over the large living-room in the floor below; a passage, however, five feet wide, into which these single sleeping-rooms open, is divided off from the large dormitory by a partition, only four feet six in height, however, so that any person on entering this floor would from the passage have an uninterrupted view of the dormitory. The dormitory inside this partition is eighteen feet wide, so that two rows of beds placed opposite to each other would leave a passage of six feet;

if the two rows of beds were placed facing the windows there would be a passage at the foot of each row of beds three feet wide, and each patient would have the sanitary advantage of facing the light, and no patient's head would be placed in the downward draught caused by a window. Between each two beds a seat or locker might be placed, and by this arrangement, without any second partition, the two rows of beds would be conveniently separated from each other.

The rooms in the towers at each end will form small dormitories of four beds, and the rooms in the central tower will form dormitories of seven beds; parts of these rooms must necessarily be occupied by stairs for access to the third stories of the towers, which will contain dormitories for the same number of beds. The upper stories of the towers in the whole asylum are thus good for the sleeping accommodation of 132 patients, namely twenty-two in each block.

Between the dormitory in the central tower and the large dormitory in the body of the block, an attendants' room is partitioned off fourteen feet by eighteen feet. This attendants' room communicates with the two dormitories between which it is placed, by means of doors whose upper panels are made of perforated zinc, so that the attendants may be able to hear any unusual noise that may take place in either of the dormitories. The large dormitory between the attendants' room and the projection of the end tower is fifty feet long, and allowing five feet for each bed and its interval, will give room to place twenty beds; an additional bed might be placed in the inner line, but it is better to keep this place free for washing-stands. No wall or partition is placed between the dormitories and this end of the building, in order that the light from the end windows may not be interrupted, the light of an end window having always great effect in promoting the cheerful appearance of the room. A water-closet and a lavatory are placed on this floor above those in the floor below.

The following sleeping accommodation is thus formed in one of these large wards—Large dormitory twenty beds, two dormitories in the central tower seven beds each, two dormitories in the end tower four beds each; four separate sleeping-rooms in the first floor, eight separate sleeping-rooms in the second floor = 54.

Arrangement of the smaller wards.—The half of the two blocks furthest from the centre on each side is arranged in quite a different manner from the large wards, so as to provide a ward on each floor. In these wards such patients will be placed as are suffering from acute mental disease or from bodily disease, or from the infirmities of old age, or who are suicidal or dangerous to others and cannot be associated in the large wards; all patients, in fact, who need special care and supervision. These wards in the front blocks will be generally devoted to the infirm, and those in the retired blocks

to the dangerous classes. The wards on the ground floor of the former will be used generally for that class of infirm patients whose condition will not prevent them from taking exercise in the open air. Aged and infirm people whose condition will prevent their taking open-air exercise will be placed in the small wards of the second floor; the complement for these wards being made up by patients in better health, to whom the use of the stairs will not be an objection.

The small wards in the retired blocks will contain what may be called the dangerous classes of the asylum community, and their classification in these wards will depend greatly upon their mental condition; practically, it has been found advantageous to separate the merely noisy and excitable patients from those patients who are apt to indulge in acts of violence, the refractory class properly so called. Epileptics will, as a rule, be placed on the ground floor and distributed according to their state of mental tranquillity between the small wards in the front and the retired blocks. Idiots and demented patients of good health will be placed in the large wards of the retired blocks.

The small wards on the ground floor and those on the upper floor resemble each other in their arrangements, except that those on the upper floor have the additional sleeping accommodation for eleven beds which is afforded in the third stories of the towers.

The construction of the building in the small wards differs from that in the large wards by the addition of a second internal wall running longitudinally, and extending to half the distance between the corner of the central large tower and the end of the block, and cutting off a dormitory and an attendants' room to the front of the block, and a passage of communication of five feet in width between these rooms and the single sleeping-rooms. This passage, used only for communication, will be lighted through windows in the wall of the passage by light transmitted through the dormitory and through the attendants' room. The dormitory, twenty-two feet by seventeen feet, will contain eight beds. The room in the central tower, twenty-four feet and a half by fourteen feet and a half, will also contain eight beds. The attendants' room placed between these two dormitories is arranged in a manner similar to that of the attendants' room in the dormitories of the large wards, affording an additional security to that of the night watch against nocturnal accidents. At the end of the block furthest removed from the centre of the building is the day-room, thirty-six feet by twenty-three feet, but encroached upon in one corner by the angle of the end tower. The room in this tower, fifteen feet by fifteen feet, is a second and smaller day-room for the separation or retirement of a few patients. There are seven single sleeping-rooms, five of which open direct into the passage of communication, and two of which open into the day-room. The

water-closet and lavatory are placed at the end of the ward nearest the centre of the block.

The accommodation of these small wards is, on the ground floor two dormitories of eight beds each and seven single sleeping-rooms = twenty-three beds. On the upper floor the same accommodation — one bed in the central dormitory and + eleven beds in the upper storey of the towers = thirty-three beds.

The whole sleeping accommodation provided, therefore, according to the proposed arrangement of beds, is in each of the eight large wards $54 \text{ beds} \times 8 = 432$. Small wards on ground floor $23 \text{ beds} \times 4 = 92$. Small wards on the upper floor $33 \text{ beds} \times 4 = 132$. Total 656.

Additional accommodation might conveniently be provided, by extending the central towers to the front. Breadth for one additional bed to the front would afford room for ten additional beds in each block, or 60 beds altogether.

NOTICES OF BOOKS are unavoidably postponed to our next Number.

THE DEATH OF THE PRINCE CONSORT.

“THE foremost man in all this land” has been struck low, and while with all our countrymen we lament this heavy, this irretrievable loss, and with all our fellow-subjects we sympathise with the deep grief of that Royal Widow for whom all true hearts beat in devoted loyalty, as men of science we bewail the loss of a brother. Prince Albert was a patron of art; in science he was a student and a workman; and the good he has effected by his aid and example, to those especially who labour in all branches of social science, cannot be over estimated. In this country little enough of honour is given to those who court the secrets of nature, and it has been no small encouragement to feel that one in Prince Albert’s great station thoroughly appreciated all efforts to extend the boundaries of knowledge. We have had one or two learned monarchs, but we should have to go back in history to him who alone is called “Great” among our kings for an example of a ruler who, according to the lights of his time, could be truly called scientific. Prince Albert, indeed, has fought no fight against the foes of his country, except those universal foes who rebel against the laws of nature and who devastate by the agencies of crime and disease. His has been the steady glory of a well-spent life. In his career Usefulness and Honour lovingly lent each other helping hands, and he might truly have said—

Fame gave me Use at first, and Use again
Increasing, gave me Fame—
I rather dread the loss of Use than Fame.

Let us in our sorrow accept the consolation that his use is not, cannot be lost; let us pray that it may survive in the beneficent influence of his calm, steadfast, and unselfish character upon those who were dearest to him, and who are dearest to the nation who mourns for him. The seeds of good he has sown cannot but be fruitful in all time, and “in his large recompense” may a grateful nation see him ever present in unceasing efforts made to shape the life of the community on the firm basis of physiological and social law.

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and change. It begins with the first settlers who came to the shores of North America. These early pioneers faced many hardships as they sought to build a new life in a new land. Over time, the colonies grew and developed their own unique characteristics. The struggle for independence from British rule led to the birth of a new nation. The United States has since grown into a powerful and influential country, with a rich and diverse culture. The challenges it has faced, from the American Revolution to the Civil War, and from the Great Depression to the Vietnam War, have shaped its identity and values. Today, the United States continues to evolve and adapt to the changing world around it.

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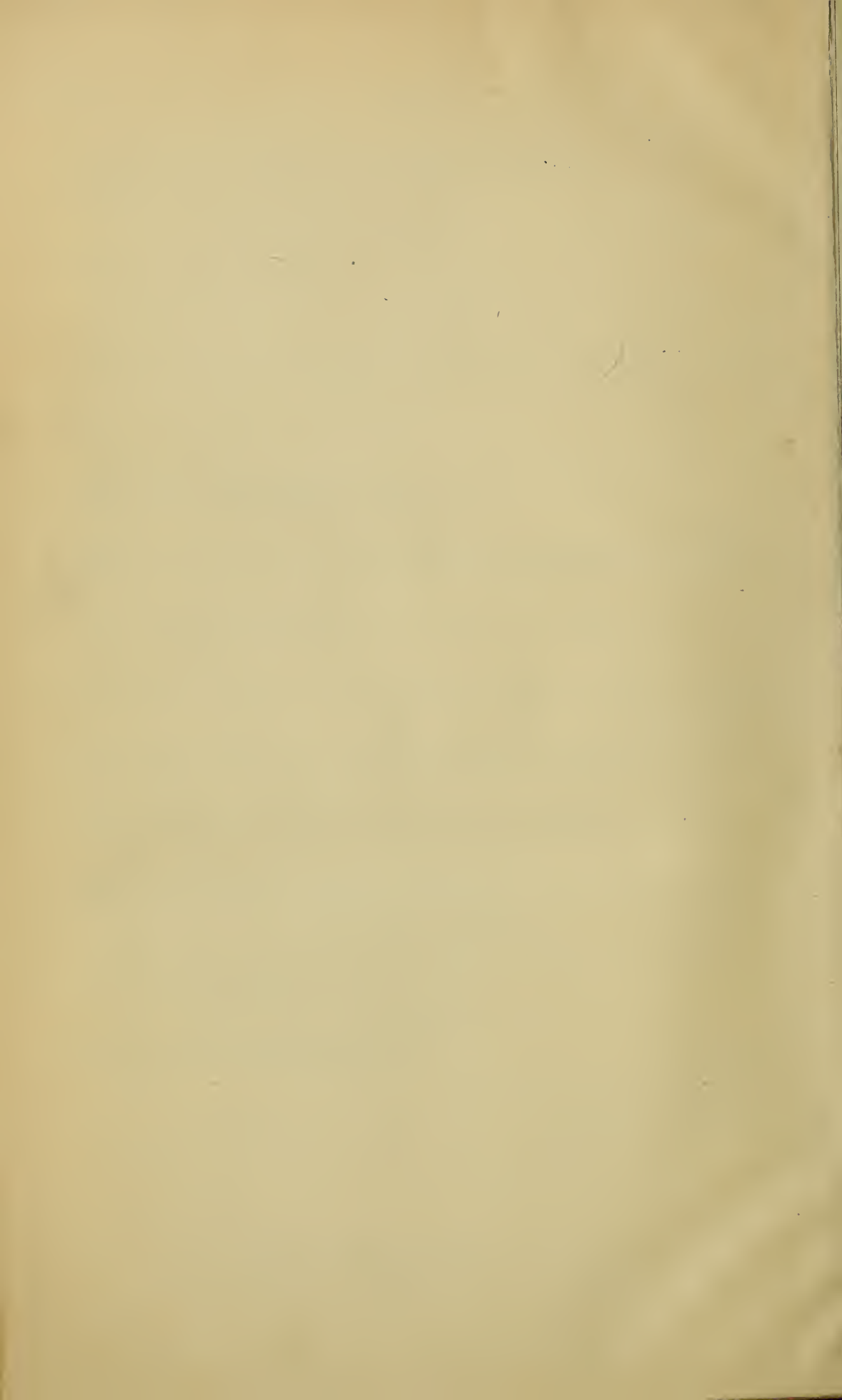
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