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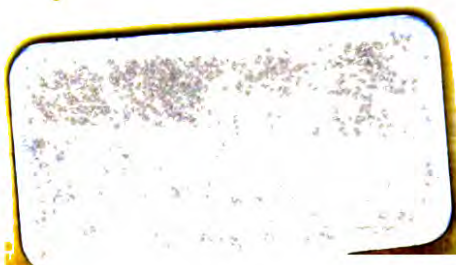
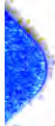
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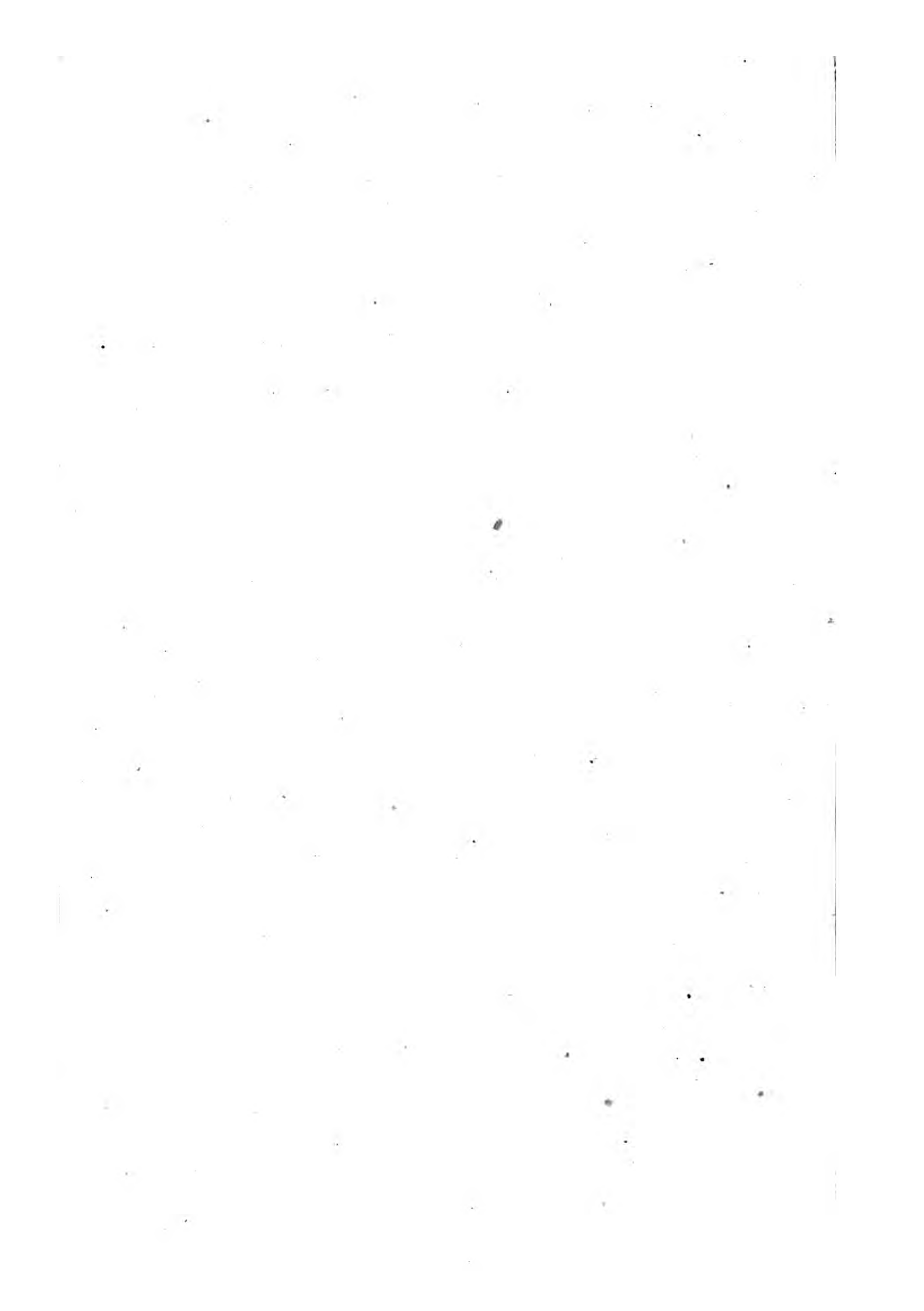


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INSANITY
ITS CAUSES, PREVENTION,
AND TREATMENT

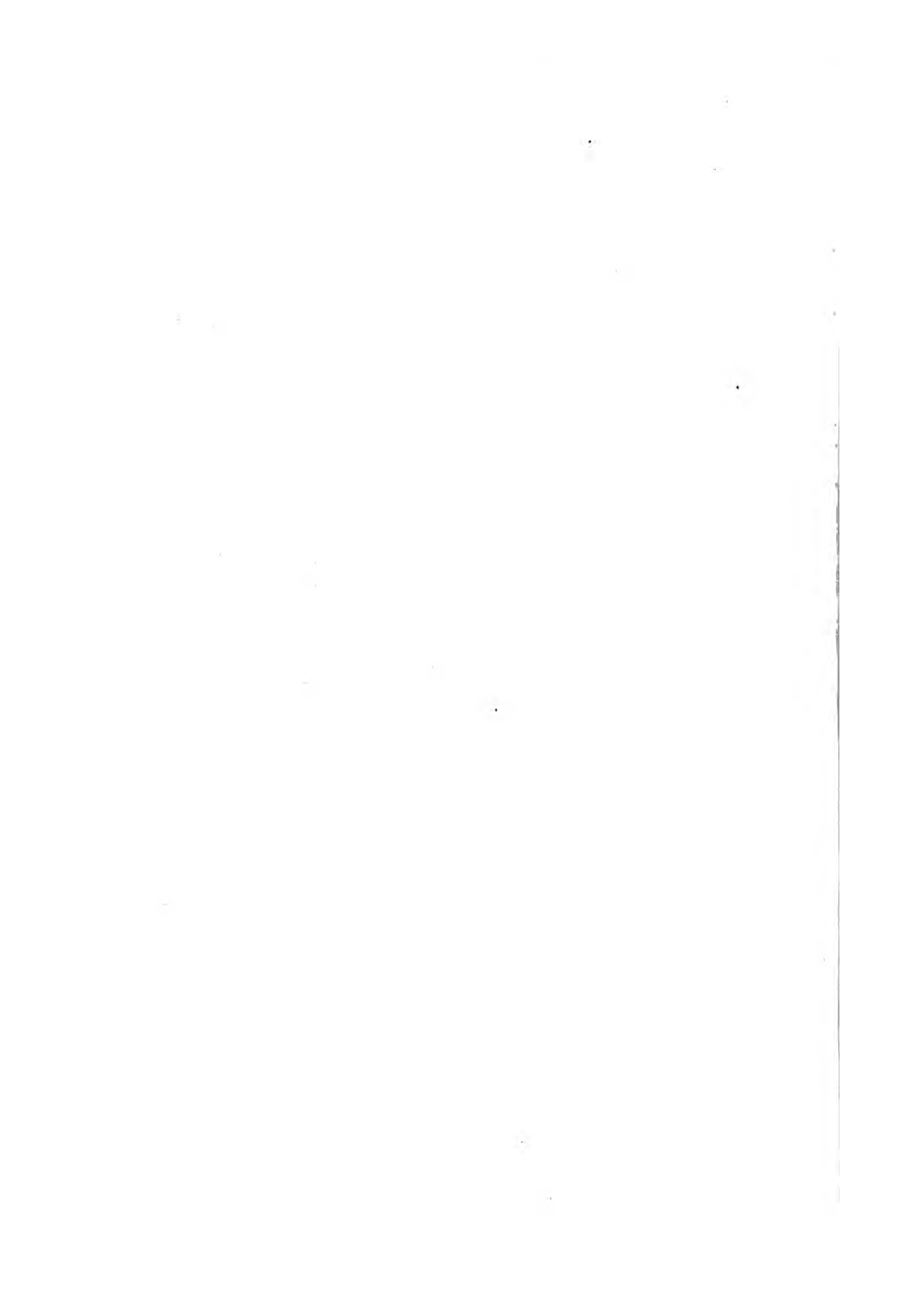


... of the elderly population, and the need for a more comprehensive approach to aging research. The authors argue that a multidisciplinary approach is necessary to address the complex challenges of aging, and that a focus on the individual and social contexts of aging is essential. They call for a more holistic view of aging, one that recognizes the interconnectedness of biological, psychological, and social factors. The authors also emphasize the importance of community and social support in promoting healthy aging, and argue that a focus on the social determinants of health is crucial. Finally, they call for a more inclusive and participatory approach to aging research, one that involves the elderly population in the research process and recognizes their expertise and experiences. The authors conclude by stating that a more comprehensive and holistic approach to aging research is needed to address the challenges of aging and to promote the well-being of the elderly population.



INSANITY;

ITS CAUSES, PREVENTION, AND TREATMENT.



INSANITY ;
ITS CAUSES, PREVENTION, AND
TREATMENT.

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LONDON :
WYMAN & SONS, 74-76, GREAT QUEEN STREET,
LINCOLN'S INN FIELDS, W.C.

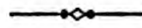
1882.

151 0 673

LONDON:
WYMAN AND SONS, PRINTERS, GREAT QUEEN STREET
LINCOLN'S-INN FIELDS.



PREFACE.



A SUBJECT dealing with one of the most dreadful maladies to which human flesh is heir, and which may afflict our dearest and nearest relations, can hardly fail to arouse interest. It is this reflection which has emboldened me to pen the following lines in which I have endeavoured to trace, as briefly as is consistent with the importance of the subject, the different phases of insanity and its treatment.

I may be allowed to mention, for the benefit of any critic into whose hands this volume may fall, that I have no pretension to literary excellence, and that, my sole

object being to present the public with a concise treatise on a disorder which is unfortunately more common than is generally supposed, I have said what I had to say, and what I thought useful, in the plainest and clearest language I had at command.

CONTENTS.



	PAGE
PREFACE	V
CHAPTER I.	
INSANITY	1
CHAPTER II.	
CAUSES OF INSANITY	7
CHAPTER III.	
SYMPTOMS OF INSANITY	18
CHAPTER IV.	
IMPORTANCE OF SPECIALISTS IN CASES OF SUPPOSED OR REAL LUNACY	26
CHAPTER V.	
PREVENTION BETTER THAN CURE...	33
CHAPTER VI.	
THE TREATMENT OF LUNATICS	44
CHAPTER VII.	
ANSWERS TO A FEW QUESTIONS OF GENERAL INTEREST...	76

ERRATA.

- Page 3, line 5, for μίνος read μόνος.*
" 3, " 5, for μανόα read μανία.
" 61, " 16, omit "and equal quantities."
" 75, " 16, for "feelings" read "feeling."
" 84, " 7, for "this" read "thus."
" 89, " 16, for "are" read "and."

ON INSANITY.



CHAPTER I.

INSANITY.

TO give a complete and satisfactory definition of Insanity would require volumes: therefore, we shall not attempt to do what has baffled the efforts of our predecessors, and we shall rest satisfied with the following very imperfect statement, viz., “Insanity is the existence of delusion, or hallucination, or illusions.”

A delusion is the existence of a false belief in something which personally concerns the patient. Thus, a patient believing that he is burning, or that his head is turned the wrong way, or that his nose is of glass, is labouring under a delusion.

Hallucinations are perceptions of sensations

which are not caused by any exterior object. A man hears a sound when there is no sound; he sees some one where there is no one; he feels something where there is absolutely nothing. These are hallucinations.

Illusions are errors of judgment, caused by really existing objects. They are false perceptions or interpretations. A man who mistakes the roar of thunder for the voice of his attendant, or who sees things different from what they really are, has illusions.

Insanity shows itself under different forms, the principal of which are:—1. Simple Insanity. 2. Epileptic Insanity. 3. Paralytic Insanity. 4. Senile Insanity. 5. Organic Insanity. 6. Idiocy. 7. Cretinism.

1. *Simple Insanity* may manifest itself as mania, melancholia, monomania. *Mania*, as its Greek derivation implies (*μαίνομαι*, to rage, to be furious), is a raving state of the mind, accompanied with more or less violence of demeanour.

Melancholia (μέλας, *black*, and χολή, *bile*) is a form of emotional insanity. By melancholia is implied the idea of derangement accompanied by gloom.

Monomania (μίνος, *single*, μανία, *madness*) is a perverted state of the mind on one particular point. Medical writers are far from agreed on this subject. With some, monomania is a fixed morbid idea ; with others, it is a partial exaltation of the mind ; or, with another class of authors, it is considered as one single morbid impulse.

2. *Epileptic Insanity* is insanity accompanied with epilepsy. In some cases the fits have preceded the derangement of the mind, in others they have followed it. In the first case the epilepsy may be considered as the cause of the mental disease ; in the second the fits appear as symptoms, or, as is generally the case, as a complication. But whether the fits have been prior or subsequent to the mental derangement, this form of insanity still goes by the name of *Epileptic Insanity*.

3. *Paralytic Insanity* consists in the incapacity of forming coherent thoughts and in the existence of delusions, which, however, are not of a very extravagant nature. This is also, at least in most cases, accompanied by loss of memory.

4. *Senile Insanity* is the slow and gradual decay of the moral and mental faculties, caused by the slow and gradual decay of the physical faculties consequent upon old age.

5. *Organic Insanity* is caused by lesions of the brain or accidents which affect the nervous system.

6. *Idiocy*, when congenital, consists in the total absence of mental manifestations, depending upon defective development or disease during the period of gestation. Most idiots are born so, but, if during infancy or childhood physical development is arrested, idiocy may be the result; and this risk should never be overlooked by those who have the care of the young. The congenital idiot is characterised by a total absence of power. The madman is he who

has lost his mental faculties, but the congenital idiot is he who never had any such faculties, or if he ever had any they were in a very modified form.

However, it would be a great error to think that idiots are all alike; there are, indeed, as many varieties of idiocy as there are individuals so afflicted, and the above remarks apply only to idiocy caused by a congenital deficiency.

7. In *Cretinism* the intellectual faculties are much impaired. This form of insanity is, in some respects at least, very similar to idiocy, but, unlike it, it is always associated with either bodily deformity or arrest of growth, although there are cases in which a child does not show any sign of mental deficiency until several years after birth. Such are the principal forms of insanity, but besides these there are some which cannot be associated with any of the preceding.

Insanity is not always divided into the seven headings just given. Thus, Drs. Bucknill and Tuke, in their admirable work on the present

subject, entitled, "Psychological Medicine," arrange all mental disorders as follows :—

1. Insanity resulting from undeveloped intellectual power, such as is seen in idiocy, imbecility, and cretinism.

2. Insanity resulting from the destruction of intellectual power, *e.g.*, dementia.

3. Insanity in which marked delusions exist, delusions which either assume the form of melancholia or exaltation, or homicidal and suicidal insanity. This third form is called "delusional insanity."

4. This class, named "emotional insanity," is a morbid state of the emotions without delusion. It assumes either a melancholy character or an exalted one, and betrays itself by a perverted state of the moral sense, or by outbursts which impel the afflicted person to commit self-destruction or to take another's life.

5. The fifth is "mania"; that is, insanity accompanied by excitement or exaltation.

CHAPTER II.

SO far we have said what insanity is. We have briefly enumerated the different kinds of mental disease, and have described, in as few words as we were able, the general characteristics of the various forms of lunacy.

We now come to the most important portion of our inquiry, namely, "What are the causes of insanity?" It is hardly necessary to remark that the knowledge of these causes is of vast importance to all, to the professional and to the unprofessional alike. Without an intimate acquaintance with these causes the physician could not base his treatment on anything scientific, and the layman could not hope to diminish the number of the inmates of asylums, both private and public, by wisely pointing out the most fruitful causes of this terrible malady.

and thus showing what is to be sedulously avoided.

Insanity, in all its branches, has, for several years past, given rise to numerous discussions at home and abroad, and, as may be expected, views widely divergent from one another have been propounded by various medical authorities. In the midst of this wealth of opinions, all have been agreed on several causes, and, as these happen to be the most important, we shall confine ourselves to an enumeration of them.

Among the chief causes mentioned is that of "drink," or, in other words, the abuse of alcohol, which has been so vehemently and justly condemned by people of all ranks and professions. Many medical men (not disciples of Todd and Bowman), yet not advocates of teetotalism, have come to look upon alcoholism as one of the most prolific sources of insanity, and in consequence, they regard with terror the abuse that is too often made of alcohol administered for medical or non-medical purposes.

With reference to the action of spirits on the nervous system generally, and on the brain in particular, many different opinions are entertained; but, although the question of determining the share alcohol has in causing insanity is bristling with difficulties, yet it must be admitted that intemperance and madness are intimately connected with each other.

Everybody knows that intoxication is a form of insanity, and it is not difficult to understand that, if this passing insanity caused by the absorption of alcohol is frequently repeated, it will at some time or other permanently affect the brain. This is, indeed, so well known that no one wonders when the habitual drunkard becomes a hopeless lunatic, and so great is the resemblance between permanent insanity and intoxication, that, as Dr. Robinson has justly said, there are in intoxication "the raving delirium, the maudlin sensibility and groundless apprehensions of the melancholic, the bloodthirstiness of the homicidal, the cunning

desperation of the suicidal maniac, the prostration of the moral feelings, the inflation of the mind with delusions as to dignity, wealth, and knowledge; and, finally, in the last state of intoxication may be noticed the gradual disappearance of every manifestation of reason, until the vacant gaze and drivelling smile have for the moment stamped upon the countenance the fearful inanity of idiocy. Since, then, a single dose of an intoxicating substance possesses the power of temporarily disordering the intellect, perverting the moral sentiments, and even wholly suppressing the operations of the mind, it is not wonderful that the continued use of such agents should frequently induce permanent mental derangement. Continuance in that habit may occasion this effect either directly or indirectly. We possess no data by which to estimate its influence in predisposing to insanity; we can, however, readily conceive that it must be very considerable. It is found that the minds of persons who have once laboured under an attack

of mania are ever afterwards more liable to excitement, and less capable of preserving their equilibrium whilst exposed to disturbing influences, than those which have never deviated from a healthy state. We have seen that each fit of intoxication is, in fact, a temporary attack of insanity. We notice in every-day life how frequently the intellects of habitual drunkards become impaired, and, knowing these things, we cannot avoid the conclusion that an excessive use of intoxicants will in time so enfeeble the mind as to render it incapable of bearing ordinary sources of disturbance, and thus act as a powerful cause of insanity.”

This testimony of so well known a man is further supported by tables, showing that at least one-seventh of the cases contained in ninety-eight lunatic asylums in this country are traceable to intemperance. From another table drawn up from the returns of five-and-twenty asylums it is seen that one-fourth of the cases are due to intemperate habits. It must also be noticed that

a good many causes mentioned as unknown are due to intemperance, or sensuality, as is proved daily by cases in which there is general paralysis. Next, and perhaps equal in importance, in the cause of insanity is *hereditary tendency*.

Hereditary tendency is the transmission of a certain form of disease from parents to children. Every portion of the human frame is liable to be affected by it. The importance of recognising the effect of hereditary tendency cannot be over-rated, and, although it frequently happens that a disease fully developed in the parent is apparently absent in the child, yet it is an undeniable fact that such hereditary tendencies often skip over one generation, thus proving that what is not seen in the progenitors is not absent, but dormant. It has been well ascertained that consumption, gout, scrofula, rheumatism, epilepsy, blindness, paralysis, asthma, are all hereditary. This being so, how is it possible to deny, as it has been foolishly denied, that the most sensitive, the most delicate, and the most easily

affected portion of ourselves, namely, the nervous system, is influenced in the same manner as our lungs, eyes, or limbs ?

We do not say that the disease of the parent will always pass to the child in the same form, but we maintain, and in that we are supported by the most eminent medical authorities, that the alienist cannot ignore the importance of hereditary tendencies.

There is no doubt that the majority of idiots and imbeciles have inherited their enfeebled state of mind from the drunken habits of their progenitors, and, after thirteen years' experience in the treatment of the insane, we have come to the conclusion that hereditary tendency is the most fruitful source of insanity, and that although it may not have been apparent for years, yet when it is aroused by any exciting cause, it must, of necessity, speedily manifest itself in some form or other.

Another prolific cause of insanity is the abuse of sexual intercourse. As this is not generally

believed to be conducive to madness, we assert that, during several years' constant association with the insane, and their relatives, we have been enabled to ascertain, to our entire satisfaction, that a very large proportion of the cases brought under our notice have been rightly traced to excessive sexual indulgence; and, further, we have remarked that the eldest child is more often affected than the other members of the family. That sexual indulgence carried to excess is frequently the cause of general paralysis, with insanity, is further proved by the fact that men are more liable to it than women, and that among males the very young and the old are entirely free from it.

Such are the primary causes of mental disorders. But by the side of these there are others which it is well to take into account in order that they may be avoided as much as possible.

Thus, the too early calling into action of the mental faculties often results in insanity. The

mind of the young is of the most tender and delicate nature, and it is not to be wondered at if an undue pressure causes it to break down altogether. Many of us, indeed, have had opportunities of verifying the truths of this assertion, and have often seen the most promising children become, in a short time, dull and stupid, owing to the amount of brain-work that had been required of them,—work, it must be remembered, which is undertaken not with a view to benefit the child, but to gratify the silly and wicked pride of ignorant parents. Early education, now enforced by law in this country, will, if carried beyond the enduring power of mind and brain, bring forth, in the rising generation, more blunted intellects than acute ones, and is very likely to cause, especially in the case of the anæmic and weak children, a feebleness of mind, which will have been brought about by legislation, but which legislation will be powerless to remedy. If this be true of the upper classes, as it unfortunately is, it is ten times worse in the case of

badly-fed and badly-clothed children of the poorer class.

Medical men, schoolmasters, and others cannot raise their voices too strongly to condemn the course now followed in the training of the young. They cannot denounce too forcibly the practice of cramming for examinations,—a practice which invariably defeats the object of its supporters, who forget that a forced plant is never equal to nature's natural productions, and who fill our public offices with young men who have left the best portion of their brains in the crammer's hot-house. Another cause of bodily disorder and diseases, followed by derangement of the mind, and too often terminating in confirmed insanity, may be found in the eagerness with which people of most nations endeavour to become rich in the shortest possible time in order to enjoy themselves all the sooner. To attain their end speedily they rush into all sorts of undertakings, into the most hazardous speculations, and, as these are often followed by terrible break-downs,

the blows of fortune are hard, and too often disorder the mind permanently.

The struggle for life which is now so keen, the race after money and honours, the anxious times in which we live, the varied responsibilities not borne alike by all, the moments, hours, or days of racking suspense which men and women of all classes often endure; the religious excitement consequent upon revivals, conversions, and suchlike things, are all conducive to mental disorder, and fill our asylums, private and public, with more lunatics than could be imagined by the unprofessional.

Want of food, insufficient clothing, impure air, damp dwellings, total absence of the ordinary comforts of life, must also be reckoned among the causes predisposing to insanity.

Lastly, railway collisions, and other accidents, are sometimes the cause of insanity, especially when there has been concussion of the brain. Now that we have alluded to the chief sources of mental disorder, we will proceed to enumerate briefly the principal symptoms of this dreadful affliction.

CHAPTER III.

SYMPTOMS OF INSANITY.

IT is simply impossible to supply the unprofessional with a certain diagnosis of insanity. There are symptoms which are so marked, so striking, that the most inattentive observer cannot overlook them. On the other hand, symptoms are sometimes so indefinite, so slight, that the most experienced practitioner cannot form a sure conclusion.

This is true of all disorders, but much more so of mental affections.

Thus there is the raving and frantic maniac whom nobody can mistake for a sane man, and there is the lunatic who acts and looks like the most rational person, who can converse on many

subjects with great sense, and who, nevertheless, is mad.

Monomania, which, as we have said before, is a derangement of the mind on one particular point, assumes many forms. It may be homicidal or suicidal, or may show itself in the most absurd and ridiculous acts.

In cases of dipsomania, or morbid craving for drink, fits occur at intervals during which the unfortunate patients are seized with a drinking phrenzy which they are powerless to control, although they are aware of the harm that will result to themselves.

As a general rule, it may be said that the approaches of insanity are not clearly defined. A fit of madness may come on suddenly without having been heralded by any apparent disease or peculiarity of conduct, or it may have worked its way gradually and slowly. Nevertheless, even in sudden cases, it will be found, upon examination, that, for some time previous to the outbreak of mania, there has been some sleeplessness, some

irritability, some excitement, which may or may not have been under the control of the patient.

In the usual course of things, a fit of insanity is preceded by great irritability and fluctuation of spirits. These go on gradually increasing until the outbreak, which is, as a rule, accompanied by feverish symptoms affecting the head more than any other portion of the body.

It may be stated that, generally speaking, an attack of mania is preceded by gloom and despondency, accompanied or not by deep stupor. The health is impaired, sleep is absent or broken, the liver is not unfrequently deranged, febrile symptoms are often present as well as indications of cerebral congestion. When mania is fully developed, the patient, in addition to all or some of the above symptoms, has hallucinations which give rise to the most extraordinary language and acts, and to the most violent outbursts.

Symptoms of monomania differ from the above. In the monomaniac it will be found that there is perversion of the moral sense, and that

the patient is impelled to acts of a destructive nature. A monomaniac may be sound on all points but one, or may be the subject of several hallucinations. Such patients are troubled with dreams, and their hallucinations are always worse at night, and particularly during the small hours of the night. It is for this reason that a stricter watch is necessary at that particular time, in order to prevent suicides.

In monomania there is more or less coherence of thought, and it is often extremely difficult to tell where sense ends, and where insanity begins. In the ordinary form of monomania the patient is the subject of one particular illusion or delusion. Thus, in every woman he will see a queen; another will tell you that you are burning; another that you are of glass; another that he is the "Messiah." There are monomaniacs who suspect everybody of having evil intentions; others who fear everybody and everything; others who are full of vanity and pride, and who will tell any visitor that they are kings or princes;

others are mad on religion; and others, as in kleptomania, have an irresistible propensity to steal. Persons so afflicted will often talk with great sense on any subject which is not connected with their particular illusion, and they appear so sensible that an unprofessional person would have no hesitation in pronouncing them sane.

Uterine disorders are not unfrequently a cause of mental disease. In several cases of puerperal mania which have come under my notice, I have, in addition to the general symptoms, observed the following facts, which I think well worth mentioning.

A woman who, previously to an attack of mania, had never shown any knowledge of rhyme or rhythm, would often compose and deliver an innumerable number of verses, correct so far as metre and rhyme go, and that on any subject that happened to come under her immediate notice.

Some years ago, there was, in one of the London lunatic asylums, a young woman who had been seduced by her master. She gave

birth to a child, and although she could not be induced, in the slightest degree, to enter into conversation with any one, yet within a week after her confinement, she began, whilst in the act of arranging or disarranging her hair, to repeat, in moderate time, verse after verse of doggerel. This lasted many days, after which she became silent and depressed, though still very orderly. Very shortly after she made a speedy recovery, and left the asylum.

In other cases, in which the power of poetry did not manifest itself, we have seen patients display a metrical idiosyncrasy by beating time with hand and foot. Although we have noticed this faculty of rhyme and rhythm in puerperal maniacs, we do not consider that it is alone indicative of such cases, so much the more as we have frequently remarked modifications of the same propensity in women believed to be virgins, but in whom some uterine disorder was present. We shall not enlarge upon this description of symptoms, for if we wished to mention them all,

this little work would soon assume proportions which are far beyond the limits to which we have restricted ourselves.

We shall only remark that, whenever any of the above symptoms are noticeable in a person, the case should, without delay, be investigated by competent medical authorities, and the sooner such an investigation takes place the better. Indeed, if there is cause for alarm, active measures, taken at the very outset of the malady, may nip the evil in the bud, and restore the mind quickly and efficaciously to its former healthy state; if, on the other hand, the suspicion is groundless, the minds of both patient and friends are set at rest.

We might fill many pages with varied descriptions of fits of mania. We might make a fearful picture of the maniac in his padded room, or of the drunkard in a fit of *delirium tremens*, but it would only create a morbid craving after the horrible, and do more harm than good. We leave such scenes of human misery and wretched-

ness to those writers who pander to the depraved tastes of a debased public, or to artists, unworthy of the name, who cannot find in nature's works something more interesting. To those who can relish such descriptions and such pictures we say :—“ Think that you may one day be one of these hopeless maniacs, think that nothing is more fragile than the mind, and that some of the finest intellects the world has produced, have become the incurable inmates of asylums, and the tenants of the padded room.” Those who know what lunatics are, can alone realise the fact that, of all human miseries insanity is the worst.

CHAPTER IV.

IMPORTANCE OF SPECIALISTS IN CASES OF SUPPOSED
OR REAL LUNACY.

AS we have just remarked, the symptoms of madness are far from being as well defined as in most other disorders, hence the importance of special training and study cannot be overrated, and as this particular study is the province of the Specialist, none but he is fit to pronounce in doubtful cases of insanity. If a person be suspected of labouring under mental disorder of any sort, there is no one who would not be glad to hear that such suspicion is groundless. Now, to pronounce such a verdict requires great caution, and an extensive knowledge of psychological medicine, and none but those who possess sufficient acquaintance with mental diseases are able to give a decided answer.

Everybody would prefer an ophthalmic surgeon, to perform a delicate operation on the eye, to a general practitioner, however skilful; and, if such be the case in the treatment of the organ of vision, which we can feel, see, and touch, how much more important is it not to obtain the advice of a specialist in the treatment of the diseased or disordered mind, which can only be studied by the mind, but a mind trained and educated by years of study, and by constant intercourse with those mentally deranged? The services of the alienist are, perhaps, never more valuable than in cases in which a verdict of insanity, wrongly pronounced, has sent a sane man to a lunatic asylum for ten, twenty, or may be fifty years. It is then that his science comes forward as a beneficent goddess, then that he is the giver of liberty, and that he may be enabled to show what guilty hands have sent an innocent relative to the worst of prisons for a man in the full possession of his reason. We are grieved to say that many, very many, families abroad have

been guilty of such barbarous conduct, and the following fact is only too sad a proof of what we advance.

Among the recent petitions, private and public, sent to the French Parliament, we read that: "In 1839 there lived at St. Rémy a very wealthy merchant, whose son travelled abroad to get orders for the firm. This young man, named Jean M——, whilst in Poland, fell in love with a young lady of the name of Dombrowska, who possessed all qualities, but had no fortune. Jean's father opposed the marriage, and, in order to compel his son to return home, he ceased to supply him with money. Such was the love of Jean for the Polish maiden that he resolved to bring her to St. Rémy, in the hope that her beauty would find favour in the eyes of the inexorable *millionaire*.

The two young people travelled on foot, singing on the way to earn their daily bread. They had previously taken the precaution to be married at Warsaw, according to Polish law.

The father was merciless. He refused to receive his daughter-in-law. Violent scenes took place, and M. M——, thanks to the testimony of several medical men of his acquaintance, who affirmed that Jean was mad, sent his son to the Asylum of Pont de Cône, near Montpellier.

Now Jean's father is dead, and has left a fortune of thirty millions of francs (£1,200,000), to be divided between his daughter, engaged to a Mr. B——, and Jean.

M. Fournier, a distant relative of the unfortunate man, and author of the petition, now claims the benefit of the French law of 1838, and demands that Jean, after *forty-three years of confinement in a lunatic asylum*, shall be set at liberty.

That such a thing can take place in the nineteenth century, and in a civilized country, is monstrous; and we should not, perhaps, pay so much attention to this, if it were an isolated case, and if we had not the proof that many unfortunate people of very sound mind, have been, and are

still, in some countries at least, confined in the same manner, by those who have had an interest in removing them from the world, without incurring the risk of punishment consequent upon murder.

We know that there are few medical men who would so lower themselves as to deliver a false certificate; but the very fact that such men do exist everywhere, and that in every profession, however respectable, there are some black sheep, renders it of the utmost importance that, in cases of supposed lunacy, the verdict should be pronounced by specialists, and by specialists who can have no possible interest in the matter, by men of position and known ability and respectability, and, even then, such a verdict should never be final, as mistakes are possible.

But the sphere of the alienist extends to other cases besides those already mentioned. We allude to murders, poisonings, &c., in which the plea of insanity is very often sprung up by the counsel short of good arguments, and very

often, we admit, with a great appearance of truth.

That a man who renders himself guilty of murder is more or less insane, can hardly be disputed, but that is not exactly the question at issue. The contention rests on the following points, namely,—Is the murderer's mental state such as to render him an irresponsible being? or, Is the amount of insanity not such as to exclude his moral responsibility? In the first case the maniac cannot be made to suffer the punishment reserved for the man who does wrong willingly and knowingly, and, in the latter, society at large has an interest in preventing the murderer from escaping the penalty of the law.

Would it not then be better, in cases which involve the life of the accused, to determine, before the trial takes place, whether the law has to deal with a maniac or with a responsible being? This system would have several advantages, the chief of which are that the time of the judges and lawyers would be often saved, and that it would

do away with that signing of petitions which are thrust upon the Home Secretary, in order to induce him to interfere with the law, without any good reason. Besides, it is possible that a man, sane at the time he committed a murder, may, after a protracted and exciting trial, become a sort of semi-lunatic, and yet it could not be said that he was an irresponsible agent at the time the deed was done. Numerous other instances of the usefulness of the alienist might be adduced, but this seems unnecessary to us, for most people willingly recognise the importance of special training in cases of mental derangement, and those few who do not see any necessity for such training, are not to be persuaded by anything we, or any one else, might say or write on the subject.

CHAPTER V.

PREVENTION BETTER THAN CURE.

THAT insanity can be and is often cured is no longer an open question ; but if it is desirable to cure, it is infinitely more satisfactory to prevent. There is hardly any disorder which, with due care, cannot be minimised, and even prevented ; and insanity, far from being an exception, can, in numerous cases, be more effectually prevented than any other ailment or disease.

Among the causes of insanity alluded to in the Second Chapter are :—

1. Alcoholism.
2. Hereditary tendency.
3. Abuse of sexual intercourse.
4. The too early calling into action of the mental faculties.

5. Commercial and political struggles.
6. Religious excitement.
7. Poverty.
8. Accidents.

With regard to the first, I am firmly persuaded that the law can do but little, if, indeed, it is not entirely powerless, to check habits of intemperance. Temperance societies, which have been in existence for many years, have failed to work their end; and, in my humble opinion, the signing of a pledge, as easily broken as it is taken, is more injurious than beneficial to the morals of the masses.

We hear a great deal of the drinking propensities of Englishmen and women, and we are told by the teetotal orators that the British nation is a nation of tipplers. Now I must here enter my protest against such teaching, a teaching which is calculated to secure a certain aim, but which does not rest on truth. The truth is that most European nations drink, and drink too much. The French can boast of as many

drunkards as we, and so can the Germans, whilst the Swedes and Russians outdo us altogether. It would also be a very grave error to think that the fair lands of Italy and Spain cannot, on Sundays and holidays, show a fair amount of intoxicated beings. I have often walked the streets of London without seeing a drunkard, and I speak not of the West-end streets, but of the slums of London, of Whitechapel, the Commercial-road, Billingsgate, Ratcliff-highway, and even the neighbourhood of Flower-and-Dean-street, Kent-street, and Lansdown-place. Teetotalers forget that to drink is no more a sin than to eat; and that what is wrong is not to drink but to drink too much. And yet it is strange that the advocates of teetotalism are more severe upon the moderate drinker than upon the man who goes beyond reasonable limits. I have often tried to find out what their reason could be for following such a course, and I have almost come to the conclusion that they are solely actuated by a desire of swelling their own

ranks; and that, as they know the moderate drinker will never be one of them, they denounce him, with all the power of their lungs, as *the man* who does all the mischief. In this condemnation of the moderate drinker they also include, though perhaps not willingly, most of the greatest of our statesmen, judges, writers, medical men, artists, &c., men of well-known temperate habits, not only in drink, but in other things : for temperance does not consist only in not drinking too much ; there is also temperance in eating. temperance in drinking tea and coffee, temperance in everything that can gratify our senses.

They must not brand the working man with the epithet "drunkard," for he does not deserve it. There is, indeed, as much drunkenness among the upper ten as among the working classes. The sole difference is that we see one class only, and that we do not think of what takes place in the mansions of the rich.

As a remedy against intemperance, some have proposed to close one public-house out of three.

Now would that have the desired effect? We answer in the negative. The one left open would sell three times more than previously; but we are convinced that the consumption would remain the same. Besides, every workman who goes to the public-house is not a drunkard. One might as well say that every frequenter of the West-end Clubs is a drunkard or a gambler, because a good deal of drinking and gambling take place in those haunts of the gentry. "Local Option," besides being morally wrong, as interfering with the comforts of others, would not remedy the existing state of things.

If an improvement is to be effected it is by improving the morals of men, including workmen, university men, doctors, lawyers and clergymen, and such an improvement can only be the work of generations. I have said enough on the dangers of intoxication to show the desirability of a reform; but I confess that I hope nothing from the law, unless it pay a little more attention to the quality of what is sold in drinking

establishments, nothing from temperance societies, and but little from man's self-love, which, after all, is the most powerful engine to set to work in this as in many other things.

Passing to the second cause, namely, "Hereditary tendency," I shall remark that the best remedy is to prevent, as much as possible, the marriage of near relatives, especially when they spring from families in which insanity has manifested itself either on one or on both sides, or in which insanity and phthisis have been known to exist.

All that the law could do would be to prevent the inter-marriages of first cousins. Beyond this degree it would hardly be possible or desirable to interfere.

Nowadays there can be no doubt that marriages between those closely related by blood are prejudicial to the health of the offspring, even when the father and mother are healthy, and naturally much more detrimental to the children when the parents happen to come from unhealthy

families. On the other hand, marriages between people of different nations, or families, tend to ameliorate the race; and it is thus, as remarked Humboldt, that in South America, the children of the negroes and native Indians are far superior to their progenitors on both sides.

As this question has been for several years past the object of a lively controversy, we feel bound to say that we strongly condemn alliances between people nearly related by blood.

Dr. Rilliet, of Geneva, in a letter which he addressed to the "Académie de Médecine," (Paris), upon the "Influence of Consanguinity on the Products of Marriage," says, "that at Geneva marriages between people of the same blood are very numerous;" and he adds that "the consequences are generally to cause idiocy, epilepsy, or paralysis," and "that the female children are often barren." Dr. Bernis, of Kentucky, states, "that upon a certain number of marriages between first cousins, about one third have produced children either blind, deaf and dumb,

or idiotic ;” and he further adds, that “the other two thirds have either given birth to sickly children, or have had no offspring.” When relatives, not first cousins, come from families in which there has been insanity, either on one or both sides, no marriage ought to take place.

How is this limitation to be effected? Is it to be enforced by law? Many say “yes,” but we say “no.” The law is powerless to interfere: it can prevent the legal union of cousins, but it cannot prevent the illegal one. Laws cannot do everything. People cannot be made sober by Act of Parliament, they cannot be made virtuous or generous by the same means. In this we appeal to the higher nature of man, and we trust that, when once the mischief resulting from marriage between near relations has been fully understood, those only who are deaf to the sufferings of others will willingly inflict misery upon their innocent children.

The “abuse of sexual intercourse” can only

be prevented by the individuals, and all that can be done is to warn those concerned, and to tell them that a very large proportion of those afflicted with general paralysis are the authors of their misfortune.

With respect to the "too early calling into action of the mental faculties," the prevention is easy, as it rests with those who have the charge of children. The greatest obstacle we have to encounter is the parental pride. Mr. and Mrs. Jones do not like to be told that Mr. and Mrs. Williams's little boy can do many things, when their young hopeful knows nothing. Many are the fathers and mothers who prefer to ruin the mind and body of their children than to trample under foot a vanity, which, to say the least, is very foolish. A child should grow freely, and no bookwork ought to be permitted until he is at least five or six. I know a gentleman who, at the age of six years and a half, could not read, and who, nevertheless, is now one of the cleverest men one can meet, and who, in addition to an

encyclopædic knowledge, is the possessor of muscles which would be envied by a prize-fighter.

The mischief wrought by commercial and political struggles can best be remedied by common sense, and, perhaps, by a closer attention to the realities of life. Many a man who racks his brains to achieve success in commercial pursuits or on the political stage, often finds, to his sorrow, that he is outdone by the less eager man. Religious excitement, like every other form of excitement, is decidedly bad, especially for those already weak, and the sooner the law takes steps to check that sort of mania the better. I do not allude to any particular creed, but to all in which scenes of so-called religious outbursts, amounting almost to maniacal excitement, are encouraged. These I condemn, and most strongly, both as a medical man and as layman, for, if they injure the mind, they also injure the morals, which are soon diverted from the right path, and which make room for cant, hypocrisy, and self-righteousness.

The best way to diminish the numerous cases of insanity which are so often traced to poverty and want, is to alleviate the miseries of a large number of our fellow-creatures, many of whom are in want of everything, and very often through no fault of their own. It is during the winter months that poverty is especially felt, and it is therefore a duty to lighten the sufferings of others, more during inclement weather than at any other time of the year. Soup kitchens can do a great deal of good and cost but little, whilst distributions of coal and clothes would add materially to the comfort of those disinherited beings so numerous in all large cities.

Lastly, with reference to accidents, all that we can suggest is to be more careful, and in the case of railway and street mishaps, a little more stringency on the part of those entrusted with the administration of the law would certainly tend to diminish their frequency.

CHAPTER VI.

THE TREATMENT OF LUNATICS.

WE now come to the point of great importance, viz. : the form of treatment which we have found best calculated to cure or to relieve insanity. It is hardly necessary to say that for most persons mentally afflicted, some kind of asylum, or isolated institution, public or private, is desirable, and that the first duty of those who have the care of the insane is to make choice of the most suitable place. In the case of perfectly quiet lunatics, the removal to an asylum is unnecessary, as such cases can be treated at home, the insane person being watched by a careful, kind, but firm attendant. Sometimes, and especially with the melancholics, travelling is of very great use, and materially assists the efforts of science in effecting a cure. I am not at all an advocate for the huge buildings now in

general use, and for the following reasons:— In the first place, it is quite impossible for one medical superintendent to pay proper individual attention to each case, and however conscientiously he may wish to discharge his multifarious duties, many oversights must occur if there are more than 300 patients under his care. When the number is greater it is to be feared that, as soon as a case is relieved, it may be allowed to fall into the background to make room for fresh ones which naturally absorb the superintendent's time and attention, and, in consequence, cases which have been progressing favourably may soon become as bad, if not worse, as on the day of admittance into the asylum.

For the treatment of those recently afflicted with mental disorder, no place is more suitable than a small asylum or home.

No asylum ought to be tolerated in which all remedial measures known are not at command, and the law should see that every place set apart for the treatment of the insane is in possession of

a full and efficient staff of medical men and assistants.

In some asylums, domestic arrangements are relied upon as the best mode of treatment, whilst in others, strict disciplinary measures constitute the main feature. In some, amusements such as dancing, music, theatricals, and other entertainments, are in vogue; and in all, employment of some kind or other is rightly considered indispensable.

In the cases of the educated classes, in whom delusions exist, it has been found that the study of a language, ancient or modern, though the latter is to be preferred, has been the means of doing much good. Such a study gives the mind something to do, and supplies it with something which goes beyond fancy or delusion. The study of art in its various branches, sketching from nature, water-colour drawing, painting, &c., can with advantage be cultivated by those who evince a taste for them.

Outdoor games, such as lawn tennis, croquet,

and other athletic exercises, are also highly beneficial, especially in the treatment of persons of the better class, not generally inclined to work much. I must add, what is of great importance, that these are organised with very little trouble, and at a very small cost.

Picnic parties are very useful adjuncts, and afford capital opportunities for the sexes to meet. Country walks, excursions, visits to monuments, in short, every rational occupation, whether exercise or pleasure, ought to be allowed, if by so doing there is the slightest chance of bringing the morbid mind to a more healthy tone.

In the case of the working classes who are less refined and educated, the various forms of employment they have once followed must, as far as possible, be persevered in; and it is a wise thing to offer rewards, pecuniary or otherwise, for good work, in order to induce the patients under treatment to employ their time.

Persons who have been in business or engaged in a trade, very frequently give evidence

of the disordered state of their mind in the very things which they might be expected to have known best. It is in the hope of correcting any such departure from their hitherto good and sound knowledge, that we advocate employment for such patients. Without it there is hardly any chance of their being able to knit their thoughts together again, and of their ever possessing soundness of judgment.

We may be allowed to remark that patients who evince little proof of insanity in conversation, or even whilst under examination, have shown unmistakable signs of their disordered intellect, in dancing, singing, or playing upon a musical instrument. Their thoughts are coherent in many things, but most incoherent whilst engaged in the performance of any of the above-mentioned pastimes. Among the most beneficial forms of treatment of the insane, agricultural pursuits rank very high. At present, and especially during the winter months, no substitute for it has been found in this country. Not very long ago we

had in this asylum a patient who caused us no little anxiety. He was addicted to the very dangerous habit of biting, and had a disposition to commit suicide. I decided to try on him the effects of employment on the land, and an hour had scarcely elapsed when he exclaimed, "Doctor, what does this mean? What are you doing to me? You are putting steam into me!" It was the sudden and unexpected change of scene, such as he had never dreamt of, which wrought this cure, for, from that hour he began to improve, and rapidly recovered. This is an illustration of many similar cases. In short, the great point is to procure employment for those mentally afflicted. This will have the twofold advantage of occupying the mind, and of procuring rest at night.

" Each morning sees some task begun,
Each evening sees its close ;
Something attempted, something done,
Has earned a night's repose."

These words are true, and apply to the case of lunatics as well as of men in possession of their reason.

Of the many indoor amusements, there is not one so likely to do good as a spirited dance, taking place in a large and well-proportioned room, and accompanied by strains of lively music. But to produce its full effect, it is not enough that the patients should look upon the assistants dancing: they must themselves take an active part in the enjoyment, and they can be allowed to do so without any fear being entertained.

Next in order of success are theatrical performances. These, if of an amusing character, and they should never be otherwise, never fail to make the sad smile, and to make the poor hopeless lunatic enjoy some happiness.

But the point of great importance, and the first which ought to command the attention of those entrusted with the care of persons labouring under mental disorder, is to gain the confidence of the patients. When this has been done, every effort must be made to retain the power thus acquired, for, unless a

patient have full trust in his medical attendant, there is hardly any hope of relief or cure. This is true in every case: both in patients of sound mind, and in those who are mentally afflicted.

If, by some mistake or other, this confidence has been lost, every available means must be resorted to to regain it, but it will be a long time before it is done. This naturally calls forth the question, "Whether deceiving a patient by telling him directly or indirectly an untruth, is justifiable."

Many writers have expressed their opinions on this question, and we are sorry to say that most of them have advocated the course which we condemn, namely, that of deceiving the patients. We condemn it, because we are persuaded that it is harmful, and not from a mere moral point of view which, in this matter, is not of supreme importance.

Yet deception has been very much practised, especially in the case of persons suffering from

general paralysis, and in whom the most extravagant and exalted delusions exist. It has been thought that those delusions can be pacified by replying to such patients' questions in the affirmative or in the negative, as the case may be, and that, because of the transient character of the ideas of such lunatics.

It is perfectly true that such persons are in turn, and in a few seconds, defiant and child-like, majestic and humble, rich and poor. Certainly the fleeting thoughts of these poor creatures require to be dealt with with great tact, but no good can be done by telling falsehoods. It would be equally absurd to contradict such patients. In my opinion, forms of deception of any kind are open to the gravest doubts as to their beneficial effects. In the common cases in which a patient believes that all his woes are caused by some foreign substance or other contained in his stomach, to pretend to have removed the obstruction is little else than admitting the patient's delusion to have been a fact. This once

believed in, the insane person may doubt the word of his medical attendant, or, what is worse, may be persuaded that some more of the substance is still in the body.

Various and numerous illustrations of the truth of this supposition might be given, but one will suffice.

A shoemaker felt sure that he had in his stomach some nails and an awl. His friends consulted a medical man, who, after having thought over the subject, resolved upon the following expedient. He prescribed an emetic, and, when he saw that it was about to produce its effect, he surreptitiously dropped into the basin in which the shoemaker was relieving his stomach, some nails and an awl. The expedient was considered very clever and a very great success; but the shoemaker, though mad, soon outwitted his friends and the doctor, by saying, "You see I was right and you were wrong. I knew these things were in my stomach; but there are yet more nails and awls left behind."

A person labouring under any kind of hallucination should, if possible, never be led to believe in the correctness of his own statements.

It has been said that the poet Cowper, who for many years was the subject of melancholia with hallucinations, was once experimented on by his friends, who were anxious to do him all the good they could. Notwithstanding their efforts they failed, and only succeeded in making him believe more firmly in his own fancies. The plan they had devised consisted in making a hole in his bedroom wall at a spot near his bed. Through this aperture they whispered some words of consolation and hope, and retired quite satisfied. Cowper did not fail to mention the occurrence, and being unable to distinguish between the real voice of comfort and the imaginary one of sorrow, he would not believe the explanation that was given him as to the origin of this voice, and his case, instead of being improved, was made worse, if not hopeless. Persons in whom hallucinations of hearing and

seeing exist must be regarded as belonging to the most dangerous class, and should be treated with the greatest caution, according to the form of insanity manifested. This class of maniacs is unhappily a larger one than is supposed, and when it is associated, as it often is, with epilepsy, those so afflicted become doubly dangerous, and require the greatest attention on the part of all concerned. It is from these that the homicidal maniac comes. They remain a source of danger for many years, and it is only when age has begun to tell on them that they may be considered nearly harmless, though not entirely so. It is also at that time that they fall into the ranks of the chronic lunatics. Such persons are often guilty of acts of violence, and on two occasions I have suffered at the hands of such patients, not through any fault of mine, but in consequence of a voice heard by the lunatics, who imagined that I was speaking of them in a very disparaging manner. These patients, though likely to injure some one, but seldom do

themselves any bodily harm, and in most cases the suicidal tendency either does not exist or is in abeyance. As they are troubled with dreams and hallucinations during the night-time, it is of great importance to induce sleep.

Many ways of dealing with them have been mentioned, but none answers better than a polite and kind though firm manner. By such means they are easily controlled, much more so than by resorting to strong measures, which only irritate them and render them more dangerous.

When they begin to speak on a topic which is likely to lead to a storm, the best plan is to turn the subject, but this requires great care, in order to avoid attracting the attention of the patient, a contingency which would inevitably lead to a serious outbreak.

To cure such lunatics is impossible, except in cases due to alcoholism of recent date, in whom the hallucinations are of a transient character. All that can be done, in

every other case, is to bring the patients under control.

There is at the present time in our asylum a man whom I have entirely restrained by the simple expedient above mentioned, namely, tact and politeness.

So far, we have confined ourselves to a few general remarks on what may be properly called the "moral treatment of the insane," and although it is of very great importance, we must not forget that it cannot do everything, and that in most cases it must be supplemented by medical and regimenal treatment.

As in every other form of disease, pure air is indispensable. The patients must have plenty of good wholesome food at regular hours, they must retire to bed early and rise early, and the state of the bowels claims the attention of the physician. In ordinary cases of insanity there is nothing more to be done; and as from this it might be thought that the task of the medical attendant is singularly easy, we

feel bound to say that there are, unfortunately, many cases, in the course of the year, which severely tax the attention of the physician and his assistants, and which cause them no little anxiety, night and day. Thus there is the patient who is determined to commit suicide, and who has to be watched most carefully and assiduously. Such persons often resort to means which no sane man could dream of, and are, in consequence, a great strain on those under whose watchful care they are placed. The task is also increased by the fact that such patients very seldom sleep, unless some soporific medicine can be given them.

The first care of the medical attendant will then be to induce sleep, and to attain this object I have found nothing so universally useful as chloral hydrate.

This medicine, to be of any service, must be of good quality, and should only be procured from a chemist whose honesty is well-known. The crystals of chloral hydrate should be clear

and perfectly free from the yellow iron tinge, which so often discolours them.*

Opium and morphia are also useful, but do not always induce sleep, and in some cases we have seen decided insomnia caused by the use of opium. Chloral hydrate never fails, and always brings a sweet refreshing sleep. Moreover, it has the immense advantage of causing no

* Chloral was discovered by Liebig in 1832, and was first employed in medicine by Liebreich. It is prepared by passing dry chlorine gas into absolute alcohol, and continuing the operation until the alcohol is saturated. This gives a liquid which is mixed with three times its volume of sulphuric acid. It is then allowed to settle, and it separates into two layers, the upper of which is chloral, which must be purified by rectification. Chloral is a colourless liquid having a peculiar and offensive odour and flame. Its specific gravity is 1.802, its boiling point 99.6° , and its chemical composition is represented by the formula $C_2 Cl_3 OH$. Chloral is an aldehyde in which chlorine has taken the place of three atoms of hydrogen. It unites with water, and forms the crystalline hydrate now so extensively used in medicine, and known as "Chloral hydrate," whose chemical composition is expressed by the formula $C_2 Cl_3 OH H_2 O$. It is a powerful narcotic substance. The best chloral comes from abroad, where alcohol is cheaper than here, and where, in consequence, there is not the same inducement to adulteration.

ill effects, and there is no doubt that this medicine owes to this fact no small amount of popularity.

Beneficial and useful as it is, it can, however, like other remedies, give rise to congestion. In such cases it is the *abuse* and not the use of the chloral hydrate which must be condemned. If a patient is saturated with the medicine in question, even a small dose will set up a state of congestion, easily known by the turgid appearance of the countenance. In worse cases the sclerotics become suffused and dysenteric diarrhoea may show itself. For chloral hydrate to produce its full effect in small doses, it is necessary to prepare the patient by administering previously drachm doses of potassium bicarbonate two or three times in the course of the day.

Tincture of Indian hemp, given either with or without chloral, is a very valuable medicine in general paralysis, especially during the period of excitement accompanied with hysteria. In

such cases to prescribe less than a drachm is useless.

Bromide of potassium has perhaps been given more liberally and more indiscriminately than even chloral hydrate. Whatever may be the value of this medicine, we have always refrained from largely prescribing it as a remedy in epilepsy.

However, it must not be believed that we condemn the use of this substance in every case. Indeed, we are ready to admit that it is one of our most useful drugs, and that, in chronic noisy cases of mania or dementia, often difficult to control, both in and out of asylums, bromide of potassium and tincture of Indian hemp, in combination and equal quantities are most beneficial. This treatment does not impair the appetite of the patients, or does so very slightly; but very frequently they become very pale and thin, are disinclined to exert themselves, and, in consequence, do not work willingly, and are always ready to lie about.

These very symptoms are sufficient to prevent the bromide of potassium from finding universal favour with the profession, especially in cases of epilepsy.

I have witnessed cases, especially amongst feeble females, in whom a positive lowering of nervous energy and power has been induced by the use of this drug, the effect of which, when it has been administered frequently, has lasted several days, and has produced most alarming symptoms of prostration. But as in cases of sea-sickness, the patients soon rally when the cause of their distress is not renewed.

Digitalis, in the form of tincture, has its advocates. But so far as we are concerned, and probably from the fear evinced by those with whom we have worked, we are, even now, disinclined to use this very potent remedy. We cannot say anything of its beneficial effects. All that we know for certain is that, in a case of threatening puerperal fever, fifteen minims of the tincture of digitalis administered every

four hours until the pulse became calm, soon caused the fever to subside. I have not either observed the controlling effect this drug is said to exert in some cases of mental disease, and particularly in acute mania.

Some have great faith in prussic acid in the treatment of the insane, but of this I can express no opinion as I have never used it.

In cases of acute melancholia, tincture of henbane, if given in large doses and in combination with carbonate of ammonia, often affords relief.

Of croton oil I can speak in the highest terms. It is a wonderful agent in reducing mental excitement. It is best administered on a lump of white sugar. In the case of patients who object to the nauseousness of the oil, and most of them do, the addition of oil of peppermint is useful.

Nitrate of silver has often been tried, especially in those forms of mental disease associated with epilepsy. I must confess that I have no faith in

this drug, indeed I positively object to its use. In the first place, it very seldom does any good, and besides it is apt to produce a permanent discolouration of the skin, and to impart to it a most ghastly leaden hue. In one particular instance I have seen positive harm result from the administration of nitrate of silver.

As there are cases of epileptic insanity which depend upon syphilitic affection of the bones of the skull, it is right to give mercury a thoroughly fair trial, and the best preparation that can be used is the liquor hydrargyri bichloridi. Such a treatment may have been preceded by the iodide of potassium, whose efficacy in syphilitic cases is no longer an open question. At the same time it must be remembered that lowering remedies, such as mercury and blood-letting, require the greatest circumspection on the part of the medical attendant; debility, as already mentioned, being invariably present in cases of insanity, and lunatics having always a very languid circulation.

We also deprecate the use of emetics, which were once administered so freely. They cannot produce any lasting effect for good, and are often followed by irreparable mischief; besides, they are always reducing in their effects.

This condemnation of emetics cannot, and does not, apply to cases in which it is of the utmost importance to free the stomach from some objectionable substance contained in it. But the most marvellous remedial form of treatment of mania is the "wet pack." It is a remedy we have often used, and always with the same result, viz., success. We have never seen it fail, and we have never heard of its failing anywhere when it has been administered with due care and attention.

The following outline will, we hope, give a clear idea of this mode of treatment. A hair or straw mattress is placed on the floor and covered with a waterproof sheet, on which are laid three or four blankets. Next two sheets, well saturated with water, are placed on the blankets,

and care must be taken that the sheets have been wrung out. The patient is then put on the sheets, which are lapped over his feet and rolled round his body in such a manner that the arms are kept close to the hips, and that no part of the patient's body is exposed, with, however, the exception of the head, which rests on the mattress. A blanket is then wound round the sheet, and then another and another until five or six have been used. A feather bed is then placed over all, and a large counterpane or sail is wound round the whole. The operation must take place in a rather dark room, and if such an apartment is not procurable, the light must be toned down by a green blind hung in front of the window. In any case, it is of the utmost importance that the full light should be excluded. After four or five hours the patient is taken out of the wet pack and receives a cold douche.

Very soon after the beginning of the operation it will be seen that the skin begins to

act, the patient being bathed in perspiration, and as time goes on, steam from his body is freely evolved.

As it might seem that this remedy is cruel, we must mention the fact that many patients who have undergone hydropathic treatment for bodily ailments, agree, that the first sensation of the wet pack is somewhat unpleasant, but that directly the skin begins to act, a most enjoyable and soothing sensation is experienced, a sensation which is of so agreeable a nature that patients do not like to be disturbed when the time for being released has arrived.

As in all heroic measures, every detail is of importance, and must be strictly carried out, otherwise failures must occur, and a form of treatment which, as we have said before, we have never known to fail, is likely to be brought into disrepute.

A short time since, a tall, strong, well developed and conditioned female patient was admitted into this asylum. She was in a state

of recurrent acute mania, and was accordingly placed in a padded room. I decided not to "pack her," if possible, and relied on the administration of drugs. However, on the fourth day, in the evening, she became violent and excited, tore down the pads of her room, and was altogether beyond control. Her bowels had been previously well operated on with croton oil. Her voice, from incessant shouting, was husky, and the pulse very feeble. She had not taken any nourishment. I ordered her to be "packed" until the excitement subsided, which soon occurred. On the following night she was better and slept for three hours; the next morning there was a marked improvement, and a few hours after she was sane. Had we not resorted to the "wet pack" the probabilities are, judging from past attacks, that she would have continued maniacally excited for a long time, and that she would have inflicted on herself very severe injuries.

In cases habitually unclean, it is astonishing

how easily they may be kept in order, if not entirely cured, by the daily administration of an enema of warm water, or soap and water. Due time, of course, must be allowed for relief, and an attendant must remain with the patient.

In the case of paralysed patients, it is but seldom that the bowels will act satisfactorily, and as it frequently happens that the assistant says they do act properly,—and that, without intent to deceive, but from conviction,—it is necessary to accept the statement with reserve, even though diarrhœa may be said to exist. The *post-mortem* examination has frequently proved that this diarrhœa was more apparent than real, as it has often been found that the large intestines were coated with fœcal matter, and that a small canal only was left open, through which a semi-fluid matter had flowed, thus causing the mistake. We cannot omit to say a few words about tonics. Of their value we shall not speak, as it has been fully recognised by all alike. The pharmacopœia contains a variety of the best known of these

valuable preparations, the most useful of which are iron, quinine, nux vomica, bark, and sulphuric acid. These are, indeed, our sheet anchors.

In many cases a patient refuses food; it becomes then very important to feed him against his will, and we have found no better plan than the one so well described by Dr. Williams, of Hayward's Heath Asylum.

“With the aid of three attendants,” says the Doctor, “the patient is placed on his back on a mattress on the floor, and covered by bed-clothes, being, as a *sine quâ non*, in his night-dress, as far as the armpits, the arms being free. The head rests on a well-filled bolster, an attendant kneels on each side on the bed-clothes covering the patient, and thus easily but effectually secures the body. One hand is placed on the patient's wrist, and the other presses down the shoulders. By these means he is perfectly restrained in the least irksome way to both patient and attendants,

and, which is of primary importance, but few if any bruises need be inflicted. Hold a person in any other part of his body, or by any other means, and he surely becomes covered, after a few operations, with a mass of bruises, which often leads to unpleasant recriminations and fancies on the part of friends and relatives, and tends to foster the prevailing ideas current among the many as to the management of institutions for the insane, ideas which it behoves every conscientious alienist physician to persistently endeavour to dissipate, if he would wish to hold any claims to philanthropy."

The plan we have adopted here is to feed through the nose with a common Wedgwood funnel, the patient having been previously secured much in the same way as prescribed by Dr. Williams. If the patient is very restive an attendant may steady his head.

It will not be out of place to mention that there is no way with which we are acquainted, that may not and does not occasionally fail, and

it becomes then the imperious duty of the alienist physician to have recourse to a new plan. The stomach pump is not necessary. Its place may be supplied by the œsophagal tube with cup at the proximate end. This instrument answers every purpose, and the probable valvular derangement of the stomach pump as well as its other inconveniences are at once avoided.

But when all mechanical means fail, we must not despair, for there is yet another to be tried and one which often succeeds. It is well-known that there is no physician, however skilful, however kind and sympathising, who can soothe a patient as a woman can. There is no one who can smooth a pillow better, no one whose voice will be so willingly listened to. This applies to the mentally diseased and to those sound of mind, and we have often seen a patient, who had refused food from his medical attendant, and with whom all means had failed, accept nourishment from the hands of his nurse.

Pampering the appetite with little delicacies unexpectedly offered, has often been successful.

If a patient, as is sometimes the case, persists in the belief that he is being starved, the best way to deal with him is to place food in some spot where he has free access; and when he is convinced that no one sees him he will often greedily eat what has been thus left, and fall into the snare which he has no idea has been laid for him. Such a patient will never take food before any one, and all means to compel him to eat would either fail or inflict an amount of pain which can easily be avoided by adopting the method we suggest.

We may add that there is often among patients a great love of notoriety, and that the so-called fasting patients generally belong to that class. The sooner, in such cases as the Welsh fasting girl and the like, we recognise the fact that this love of notoriety is engendered by a morbid state of the mind depending mainly upon hysteria, the sooner we shall cease to hear

of these unreliable statements of abstention from food.

This class is not to be confounded with the melancholic lunatic, who, in refusing food, is only actuated by the desire of putting an end to his life.

Such are the principal features of the treatment of lunatics, but before we close this chapter, we cannot help adding a few words which chiefly apply to those whose insanity is beyond the power of science. With such patients much can be done to alleviate misery. They should be constantly watched and carefully tended, and violent means of keeping them under control should be invariably eschewed.

It would be a shame for a physician in charge of an asylum to make himself the tormentor of those who have been placed under his care, of those who will love and respect him if he treat them with kindness and feeling.

There are means of managing lunatics without using undue force, and as such means exist and

can be resorted to by all, there is no excuse for continuing the brutal treatment still unfortunately in use in some countries, a treatment which, I am happy to say, would no longer be tolerated in these realms. Though a man be mad there is always a certain gleam of reason, which causes him to feel that he is inferior to his physician, in at least one particular respect, intelligence, and this is enough to keep the patient under control.

And last, but not least, those who have been entrusted with the care and relief of that unfortunate portion of mankind, should never forget that a lunatic is still a member of the great human family, and that to be unkind to such an one would show a sad want of human feelings.

CHAPTER VII.

ANSWERS TO A FEW QUESTIONS OF GENERAL INTEREST.

IN this the last chapter I will give a reply to some questions which have been often asked, and which are of interest to all.

1st.—Is Insanity more common in civilized than in uncivilized countries?

If we were to believe all we have read on this subject, we might, in some cases, think that the civilized state favours the development of insanity, especially when we are told that the Arabs, the Negroes, &c., are hardly ever afflicted with mental disorder. That such is the case we fear is not the whole truth. In countries such as England, France, Germany, Italy, and others, statistics are so accurate that we know almost the exact number of lunatics in one particular

place. In uncivilized countries there is nothing of the sort, and we have no doubt that many lunatics would be soon found if a proper investigation took place.

There is no gainsaying the fact that many santons and dervishes are maniacs.

The supporters of the theory that "Civilization and lunacy go hand-in-hand," say that the savage has not the same struggle for life as we have, that he is not obliged to pass days in deep study, &c., &c., and they never forget to tell us that many young men have been driven to the asylum through too hard study. Now, supposing it could be proved that hard-working students were more liable to mental disorder than others, it would be necessary to inquire whether the mental strain had not been accompanied by want of exercise, or sleeplessness, or by both, whether the student's health was not impaired before he began to study, and whether, as a child, he had not been overworked by his parents or tutors.

On the whole there are very few students

who become the inmates of asylums through brain work only. Out of 472 cases of insanity in which the cause was traced by Esquirol, there are only thirteen referred to excess of study.*

In short, we have no proof that hard study alone can induce insanity, and we have still fewer proofs that civilization is a cause of mental disorder.

2nd.—Are men or women more liable to Insanity?

This question has been often asked and as often answered, and all we can add is that from the various reports issued by the Commissioners in Lunacy, we gather that there are more male than female patients admitted into private asylums, whilst amongst the poorer classes the proportion is reversed.

Now these facts can be satisfactorily explained if we bear in mind that more male than female lunatics die in every year, and that there is an accumulation of female patients in public

* Drs. Bucknill and Tuke, "Psychological Medicine."

asylums. The same would happen in private asylums were not a great many females kept at home under the charge of one or more attendants.

Besides, there are kinds of insanity which, as we have said before, are almost exclusively confined to men, viz. : “general paralysis of the insane.”

Another point to bear in mind is that, in consequence of emigration and other causes, there are, in accordance with the census, more women than men in England, at least.

3rd.—What is the time of life more liable to be affected with mental disorder?

In early childhood it is almost unknown ; as age advances the liability to insanity increases, until about the age of thirty.

From thirty to forty is the time of life which produces the greatest number of lunatics ; about that period of life the chances of insanity decrease in very much the same ratio as they

previously increased. The change of life, so much dreaded by many women, is sometimes followed by an attack of mania or melancholia, which is not, in any way, due to the cessation of menstruation, and it can be more reasonably ascribed to the weakness which often follows this event, especially when it has been accompanied, as it not unfrequently is, by menorrhagia.

Excessive sexual intercourse is undoubtedly the cause of mental breakdowns in both sexes, accompanied, as it often is, with other disordering and disorganizing modes of life, and one cannot be blind to a change that takes place in men as well as women at the climacteric age assigned only to women. Who has not seen a good and moral man, and *vice versâ*, suddenly change without any apparent reason at the "change of life" period? Amongst medical men who have had opportunities of witnessing men in mass, who has not, if he recall it to memory, seen marked cases of genuine hysteria in the so-called

lord of creation? Then we must look out for a new name, associated not with the uterus, but with the genitals, for this disorder; and clearly find in the male the analogue of the female organ affected.

My reason for alluding to hysteria is because of its frequent presence, in men and women alike, afflicted with general paralysis of the insane, and other maladies.

Women in whom locomotor ataxy is developed are frequently those of frail virtue,—prostitutes,—indeed, according to published facts, amongst the lower orders it is invariably so associated.*

Ath.—*Do the Insane emit a peculiar odour?*

We have never noticed it, and are therefore of opinion that, like many other things, it is a popular superstition which is not warranted by actual facts. As many insane persons, especially in the poorer orders, are far from paying attention to cleanliness, they often emit a very offensive

* Transactions of the International Medical Congress.

odour which has nothing to do with insanity, and which can be noticed in many sane people of the same class. This is particularly the case in females, and that for obvious reasons. Among the insane of the better class we have always failed to discover any odour whatever, both in male and female patients.

5th.—Is Insanity on the increase?

From existing statistics it seems that insanity is not increasing among the upper classes and but slightly so among the poorer ones. The numbers are not in this case a sure guide; for, although at times there has been a net increase in number in asylums, at other times it has been so slight as not to afford a sure criterion of the actual truth. The increase in one particular year may be due to the fact that more idiots and imbeciles are sent to asylums, especially when Boards of Guardians find that, by sending the inmates of workhouses to asylums, *owing to the Government capitation grant*, they can have them taken care

of at a lower rate than they themselves can provide for them; and I should here add that I fully believe there would be a reduction in the number of admissions of the harmless imbecile and idiot class, were the Guardians called on to pay the total expenses of asylums. Cost per head is misleading in the extreme, and in those county or borough asylums where it is said to be low, either from low contracts* or small numbers of patients, the wards will be crowded and the workhouses comparatively emptied. This is, indeed, a great question, and should commend itself to some one able and willing to cope with it. When we see huge buildings arising around and in our midst, whilst rejoicing at the reduction in the number of prisons, and the more considerate and humane feelings and treatment shown to those who not long

* There should be one simple table setting forth the actual asylum expenses, *not cost per head*, including medical, dietetic, and all other charges for the United Kingdom, and a contract list of prices for each quarter.

ago would have been their occupants, but now are sheltered though seldom cured (for this is not of the curable class) in these our lunatic asylums, it is an important question whether the improvements already effected in workhouses could not, under the judicious influence of the Commissioners in Lunacy, be added to this, providing for the retention therein of imbeciles and chronic harmless lunatics, with of course a resident medical superintendent in charge of certain wards, under the Commissioners in Lunacy.

The poor idiot, apparently the object of fluctuating charity in too many cases, should, without doubt, be provided for by the State, and every means thus afforded for helping him to help himself. At a workhouse a poor child-idiot becomes violent and destructive, and in due course is removed to a lunatic asylum, where he must associate with adults: *Adults who are not at all times, and some never, responsible for their moral or immoral actions.*

Our Commissioners in Lunacy have already worked wonders in the cause of the insane, and would do more, without doubt; but I suppose wars at home, wars abroad, and consequent national expenses in some way or other deter our legislators from accepting and acting on their suggestions.

Looking back only a few years, who does not remember the silly boys, girls, and adults in various styles of mental inferiority to be seen in almost every village and town in England? But the sweeping up or collecting process has gone on, and is still going on, so that after a short tarry in one Institution they not infrequently add to asylum populations.

In prosperous times, however, the working classes will, if possible, take care of their own afflicted ones. In hard times there are always too many mouths to be fed, and it becomes necessary to send the lunatic, imbecile, or idiot to the workhouse or public asylum. Idiots should never be sent to a lunatic asylum.

It is a fact that insanity increases with poverty, and that the poorest counties in England are those which send the largest contingents to the asylums.

Such being the case, it is evident that to prevent the increase of insanity our rulers can do nothing better than try to improve the lot of the poorer classes.

6th.—Can Insanity be cured?

The answer to this question requires caution. In the first place nothing can be said from the returns of one particular asylum, as in some of those institutions the percentage of recoveries and deaths, is, *apparently*, much greater than in others, for the reason that into some asylums a larger proportion of curable patients is received, whilst others are simply the receptacles of chronic and incurable lunatics; moreover, a small asylum would at first sight strike one as having a higher percentage of recoveries than a much larger one; and in discharges

as relieved, and in the death-rate, this would also apply.

From the reports of the Commissioners and from statistics it appears that between forty and forty-five per cent. of the inmates of asylums are annually cured. The cures effected are nearly always in recent cases, whilst the chances of recovery are almost *nil* in long-standing or chronic cases.

Early diagnosis and prompt treatment are everything; it is for the patient the very best chance of recovery or relief.

To probe a wound in this sense is a thing that no one having the slightest sympathy with affliction would care to do; but are there not some,—nay, I know there are, for I have seen and heard them when in distress, say,—“I suppose all he or she did was unintentional; or, he or she could not help it,—I didn't know the disease was so terrible, or the results would be so fatal. My poor darling! my dear one! be kind to him, or, be kind to her,” as the case presented itself.

And the asylum physician has often to listen to the sad tales and endless stories of silent and cancer-like sorrow, pain, gloom, and distress.

A vital point, not to be lost sight of, is the bodily health, condition, and age at the time of the admission of a patient into an asylum. With one indisposed to take food, sleepless, and with a craving to commit suicide, diseased and exhausted, the chances of recovery are exceedingly small. In the very old and very young the chances are still less. With all these difficulties confronting us we do effect recoveries, and to those who do not recover relief is afforded.

Constant watchful care does a great deal, and in many cases, in the course of a few months, we reap the reward of our care and anxiety. Relapses are said not to be quite half of the total number; forty-five per cent. recover during the first attack, and of those who do, about twenty per cent. are perfectly cured without having any more attacks.

Statistics show that the remaining twenty-

five per cent. are subject to subsequent attacks, and that only about five per cent. of their numbers die sane.

7th.—Is it right to employ the time of the insane?

Is it not sometimes dangerous?

I have often heard the greatest surprise expressed by well educated people at the very idea of a person of unsound mind being permitted to cut grass with a scythe, turn over the ground with a spade or fork, have the full use of a knife in a shoemaker's shop, have possession of a pair of scissors in the wards whilst doing dressmaking, have the power of using boiling water, have the *entrée* to an engine boiler department, have the means of using carpentering tools, are permitted a thousand and more liberties. To all these points the reply is: "Know your patients and exercise discretion;" and though accidents may and do occasionally happen, taking into account the great good that the non-restraint system has brought about,

ever bear in mind that this mode of treatment is beneficial to the majority of suffering humanity, and that it could not wisely be dispensed with.

THE END.

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