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PART 1.—ORIGINAL ARTICLES.

Insanity and its Treatment.—By HENRY MAUDSLEY, M.D., F.R.C.P., President of the Medico-Psychological Association, Professor of Medical Jurisprudence in University College, London.

(Being the President's address delivered at the Annual General Meeting of the Medico-Psychological Association, held at the Royal College of Physicians, August 3rd, 1871.)

I have felt no little difficulty in choosing a subject for the remarks which it is my privilege, in the honourable position of President, now to address to you. Those who have preceded me in the office have, in their several discourses, treated so fully of the most important matters relating to the department of the specialty in which we are engaged, that there seemed little left for me to say. As Editor of your Journal, my opinions, too, are for the most part sufficiently well known to you. On considering what I should do under these circumstances, I first resolved to select for my address the evidence of evolution and degeneration of mind which the study of psychology, healthy and morbid, reveals, with special reference to their bearing on the well-known views of Mr. Darwin. I am persuaded that some weighty facts and arguments in support of these views may yet be drawn from a scientific study of mind in all its manifestations—in animal as well as in man, in man savage as well as in man civilized, in disease as well as in health. Without giving an opinion upon the great question of the day—whether man be or be not descended from an arboreal baboon, it might be justly argued with no little force that, if he were so descended, or had so ascended, many of the psychological facts might be expected to be very much as they are now. The battle ground which the opponents of Mr. Darwin have chosen and hold

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cannot certainly be pronounced quite impregnable, if the attack be made in the right quarter. This design, though it was partly carried into execution, I thought it best, however, on reflection, to abandon as unsuited to the occasion, and, in the end, resolved to limit my remarks to matters of more immediate practical interest to us as physicians engaged in the care and treatment of insane persons. What I have to say will be of a somewhat desultory character, and for this I must bespeak your indulgence, my aim being to excite discussion and to elicit opinions on matters of great practical interest, rather than to treat them in an elaborate and systematic manner. Instead of attempting to make a scientific display, I shall hope to elicit a display of your scientific experience, by asking, in the Socratic spirit, what we really know, and what we only think we know, concerning some matters of weighty consequence in our specialty.

The subjects then which I beg leave to introduce for discussion, and on each of which I shall proceed to make a few remarks, are:—

1. *The prevention of insanity.*
2. *The treatment of insanity in asylums and in private houses.*
3. *The use and the abuse of sedatives in the treatment of insanity.*

By putting certain considerations with regard to these important questions in a definite form, and eliciting the results of the experience of those present, this gathering may, I trust, be made permanently profitable to all who are taking part in it.

1. *The Prevention of Insanity.*

Can anything be done to check the increase or lessen the production of insanity? Few questions can be raised that are more worthy of serious reflection than this, and yet, so far as I know, it is a question that has hardly been propounded as one requiring a scientific answer. Nevertheless, it must obviously be faced if the principles of psychology are not to remain mere curiosities of speculation, but are to be applied practically, in education and in the conduct of life, to the promotion of the mental evolution of the individual and of the race. Without sharing the apprehensions of those who view with something like alarm the steadily increasing number of persons registered as insane, year after year, in

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England and Wales, it must be admitted that a regular increase of upwards of 1,000 a year in the insane population for the last twenty years, to whatever cause the increase be due, is a startling fact, which may well arouse attention to any means that may be thought likely to check the increase. When, however, we proceed to tackle seriously the question of the prevention of insanity, it soon becomes evident that it is so wide and so beset with difficulties, as to render it a hard matter to treat it with that exactness which would give scientific value to the discussion. The subject must be considered under two aspects—first, in relation to the propagation of insanity from one generation to another; and, secondly, in relation to the prevention of insanity in the individual who has inherited a predisposition to it.

(*a*). *The Propagation of Insanity from Generation to Generation.*—Happily insanity is not a disease which, like small-pox or fever, can be propagated from individual to individual, and so be spread through a community. The lunatic is commonly in a minority of one in the world, and, as a rule, certainly cannot infect other persons with his morbid belief. Unhappily insanity is a disease which, having existed in the parent, may entail in the child a predisposition more or less strong to a like disease. I may take it for granted, I suppose, that everyone here has, with the increase of his experience, become more and more convinced of the important part which hereditary predisposition plays in the causation of insanity. For my part, I am tempted sometimes to think that no person goes mad, save from palpable physical causes, who does not show more or less plainly by his gait, manner, gestures, habits of thought, feeling, and action, that he is predestined to go mad. In this sense, I believe in fate or destiny as firmly as ever did ancient Grecian peasant who bowed his head to Phœbus Apollo, as the sun rose and the sun set. But this inherited liability to insanity may be strong or weak; it may be so weak as hardly to peril the individual's sanity under the most adverse circumstances of life, or so strong as to issue in an outbreak of madness under the most favourable external circumstances. Here, then, our practical difficulties begin. Who can estimate the degree of an inherited liability to insanity, or calculate the probable danger of it to the individual? Are we scientifically justified in declaring authoritatively to any person, on the ground of bad ancestral influences, that he ought to abstain from marriage and resolve to be himself the end of his line? Supposing even that there

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had been insanity in his immediate antecedents—in his father or his mother, and supposing also that insanity had appeared in his own generation—in a brother, or in a sister, are our data sufficiently positive and exact to warrant the assertion that he will beget children who will be the heirs of the family infirmity, and that he ought not therefore to have children? It is certain that if we were interested in the breeding of a variety of animals, we should not think of continuing to breed from a stock which was wanting in those qualities that were the highest characteristics of the species; we should not willingly select for breeding purposes a hound that was deficient in scent, or a greyhound that was deficient in speed, or a racehorse that could neither stay well nor gallop fast. Is it then right to sanction propagation of his kind by an individual who is wanting in that which is the highest attribute of man—a sound and stable mental constitution? The imputation on a family which the occurrence of insanity in it is thought to be, and the concealment of it as a calamity to which some disgrace is attached, would seem to be really owing to a consciousness of the fact that it marks a defect in the highest human attributes—those by which man is what he is among animals. No wonder that argument will not avail against the feeling; we may point out that insanity is a disease which, like any other disease, is an affliction that may befall alike the just and the unjust; we may lay stress upon the hardship to the individual and the manifold unnecessary trouble to his friends which the feeling occasions: we spend our breath in vain; at the end of all such reasoning there remains a dim but deep instinct that it is not a disease which is quite like other diseases, that it is really a fall from man's high estate such as no other disease causes, and which inspires, if it do not justify, the ejaculation—better to have died than to have been so afflicted! Without doubt, the popular feeling has a real foundation in fact; a foundation which modern researches into the pathological kinship between insanity and some other varieties of human degeneracy are proving to be deeper than was at one time supposed.

It might then at the first blush seem plain that we ought to forbid anyone situated as I have supposed, to have children, but I cannot help thinking that those who would lay down such a dictum have not given the matter full and adequate consideration. This I say, although I do not sympathise with the popular feeling that what is called love between the sexes is of such a holy character as rightly to override all regard to

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consequences in marriage. At the bottom there is nothing holy, nothing specially human about it; on the contrary, it is a passion which man shares with other animals, and although he has exalted it into something mysterious and sacred, as his manner is with the qualities that pertain to him, yet, when stripped of the reticences and restraints and disguises which the customs of society have thrown round it, we shall nowhere find stronger evidence of a community of nature between man and animals than in its nature and function. However strong the passion, it would not justify entrance into marriage by a person who was on rational grounds unfitted for marriage. But to my mind very great difficulties lie in the way of declaring what are rational grounds unfitting a person for marriage. Here it is where, as it seems to me, dicta have sometimes been hastily laid down without adequate consideration of the whole matter. Man is an animal, and unquestionably has much in common with other animals; but he differs widely from other animals, and that wherein he differs is a result of the extraordinary development of the nervous system in him. The functions which result from this great development of the nervous system place him in relations to nature vastly different from those which any other animal has, and render it impossible to subject him to such rules as are applied in the selective breeding of animals. Let us give the matter a little attention.

In the first place, it is impossible to determine what ancestral influences are of so baneful a character as rightly to preclude an individual from continuing his species. If in a given case we looked only to the immediate ancestors, there might be no history of insanity, and yet a grandparent may have been insane, and the disorder may show itself in one or more of the grandchildren. In this case of atavism the generation which we should have thought likely to inherit the disease has escaped, and the generation which might have been thought free from danger has been attacked. It is known, too, that a transformation of neuroses takes place through generations, so that the antecedent conditions of an insane neurosis are various in character; and they certainly have not yet been traced with precision. The son of an epileptic may be more likely to become insane than the son of a person who has been actually insane. In like manner neuralgia or other form of nervous disease in the parent may manifest itself in the offspring in the form of a tendency to insanity; and, as a matter of experience, we know that if

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we meet in practice with a case of violent neuralgia, occurring from time to time in an obscure way, without our being able to assign any morbid cause for it, we may predicate the existence of insanity in the family with almost as much confidence as if our patient were actually insane. Now, if all persons in whose families there was the history of some nervous disease were placed under the ban of a compulsory continence, or at any rate were debarred from marriage, it is clear that there would be some danger of unpeopling the world.

Secondly, if we did know the ancestral history, there are several varieties of the insane neurosis, however caused, which differ much in degree, and, therefore, in danger. There are individuals marking every step in the gradation between the mildest form of the insane temperament and downright idiocy. Who then can undertake to fix upon a certain point in this gradation, and to declare with the authority of science that hitherto and no farther it shall be lawful and right to procreate children? No doubt there are persons who would consider themselves competent to do so; but we may, without more ado, take the opinion to be a sufficient testimony of their incompetence.

The third reason which I offer is the most weighty of all, for while those just adduced may lose, this will gain, force with the progress of science. Let it be supposed certain that a person will have children, one or more of whom will go mad, it might still happen that the world would gain more by one of the children who did not, than it would lose by those who did, go mad. In that case, would not his marriage, grievous as its consequences might be to individuals, be amply justified by the good done to the race? So far as we see, nature is not in the habit of making much account of the individual and his sufferings—is singularly lavish in the production and reckless in the destruction of life: of all the multitude of living germs produced, but an infinitesimal proportion ever reaches maturity; and it may well be, therefore, in the order of its evolution, that countless thousands of individuals should suffer and perish without result—as waste life.* If, then,

* Mr. Wallace has pointed out that, *as a rule*, the entire offspring of each animal or plant, except the one or two necessary to replace the parent, die before they produce offspring. A great majority of animals and plants, indeed, produce during their lifetime from ten to one thousand offspring, of which number as many as forty-nine out of fifty die before reaching maturity; the fiftieth surviving because it is best fitted to survive, because it has conquered in the struggle for existence. It does not appear that in respect of human life there is any exemption from the general law of waste.

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one man of genius were produced at the cost of one thousand, nay, at the cost of fifty thousand insane persons, the result might be a sufficient compensation for the terrible cost. Are we not apt to think too much of the numbers and too little of the value of individuals?

Be this so or not, I have long had a suspicion, which experience is strengthening into a conviction, that mankind is indebted for much of its originality and for certain special forms of genius to individuals who themselves, or whose parents, have sprung from families in which there has been some predisposition to insanity. They often take up the bye-paths of thought, which have been overlooked by more stable intellects, and, following them persistently, discover new relations of things; or they display special talents or energies which they discharge in originalities, or perhaps even eccentricities of action; inspired, too, with singular faith, they are reckless of obstacles that would have daunted energy less enthusiastic. And the world is notably the gainer by their existence. Indeed, I wish some one would undertake the task of examining and setting forth how many of the great reforms of thought and action have been initiated by persons sprung from insane families, or some of whom might themselves have been thought insane. I am persuaded that if the task were well done, the world would be not a little surprised at the result—surprised to find how large a part of its noble army of martyrs they constitute. There is sufficient truth in the saying that "men think in packs, as jackals hunt," to make welcome in any age, and especially in an age that seems rather to lack the originating impulse, the man who can break through the usual routine of thought and action, and think some new thought or do some new thing. This impulse of originality is truly a sort of inspiration, which comes not by reflection, which indeed a man cannot acquire if he have it not naturally; and perhaps it was in a recognition of this fact that was engendered the old superstitious notion that the insane were divinely inspired.

However this be, let it be distinctly understood, and ever borne in mind, in estimating the influence of hereditary action upon the individual, that there is not merely a law of hereditary transmission by which a child inherits the qualities of its progenitors, but that there is also a law of variety whereby it comes to pass that no child exactly resembles either parent, or, so far as we know, any one of its ancestors. There is a law of *invention* as well as a law of *imitation*, too much overlooked

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hitherto by writers on hereditary disease, which sometimes evinces its operation in a remarkable manner in families that have a taint of insanity, and so leads to the display of originality. Add to the action of this law of invention or variety the action of another well-known law, by which a diseased organism strives, as it were, to return to a healthy type, not only in the individual but through generations, and so occasions a tendency in disease to die out, unless freshly lighted up, and it will be sufficiently evident that hereditary action in disease is very far from having matters all its own way.

If these speculations be well founded, it is clear that to forbid the marriage of a person sprung from an insanely-disposed family might be to deprive the world of singular talent or genius, and so be an irreparable injury to the race of man. It would be something like the custom which has prevailed among certain nations—to kill their weakly and deformed children; thus carrying into conscious operation the law of natural selection, by which the unfittest perish, and the fittest survive, in the struggle for existence. A recent scientific writer in Germany speaks of this practice as it prevailed among the Spartans as an "excellent example of artificially improving mankind," whereby such beings were destroyed as would otherwise be kept alive "to their own detriment and that of others." But the obvious objection to putting this savage theory in practice is, that a child weakly and deformed in body might turn out to be anything but weakly and deformed in mind; that it might, on the contrary, be great in poetry, philosophy, invention or action; history furnishing numerous instances of men that have done immortal things who, had the Spartan custom prevailed, would never have survived their childhood. While we know so little as we do of the laws of human production, it certainly would be unwarrantable to interfere in that way with the production of mankind, and for a like reason I cannot think science yet has the right to forbid marriage to those in whom some tendency to insanity exists.

Is the case the same, however, for a man or woman who has once had an attack of insanity? Should a person who has been so unfortunate as to lose his reason for a time ever marry? The probability that the children in such case would have a strong predisposition to insanity is assuredly very great, while it is not likely that they would have talent or genius. It is a fact of observation that a child born after an attack of parental insanity is more likely to be afflicted with

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the disease than one born before the attack. The strict application of the rule would, of course, prevent a woman who had once suffered from puerperal insanity from having children afterwards. Are we prepared, then, to make this stringent application of it? For my part I should hesitate to do so, and should prefer, in giving an opinion, to consider each case on its merits, especially as many instances occur in which women who have suffered at one confinement have had several children afterwards, and have not suffered similarly again. One may justly use the strongest words of dissuasion to restrain a person who has once been insane from marrying, but how much farther than that one is justified in going does not seem at all clear, and I should be glad to elicit the opinion of those present, and the reasons for the opinions.

I am the less inclined to lay down an absolute rule, because it appears to me that there are sometimes conditions in parents which are not less powerful than actual insanity, as predisposing causes of mental degeneracy in the offspring. Take, for example that deterioration of character which is produced in the individual by a life of mean and petty deceit and grasping selfishness in business, where there is no conscience in work, where there is not a single great or generous aim, where the highest aim is the acquisition of riches, the highest ideal the appearance of worldly respectability, and the result of its pursuit a life-hypocrisy, conscious or unconscious;—and can we have at work more powerful causes of degeneracy in the next generation? It is the man who spends six days of the week in that sort of occupation, and on the seventh day appears as deacon in a chapel or as teacher in a Sunday school, whom, had we knowledge enough to warrant interference, we should do well to prevent propagating his kind. Of course no one would think of doing so, but this *reductio ad absurdum* of the matter may serve to show how little justified science is, in its present state, in interfering in the dearest interests and nearest relations of human life. It will not do much to prevent the production of insanity, by laying down rules as to who is fitted and who is not fitted to have children; its proper function for some time to come must be to learn rather than to teach, to practice observation until it has acquired much more exact data than it is yet in possession of. It is to be feared that rather loose assertions are sometimes made confidently, as if they were well-established facts of observation, when they perhaps have no better foundation than conjecture. In a recently published and excellent

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work on insanity, I find it stated positively, without qualification, that the risk of becoming insane is greater for a man who has an insane brother than for one who has an insane sister; and, conversely that the risk is greater for a girl who has an insane sister than it is for a girl who has an insane brother. Now, I should have liked to ask the author, had he been present, what authority he has for making that statement, which goes forth to the world in his book as if it were a truth universally recognised.

(*b.*) *The Management of a Predisposition to Insanity.*—This is a subject on which an interesting and instructive chapter of medical psychology remains to be written. A person who is so unfortunate as to have inherited a predisposition to insanity, is not necessarily a helpless victim of fate or destiny; he has, or might have, a certain power over himself to prevent insanity; human will counting for something, not only in the modification of physical nature, but in the modification of a man's own nature. But the will can only be developed by exercise; cannot be fashioned suddenly and through reflection only; must be a slow and gradual growth through action in relation to the circumstances of life. A man can no more will than speak without having learned to do so, nor can he be taught volition any more than he can be taught speech, except by practice.

It may be questioned whether most of those who have written on the formation of character and the conduct of life from the point of view of moral philosophy do not overrate the *direct* power of will in the formation of tastes, feelings, habits of thought and action. Its power over the phenomena of mind is very much like the power which it has over the phenomena of physical nature; it is not despotic and direct, but indirect, victory through obedience, the guidance of forces to an end by recognition of their laws and suitable arrangement of conditions. No man can resolve successfully, by a mere effort of will, to think in a certain way, or to feel in a certain way, or even to act always in accordance with a certain rule; but he can, by acting upon the circumstances which will in turn act upon him, imperceptibly modify his character; he can thus learn to withdraw his mind from a certain train of thought and feeling, the activity of which will thereupon subside, and can direct it to a different train of thought and feeling, which will thereupon become active, and so, by constant watchfulness over himself and by continued exercise, bring about by degrees the formation of

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such a habit of thought and feeling as he may wish to attain unto. He can thus make his character grow by degrees to the ideal which he sets before himself. Just, in fact, as he gains, by practice, a particular power over the muscles of his body, associating them in action for the performance of complicated acts, which, without previous training, he could no more perform than he could fly, and rendering his muscles, in this regard, habitually obedient to the dictates of his will; so can he, in like manner, gain, by practice, a particular power over the thoughts and feelings of his mind, associating them in action for the definite accomplishment of a definite aim in life, and rendering them, in this regard, habitually obedient to the dictates of the will in the pursuit of its ideal. This is the real meaning of prayer, which, when it is the sincere and earnest expression of all the energies of the individual's heart and mind, is a prediction of what he shall accomplish; though the man who devotes himself heart and soul to the acquisition of riches never perhaps prays for them with his lips—prays, indeed, vocally quite otherwise, they are, none the less, his true life-prayer, which seldom fails to bring about its own accomplishment. On the other hand, prayer which is not the hearty expression of all the energies of the being,—which is merely a formal or sentimental invocation of help from on high, is a paralysis of the will, and most mischievous to character; it is bad religion and still worse philosophy; and to inculcate or encourage such habit of supplication is to go methodically to work to undermine the will. The right scientific advice to any one who had inherited a predisposition to insanity, or to those who had the education of him, would be to strive before all things to develop his will, and, at any rate, not to allow him to believe that prayer can compensate for lack of will in the conduct of life.

Not a little mischief is done to some susceptible but not very strong minds by the rules of self-examination that are sometimes inculcated as religious duty. There can be no greater error than the supposing that to meditate upon a desire which ought not to be gratified, to bring it into prominence in order to realise its nature and feel sure of its wickedness, or to give way to excessive remorse on account of its gratification, will help to overcome it. One might as justly expect to heal a sore by continually irritating it. With a mental as with a physical grief, the right course is not to foster increased action of a morbid kind, but to give it rest,

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and to allow the healthy energy of neighbouring parts to encroach gradually upon and to subdue the morbid action.

In the capability of self-formation which a man has, if it be only rightly developed, there lies a great power over himself to prevent insanity. Perhaps not many persons need go mad—at any rate, from moral causes—if they only knew the resources of their nature and resolved systematically to develop them. We who have practical experience of the insane know well what a power of self-control they sometimes evince when they have a sufficient motive to exercise it. The fear of suffering by yielding to their insane propensities suffices in many instances to hold them in check; the occasional concealment or actual denial of his delusions by an insane person, if he has something to fear from the discovery of them, or something to gain by the concealment of them, testifies to a power over himself which a sane person might sometimes envy. It is, indeed, in consequence of this power of self-control, and of the way in which those who have the care of them elicit it, that asylums have become quiet and orderly institutions, instead of being, as formerly, dens of disorder and violence. Now, if the power exists in the insane mind in such degree as to prevent the manifestations of madness, is it not reasonable to suppose that, if properly trained and exercised originally, it might have sufficed to prevent its occurrence? The pity of the matter is that it is often least developed where it is most wanted. One of the saddest things in the world to witness is the way in which children born with the evil inheritance of a taint of insanity are frequently mismanaged; those who have the care of them, and the direction of their education, being often the least fitted to exercise so responsible a function. The children are twice cursed. They are cursed in the inheritance of a bad descent, and in the training they get, or rather the want of training from which they suffer, in consequence of parental peculiarities and defects. Plutarch, in his parallel of Lycurgus and Numa, makes some sensible remarks upon the folly of leaving children to the care and government of their parents, instead of committing their education, as the Lacedemonians did, to the State. Whether it would be wise to do this in all cases, I shall not venture to say; but in the cases we are considering, it would assuredly be an excellent thing for the children.

With me, as with others, it has for some time been a conviction that, in respect of education, a high function remains to be discharged by science—the distinct exposition of those

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natural laws which govern equally the phenomena of physical nature and the intellectual and moral development of man, and the foundation of education on a knowledge of and obedience to them. The highest evolution of which man's being is capable, physically, intellectually, and morally, through knowledge of, and obedience to, those natural laws which govern not only the physical world, but, not less surely, every thought and feeling which it enters into the mind of man to conceive;—this must be the aim of an education founded on a true scientific psychology. We are very far, it is true, from having attained unto this complete knowledge, but enough is known to warrant a considerable modification in the method of education that is adopted. Surely no harm can be done by teaching men that the so-called moral laws are laws of nature which they cannot break, any more than they can break physical laws, without avenging consequences. Morality has, however, been hitherto looked upon as the exclusive possession of religion, and the knowledge of it has been assigned to a different faculty from that by which man gets his other knowledge; so that it has been thought sacrilegious to treat of it from any other than the religious point of view. But it is certain that science, unless it be with suicidal intent, cannot accept this position as final; it is certain that, if there be any truth in a method of positive mental science, the origin of the moral sentiments, the laws of their development, and the causes, course, and kinds of moral degeneracy—nearly akin as those are to other forms of degeneracy—must come within the scope of scientific enquiry.

Science, in its application to human nature, cannot rest content with recognising morality and immorality as facts into the explanation of which it must not enquire, any more than it can rest content with recognising sanity and insanity as facts into the explanation of which it is not to enquire; the causes of one and of the other, and the laws by which each comes to be an instinct or impulse of an individual's nature, must be systematically sought out. There is nothing accidental, nothing supernatural, in the impulse to do right or in the impulse to do wrong; they both come by inheritance or by education. To ascribe one to the grace of Heaven and the other to the malice of the devil is an explanation which may satisfy the religious sentiment, but which can have no place in a philosophy or science of mind. As an explanation, indeed, it is on a par with that which formerly accounted for insanity as a possession by the devil. As surely as the rain-

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drop is formed and falls in obedience to physical law, so surely do causality and law reign in the production and distribution of morality and immorality on earth. This is what may be asserted in the name of science, and what may be claimed to be within the scope of its future enquiries. When the claim shall be admitted, it is clear that a great revolution must take place in man's views of nature, and in the education by which he will endeavour to bring himself into harmony with it. If we may look anywhere with hope for the diminution of the sum of error, vice, crime, madness, and sin upon earth, it is to a scientific study of human nature, and to a method of education founded on the results of such a study. "If it be possible to perfect mankind," said Descartes, "the means of doing so will be found in the medical sciences."

To those, if any there be, whom this view offends, let me say a few words in conclusion. There is no question, let it be understood, of disturbing those great moral principles which are universally recognised, and which have been the same in all religions; on the contrary, by displaying their scientific basis in the operation of natural law, it may be expected that they will gain in power over human motives. That the rewards of good deeds and the penalties of ill deeds follow inevitably, will not be disputed, but it will be the function of science to demonstrate that they follow on earth. Most true it is that all sin and error are avenged upon earth by natural law, but it is not true that a man himself cannot escape the consequences of his ill doing; it would be more true to say that mankind cannot escape the consequences of a man's ill doing. This is the lesson which it cannot be doubted that a science of human nature, as it attains to completeness, will teach with an irresistible force of demonstration; and when the lesson has been truly learnt and laid to heart, may we not hope that it will influence men's daily conduct more powerfully than the hope of reward or the fear of punishment after death—which, however near it may be, always seems to the individual a distant prospect—has yet availed to do. If the wicked man can be made to realise distinctly the fact that his children and his children's children will be the heirs of his iniquities, that mankind, at any rate, will not escape the consequences of them, may not the wicked man be moved sometimes to pause in his career, and be perhaps turned away from his wickedness to do that which is lawful and right? Without being a disciple of Comte, one cannot fail to see that the religion of science

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will be a sort of worship of humanity—an earnest, strenuous aim of the individual, by that prayer which is will, to do nothing that may degrade it; to do all in his might to promote its evolution through the ages. And is it not historically true, *quoad* mankind, that there has been more practical morality in certain scientific discoveries and their applications than in half its creeds?

To those who would repudiate these opinions as derogating from the dignity of human nature, and the high spiritual position of man, let me make a parting observation. It is this—that we are far from having the certainty that the dignity of man, as he is now or ever has been, is the main end and purpose of creation; that, on the contrary, it is conceivable that he is but a step in an evolution which may go as much beyond him in the future as there are steps below him in the past; and that it is certainly no little tax on faith to believe that the foundations of the earth have been laid, and all the hosts of heaven created, merely that he may 'strut and fret his hour upon the stage and then be heard no more.' For what is his life?

> It is a tale
> Told by an idiot, full of sound and fury,
> Signifying nothing.

2. *The Treatment of Insanity in Asylums and in Private Houses.*

The old notions regarding insanity were—first, that the best means to promote the recovery of an insane person was to send him to an asylum; and, secondly, that so long as he remained insane there was no better place for him than the asylum. These opinions have been so persistently urged, and have been so long held, that they have become almost a habit of thought, and a habit of thought is very apt, as many experiences teach us, to be considered to be the order of nature. In order, then, to raise direct discussion of their value, I shall venture to traverse them with two other propositions. The first is, that not many persons recover in asylums who might not recover equally well out of them; and the second is, that the removal of an insane patient from the asylum sometimes directly conduces to his recovery.

At the outset it must be admitted that there are certain cases of insanity which cannot be treated satisfactorily out of asylums. But this is not because there is any special

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virtue in asylum treatment; not because any special medical or moral treatment is applied there which could not be applied in a private house; but it is because there is in a well-organised asylum efficient means of exercising proper care and control, where great care and watchfulness are necessary to prevent the patient doing harm to himself or to others. The cost, too, of treating a patient in a private house is so great as frequently to leave no resource but the asylum; pauper patients must necessarily go there on that account; and inasmuch as insanity is a disease which commonly lasts weeks or months before recovery takes place, those who are in moderately good circumstances find the continued expense a burden which they can ill afford to bear. But where there are the necessary means for securing good attendance and proper medical supervision, my experience leads me to think that in comparatively few cases is it absolutely necessary to send the patients to asylums; and if such a measure can be avoided there are, of course, cogent reasons for avoiding it. I have been truly surprised sometimes at the results of private treatment in some cases in which I had formed and expressed an opinion that an asylum was necessary. I am thinking now particularly of two cases of what might be described as acute idiopathic mania, with great excitement and no little violence, which I saw lately—one that of a man the other that of a woman—in which the excitement abated much under treatment in a few days, and the patients ultimately recovered. In one of these cases the attacks recurred for a time in less violent form, at intervals of three or four weeks, and the issue was happy, so that here was a case of recurrent mania cured by treatment in a private house.

Besides these instances, I might relate others in which the best results followed private treatment; but it will be sufficient to mention two cases of insanity from masturbation; those with whom the youths were placed having taken a real personal interest in their welfare, and having exerted themselves in an admirable manner to promote their recovery. It will be admitted, on all hands, that these are very difficult cases to deal with successfully, and that they seldom, if ever, get well in asylums; on the contrary, they usually continue their evil practices there, and sink by degrees into a hopeless state of chronic insanity. The one thing wanted for such patients is some intelligent and judicious person, of higher education and position than an attendant, who will take a genuine interest in them, gain their confidence, and influence

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them beneficially. In truth, it might almost be said that this is the one thing needful in the treatment of any case of insanity, and it is the one thing which, from the circumstances of the case, they are not likely to get in an asylum. Asylum treatment certainly has its advantages; the discipline of the establishment counts for a great deal in some cases; but it has this great disadvantage,—that the patient's individuality is little considered; he becomes one of a crowd, the majority of whom are not expected ever to get well, and his moral treatment is little more than the routine of the establishment and the dictatorship of an attendant.

In making these remarks, I do not overlook the value of the skilled attendance and of the supervision which asylums furnish, nor do I fail to recognise that to secure these advantages is the real difficulty in private treatment. But there is no sufficient reason why the thing that has been is that which shall be in this matter—why some changes may not be gradually brought about which would render treatment in private houses more easy than it is at present. On some occasions it has occurred forcibly to me that it would be an excellent thing if the practice was adopted of granting licenses to suitable persons to receive two or three patients. As the law stands, any one may legally receive into his house a single insane patient, if he only complies with the proper statutory forms; but no one can receive more than one patient, unless he have his house licensed for the purpose; and, according to the practice in vogue, a license very seldom is granted to a person to receive two or three patients. Now it seems to me that there are some cases in which licenses might very properly be granted for two or three patients. Why should not any respectable person, who had suitable accommodation in his house, be allowed to receive patients suffering from insanity just as he would receive patients suffering from any other disease, due care being taken that the proper legal forms were complied with, and that efficient supervision was exercised? Insane persons are not patients of the State; all its concern with them is to see that they are rightly cared for; and there is no reason to believe that it ever was the intention of the legislature to limit the granting of licenses to regular asylums. To make such a limitation is to drive insane patients into asylums; to keep up the old and bad theory that insanity is a disease quite out of the category of other diseases, demanding a sort of incarceration; to make the treatment of it the monopoly of existing

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asylums, and to render it impossible for any physician to practice with much success in the treatment of mental disorders who has not set up for himself an asylum.

Another reform which would, in the end, conduce much to the comfort and welfare of the insane would be the establishment of a registry of good attendants. So important an agency in the treatment of the insane do attendants constitute—so much do the care, right treatment, and even cure of patients depend upon these instruments of the physician's will, that I have sometimes thought it would hardly be beneath the dignity of this Association to organize an office for the purpose. Certainly, no organization could equal that which an association like this might establish, embracing as it does all those who are engaged in the treatment of the insane, and I am persuaded that nothing would do more to raise the standard of attendants as a class, and to exclude from employment those who are unfitted for their responsible duties. In the absence of some such organization, it may be doubted whether an increase of wages will do much to secure a better class of persons; indeed, if the wages of attendants were doubled all over the country, it is doubtful whether it would make much difference in the class of applicants, although the increased payment might make them more anxious to keep their situations, and might give their employers more control over them

With regard to the second point—the alleged advantages of keeping an insane person in an asylum until he is quite recovered—I will repeat what I have formerly written in my work on the Physiology and Pathology of Mind—that "I can certainly call to mind more than one instance in which I thoroughly believe that the removal of a patient from an asylum was the salvation of his reason." I there mention the case of a gentleman who was afflicted with severe and frequently recurrent mania, from which it was thought he could not recover, but who escaped from the asylum and got away to America, where he prospered for two years, at the end of that time returning to England, superseding a lunacy commission which had been held upon him, and finally breaking down again. I take no little shame to myself in regard to this case, because in the first edition of my book, after describing the recurrent attacks as becoming longer and more frequent, and the intervals of calmness shorter and less lucid, I predicted a not distant dementia for the patient. Instead of going into dementia, he went to America, and I feel sure

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that no one who had watched the course of his illness in the asylum, could for one moment doubt that his escape was the saving of his reason for the time, and that, if he had not escaped, he would have continued to have his recurrent attacks, and would have sunk into dementia.

That is one case; and another case, which occurred at the same asylum whilst I was superintendent of it, is somewhat like unto it. A young man had been sent there because of an outbreak of mania, the excitement of which subsided favourably after a few weeks. He appeared to be gradually and steadily recovering, though he was a little childish, when another attack of derangement came on; it was not an attack of great maniacal excitement or violence, but an attack in which he did silly, perverse, impulsive acts. This state of modified excitement lasted for about a fortnight, when he became calm and seemed sensible, though not very strong-minded. However, he did not remain well, but after a short time broke down again, and through such succession of alternating states he continued to go. His friends having visited him in his better state, thought him well and insisted upon taking him home, in opposition, I must say, to my advice. But they were right, and I was wrong; for two months after his discharge, I met him looking well physically, and perfectly rational in mind; he informed me that he had been busy at his employment ever since he left the asylum, and had not had any return of his malady. Had he remained in the asylum, I feel perfectly sure that we should not have been able to have given so good an account of him.

I could give other examples, but two more shall suffice. Some years ago I saw in consultation a young gentleman in a private asylum, who had been sent there in consequence of a severe attack of acute, violent mania. When I saw him the excitement had passed off, but he was not well, though he spoke sensibly. He heard voices reproaching or reviling him, and was addicted to doing impulsive and perverse acts of folly, or sometimes of violence. In this state he had remained for some time. The question was, whether he was likely to get well or not, and whether any change could be made in his treatment with advantage. The medical man of the asylum expressed an opinion that he was dangerous and not fit to be at large, and for my part I could not see reason to expect much benefit from his removal to private care. Nevertheless, a relative was most anxious to try a change, and fortified by my opinion that he might do so without serious risk, insisted on his removal from the asylum. The result

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was that he went on well from that time and has remained well ever since.

My last instance did not occur in my practice. It is that of no less distinguished a person than the author of the "System of Positive Philosophy." M. Comte, as is well known, was attacked with insanity, and was for some time confined in Esquirol's asylum, where he did not, I believe, improve much, or at any rate did not recover; he was thought to be incurable, when he was removed from the asylum to the care of a friend, whose entire attention was devoted to him. Under this care he ultimately recovered his reason, and it was after this that he gave to the world his great work on the Positive Philosophy. Looking to the happy accident by which Comte gained the opportunity of recovering his reason, and of writing his book, may we not ask whether other systems of philosophy have not been burked in asylums?

Such cases as these certainly prove that recovery is in some instances promoted by the removal of the patient from an asylum. The confinement, the monotony, the lack of interest and occupation, the absence of family relations, which are inevitable in an asylum, especially in men of the better classes, do, after a certain time in some cases, more than counterbalance the benefit of the seclusion. The patient has no proper outlet for his energies, and an outlet is made for them in maniacal excitement and perverse conduct; he goes through recurrent attacks of that kind, and finally sinks into a state of chronic insanity—becomes an asylum-made lunatic.

We have thought so much and talked so long of the advantages of asylums that it might be well to turn for a little while to the consideration of their disadvantages. To acknowledge the existence of *these* is by no means to ignore the existence of *those.* Engaged in a special kind of practice one is very apt to become, in spite of one's self, a specialist in thought. Let us never forget, then, that the names which stand first in our department of medicine are those of men who had attained a high distinction apart from it. Pinel, Prichard, Conolly, and Griesinger are bright examples, of which we are justly proud; but they never would have been the examples which they are had they been merely specialists in science and practice.

3. *The Use and Abuse of Sedatives in the Treatment of Insanity.*

I have already occupied so much time with what I have said that I will, with your permission, leave most of what I

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proposed to say on this subject to some other occasion. As, however, it has been set down as a subject for discussion, and is of grave practical importance, I may, with a view of eliciting the results of experience, state briefly the tenor of what I had thought to set forth at length. In brief, then, it seems to me that we are yet grievously in want of exact information with regard to the real value of sedatives in the treatment of insanity. Everybody gives them because there is mental excitement, and it seems a proper thing to subdue the excitement; but is it quite certain that it always is a proper thing to stifle excitement in that way? If a patient be suffering from uræmic convulsions, we do not attempt to subdue muscular excitement by giving him large doses of conium or of the woorara poison, because we know that these drugs will produce muscular feebleness and ultimately paralysis. And if a patient be maniacal by reason of some poison in his blood, bred in it, or introduced from without, as there is reason to believe a patient may be, is it any more rational treatment to quiet him at any cost by large and repeated doses of some sedative drug? Let a person be poisoned by belladonna, and he will have hallucinations of vision and will ramble in the most incoherent fashion—will be an artificially made lunatic: who would, if called to treat him, prescribe a dose of chloral or a dose of opium? One would try to help the elimination of the poison from the system, or at any rate would not do anything to check it. I do not, of course, intend to imply that all cases of maniacal excitement are caused by blood-poisoning, but it is probable that some of them are, and so far the argument is good against the indiscriminate use of sedatives. Moreover, if the excitement be not caused by blood-poisoning, but by something else, have we any scientific certainty that so long as we know not what that something else is, we are not doing mischief rather than good by giving sedatives?

The answer will of course be that, although we have no truly scientific theory to offer in explanation of the beneficial action of sedatives, no principle to guide us in their administration, yet experience has proved the benefit of them. We know not why quinine cures ague, yet no one doubts that it does cure it. Assuredly our knowledge of the virtues of quinine was not gained from any pre-conceived experiment; on the contrary, like our knowledge of the virtues of alcohol, it was an accidental discovery. The story is that a savage, weary and exhausted with ague, threw himself down by the

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side of a pool, into which some cinchona trees had fallen, and, drinking largely of the water, was cured of his fever. Again, Paracelsus, who was little better than a madman, discovered alcohol while searching for the elixir of life, and, thinking he had got his elixir, died drunk. To a savage, then, and to a madman we are indebted, as it has been said, for two of our most valuable medicines. After such instances, it clearly would not be right to disdain empiricism. The appeal to the test of experience must be deemed satisfactory, if only experience support the appeal. But here it is where, as it seems to me, more exact observation is wanted. No one, so far as I know, has ever yet tried the experiment of treating one case of acute insanity without giving any sedative whatever, and of treating another case, as nearly like it as possible, with sedatives, and of observing the results. Lately I have ventured a little step in that direction: I have treated two cases of acute puerperal mania, and one case of puerperal melancholia, without giving any sedative—either opium, chloral, hyoscyamus, bromide of potassium, or Indian hemp. One case recovered in six weeks; another case, which was one of the worst cases of puerperal mania I ever saw, and in which, when I first saw the patient, 120grs. of chloral were being given daily, got well in four months; the third case is still under treatment, but is progressing favourably, though slowly, towards recovery. In all cases my aim is to dispense with sedatives as far as I can; and it often seems to me that the patient begins to improve when he begins to do without them, and not in consequence of them. I certainly must protest against the assertion that we have in the hydrate of chloral a drug which never fails to procure sleep, and never does harm, and which has rendered other drugs almost unnecessary in the treatment of insanity. It sometimes fails entirely to produce sleep; and in other cases, in which it does produce sleep, or subdue excitement for a time, the patient shews no evidence of being any the better for it afterwards. Without committing myself to any fixed rule, where I am still only gaining experience, my present feeling is to reserve chloral as much as possible for use at bedtime, and to give none at all during the day. I am certainly opposed to the practice of giving a dose of the drug every three or four hours, which some medical men adopt now, as they formerly adopted the practice of giving opium in the same way. The admirable researches of Dr. Clouston have, I think, demonstrated plainly what was the value of *that*

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treatment: the opium soon lost its effect; all the patients lost weight while taking it; their average temperature fell; the pulse was lowered; in all cases, to use Dr. Clouston's words, "it interfered with the proper nutrition of the body, and pushed it one step further down hill in the direction of death" Considering how much opium was given at one time, and how many patients must have been thus helped many steps down hill in the direction of death before anyone was at the pains to investigate accurately its effects, it is not too much to demand more exact information before sanctioning a similar use of the hydrate of chloral.

In marked contrast to opium, according to Dr. Clouston's experiments, stands a mixture of bromide of potassium and cannabis Indica. Under the use of this combination, the excitement was subdued; the medicines did not lose their effect in nine months; the appetite was not interfered with; the weight of the patients was increased; and the temperature fell;—in fact, the maximum of good effects and the minimum of ill effects were obtained. But although 80 per cent. are reputed to have been more or less benefited, I do not find that many got well; in fact, only one recovered. These, like other drugs, will, no doubt, generally quiet a patient, but the question is whether they promote recovery. In fact, the question is a larger one—whether the forcible quieting of a patient by narcotic medicines does not diminish his excitement at the expense of his mental power,—whether it is not, in fact, "to make a solitude, and to call it peace." *Solitudinem faciunt, pacem appellant.* The argument against mechanical restraint was that, although it kept the patient's body quiet, it really aggravated his malady. The question which I want to have considered is—whether the putting the nerve cells of the patient's brain into chemical restraint, so to speak, does really benefit them? It is quite possible that a patient's appetite may improve, that his temperature may fall, and that his weight may increase, without his mind improving. These things may happen with patients as they become demented; and I should like to ask Dr. Clouston whether he feels quite sure that his experiments for nine consecutive months with bromide of potassium and cannabis Indica have not helped his patients down hill, and burdened the rates of Cumberland and Westmoreland with some incurable lunatics. One fact, however, I must mention in conclusion, although it tells somewhat against my argument—that I have quite recently treated a case of acute and violent mania in a man with cannabis In-

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dica and bromide of potassium, as recommended by Dr. Clouston, with the best possible results: he recovered in a week, when there was every probability that the disease might have lasted for weeks, or even longer. While glancing, then, critically, at the experiments, I cannot conclude without expressing a deep sense of their value and a hearty wish that we had many more like them.

Illustrations of the Influence of the Mind upon the Body in Health and Disease, with especial reference to the Imagination. By DANIEL H. TUKE, M.D., M.R.C.P., late Visiting Medical Officer to the York Retreat.

(*Continued from page* 180.)

INFLUENCE OF EMOTIONS UPON SENSATION.

(III.) *An emotion may excite ordinary sensations, may suspend them altogether* (*anæsthesia*), *or may induce excessive and morbid ones* (*hyperæsthesia and dysæsthesia*).

Passing, now, from the consideration of the influence of emotion upon motility, we proceed to examine the interesting series of phenomena resulting from the operation of the same influence upon sensation. Ever tending to be confounded with the converse succession of events, the influence of morbid states of sensibility in producing emotional disorder, its consideration requires more discrimination than that of the previous section. We can scarcely avoid employing language which is not strictly scientific, and can be only understood in a popular sense. Indeed, with two elements so closely allied as the emotional and sensational—mental feeling and bodily feeling (so-called)—it must constantly happen that in our terms, as in reality, we confound the two together, and in this blending fail to discover which is cause and which is effect, or speak of the consciousness of bodily pleasure and pain as if it were not a mental state. It is, however, perfectly easy, in spite of metaphysical difficulties of this kind, to make clear what is meant by the influence of a powerful emotion upon sensation as a part of that influence of the mind upon the body, which we are endeavouring in these papers to point out and illustrate. For example, there can be no question as to the fact that moral disgust does in

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