institution to a committee of intelligent and earnest men, under the presidency of a chairman, and rarely changing its members, then, and not till then, will the public have just reason to expect that the full capabilities of this noble charity will be developed.

J. C. B.

The Diagnosis of Insanity, by JOHN CHARLES BUCKNILL, M.D., &c.

No class of diseases with which man is afflicted are so various in their manifestations as those known under the general term of insanity. No diseases present such an infinite variety of light and shade belonging to their own nature, or to their intermixture with other maladies, or to the influence of temperament, of individual peculiarities of habit, or of social position; and therefore the diagnosis of no other class of diseases taxes nearly so much the ingenuity and the patience of the physician. The Diagnosis of almost all other diseases depends principally upon weighing the evidence afforded by physical signs and symptoms, upon evidence addressed to the senses; but in mental disease, it is for the most part dependent upon evidence which is cognizable by the intellect alone, and upon data which the senses furnish to us only at second hand. The physician is compelled to bring to this investigation, not only a knowledge of those functions which are subservient to the vegetative and animal life of the individual, but also a clear and analytical conception of those which collectively constitute mind. He must not only be a physician, but a metaphysician; not indeed in the almost opprobrious sense of the term, but in that better sense which designates a lover of truth, seeking to ascertain not the essence of mind or any other unattainable abstraction, but the laws of mind which are as regular as any other natural laws, and the knowledge of which offers to philosophy a wholesome and legitimate object of research.

It may perhaps be thought needful and right that I should commence a paper on the diagnosis of a disease by a definition or succinct description of the disease itself. I do not, however, think it necessary to commence by imposing

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upon myself a shackle of this kind. Insanity, indeed, is so general a term, that an unexceptionable definition of it appears to be scarcely possible.* I have never yet seen a definition which could not be torn to pieces with very little effort. I shall therefore call that insanity which all people understand by the term; whose nature and properties, however, may be sought for at large in the following pages.

I have an excellent example for such a proceeding afforded me by the excellent Mr. Tristram Shandy.

"Twill come out, of itself, by and bye.—All I contend for is, that I am not obliged to set out with a definition of what love is; and so long as I can go on with my story intelligibly, with the help of the word itself, without any other idea to it than *what I have in common with the rest of the world*, why should I differ from it a moment before the time? When I can get on no further,—and find myself entangled on all sides of this mystic labyrinth,—my opinion will then come in, in course,—and lead me out."

The Diagnosis of Insanity presents itself to the physician either in a purely medical or a medico-legal point of view. When the question is of the former character, upon the answer which is given depends not only the kind of medical treatment, as in other diseases, but the enjoyment or the loss of the patient's liberty; inasmuch as the fact of insanity having been once established, in the great majority of instances, the patient is not merely placed under treatment as in an ordinary disease, but "detained under care and treatment" with loss of personal freedom, and unfortunately also with a certain amount of unjust opprobrium attaching to himself and his relations.

When the question is a medico-legal one, it may occur either in civil suits and proceedings, or in criminal trials. In the former case the distribution of property to a vast amount, the validity of wills, of purchases, and of other social and commercial acts, often depend upon the decision of the physician; and in criminal trials the issue of the question is the awful one, whether a human life shall be sacrificed with violence and ignominy, or saved by establishing the plea of insanity.

Whether the question be purely medical or medico-legal in its bearings and apparent consequences, the grounds of

* I have given a definition of insanity in my Essay on *Unsoundness of Mind in relation to Criminal Acts*, which Mr. Thomson in the *Oxford Essays* has pronounced to be the best yet given. I am, however, aware, that it is not complete, and by no means unassailable.

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the Diagnosis must be the same. For although in criminal trials the nature of the crime itself, and the manner in which it has been effected, must often be allowed to have no inconsiderable weight in the formation of the judgment, yet, these circumstances are essentially no other than a part of the conduct of the patient, and the conduct must be carefully estimated even when the question is most purely medical. But while it is necessary clearly to understand that the principles of Diagnosis are the same whatever may be the object for which the diagnosis is required, it will be found practically convenient to consider its difficulties separately, as they occur in the different ways above alluded to.

I shall therefore, in the first place, treat the question as it presents itself to a medical man called to see a patient labouring under symptoms which have caused alarm and anxiety to his friends, who are desirous to ensure his and their own safety, to provide without delay the treatment which affords the best promise of recovery, and above all things to have the momentous question decided for them, of confinement in an asylum, or of treatment at home. In the second place, I shall endeavour to lay down rules for distinguishing the different forms of insanity from each other, and from those *neuroses* for which it is possible they may be mistaken. And in the third place, I shall treat of the diagnosis of sound and unsound mind, in relation first, to civil capacity, and secondly, to responsibility for criminal actions.

When a medical man is called to see a patient whose conduct has excited suspicions of insanity, before he proceeds to personal interrogation and examination, he will act wisely in making himself as thoroughly acquainted as he possibly can with the antecedents and the history of the patient. He will naturally expect to be instructed on these subjects with fulness and candour by the near relations of the patient, but in this expectation he will repeatedly meet with disappointment. The systematic manner in which members of families, often deeply tainted with insanity, attempt to deceive both themselves and every one else, throws no small difficulty in the way of the medical man. The dread of insanity in many families of this kind is so great, as to constitute in itself a morbid feeling sufficiently strong to mislead the observation, to warp the judgment, and to occasion sins of concealment and of untruthfulness towards those who have a right to expect and to demand the fullest

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and most explicit confidence. The great pertinacity with which members of insane families will often deny the slightest hereditary taint of insanity, even to a medical man called in to treat a patient labouring under the disease, would scarcely be credited, were it not a matter of no infrequent experience. Much of this may, no doubt, be attributed to the sense of shame and disgrace which has most unrighteously been attributed to those afflicted with mental disease. But a great proportion of it must be attributed to the unhappy fact, that all the members of such families, even while they retain the full possession of their mental sanity, are not unfrequently peculiar, strange, eccentric, unaccountable, and by no means to be depended upon in affairs requiring the exercise of sound sense, good temper, and self-denial. In such a family the medical man, whose professional assistance has been solicited on account of marked and obvious mental symptoms of one member of it, will often find himself surrounded by relatives of the patient from whom he can derive little information which is unbiassed and trustworthy. He will often find the household divided against itself, one portion of it extenuating and palliating the conduct of the patient, the other exaggerating and attributing it to the worst motives. Under such circumstances the medical man had better take things as he finds them, and listen to all parties with patience. He will be able to arrive at conclusions the more readily that he avoids cross examination, and all appearance of participation in the family feud. If he cannot obtain information upon which he can rely from the immediate relatives of the patient, he will do well to make inquiries with prudence and caution of friends and neighbours, whose evidence will often be more truthful, as it is the less subject to the bias of feeling. In this manner the physician will be able to satisfy himself as to the existence or not of hereditary predisposition, and of previous attacks, two points of the utmost diagnostic importance; perhaps not less so than that of hœmoptysis in the diagnosis of consumption. The degree of hereditary taint may also to a certain extent be ascertained and estimated. Thus the insanity of one parent would indicate a less degree of predisposition than that of a parent and an uncle, and still less than that of a parent and of a grandparent, or of two parents. The insanity of a parent and a grandparent, with an uncle or aunt in the same line, may be held to indicate even stronger predisposition than the insa-

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nity of both parents. The influence of the insanity of parents in creating a predisposition will depend to a great extent, upon whether it has taken place before or after the state of parentage commenced. The insanity of a parent, produced after the birth of a child, if it arose from a cause adequate to excite it, without previous predisposition, would of course be held as of no value in the formation of hereditary tendency. The insanity of brothers or sisters may be of much or of little value as evidence of predisposition, according to the circumstances under which it has shewn itself. If several of them, both older and younger than the patient, have become insane, the fact tells strongly in favour of predisposition, although neither parent nor grandparent may have been lunatic; since it is well known that other conditions in the parent besides that of actual insanity may create this predisposition; for instance, violent and habitual passion, the debility of old age, and most of all, habits of intemperance at the time of procreation. The insanity of cousins cannot be said to be worth anything as evidence of predisposition, except in corroboration of nearer and weightier facts.

It will thus be seen that the evidence of hereditary predisposition may be of such a character as to render the insanity of the patient an event in the highest degree probable; or on the other hand, it may be so weak as to add a scarcely appreciable amount of probability to the character of the disease.

The value whieh ought to be attached to evidence of previous attacks of insanity is considerable, since few diseases more frequently recur than those which affect the mental functions of the brain. A slight and transient attack, however, respecting the real nature of which there may have been some differences of opinion, will be of very different import, to a prolonged attack of decided character. Moreover the greater the length of time which has elapsed since any previous attack has been recovered from, the less will be the value of it as an indication of the nature of the present disorder.

Besides these two important points of hereditary predisposition, and of previous attack, the physician must inform himself respecting the habits, the character, and the disposition of the patient. In doing so he must bear in mind that they will influence his judgment in three ways. In the first place, they will enable him to form an opinion as to the kind of man which the patient has been when in health, and as to the greater probability of his becoming the subject

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of mental disease, or of some other disorder, as for instance, a chronic attack of drunkenness, or if a woman, of hysteria. The disposition and character when in health, would be of considerable value as evidence, if the physician could know it from personal observation; but descriptions can scarcely be given with a sufficient lucidity to render any opinion formed upon them of equal importance. An alienist physician of judgment and experience would be able to point out in the circle of society with which he is acquainted, nearly all the men who are very likely to become insane; but were he imprudent enough to make known this invidious prescience it, it would be found that his judgment differed widely from the opinions on this subject which are current in the world. It would be found for instance, that his prophecy would not often rest upon those men who are called eccentric. Eccentricity more frequently depends upon a disregard of public opinion in trifling and non-essential matters, than upon any twist or perversion in the mind of the individual. The eccentric man is often a large hearted and a courageous man, and as such, one of the last to become insane. The ominous forethought of the physician would rather rest upon the man over-susceptible concerning the good opinion which others may entertain of him; the suspicious and timorous man who hears scandal before it is spoken, and apprehends the commencement of every possible mischief; the man who has not in the bottom of his heart a sincere liking for his fellow creatures, but who is querulous and contentious, and who perpetually finds himself in disaccord with the world. This is the type of man whom predisposing and exciting causes are most likely to plunge into insanity.

In the second place, these enquiries will enable the physician to compare the present behaviour and habits of his patient with those which were his when in a state of health; to contrast him, as it were, with his former self, a proceeding which often affords a most satisfactory evidence of morbid change. It must be borne in mind, that in insanity the natural character of the patient is either changed or exaggerated. When simple exaggeration has taken place, when a man who has all his life been intemperate, or passionate, or gloomy, has merely become more intemperate, outrageous, or desponding, the change will have been in all probability unobserved for a much longer period than when an actual alteration of character has taken place; and even when observed, this exaggeration of natural character is less

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readily attributed by friends and relatives to the effects of insanity, than in the other case. The physician will therefore find it more difficult to obtain satisfactory evidence of the influence of mental disease, when it only exaggerates the natural character, than when it changes it. And when he is able to obtain such evidence he will very frequently find that the disease has already been of long standing. An unhappy circumstance, attributable to the insidious manner in which it progresses when it takes this form. When on the other hand the natural character of the patient undergoes a change, the event is generally too remarkable to escape early observation. When, for instance, the man of sober and steady habits becomes intemperate and dissipated; when the prudent and careful man suddenly becomes rash, speculative, and extravagant; when the moral and religious man enters into courses of dissolute and shameless impropriety; when the carefully nurtured and modest female demeans herself in a bold, froward, and indecent manner; the contrast is so great that it arrests the attention at an early period, and seldom fails to satisfy the friends of the patient that it is occasioned by disease.

At first sight the two ways in which insanity announces itself by its influence on the character appear to be essentially different. On a nearer view, however, it will perhaps be found that the difference is more apparent than real, and that in those cases where the greatest alteration of character seems to take place, the real effect of the disease has not been to develope that which did not exist before, but merely to remove the checks and restraints which have kept it in subjection. A passionate or dissipated man merely becomes more passionate or dissipated under the excitement of incipient mania; just as he would become so for a time under the excitement of intoxication; his natural character is not under control, and therefore excitement removes no restraint. But it is otherwise with persons whose natural propensities are restrained by moral and religious principles. There is a latent devil in the heart of the best of men, and when the restraints of religious feeling, of prudence and self-esteem are weakened or removed by the operation of mental disease, the fiend breaks loose, and the whole character of the man seems to undergo a sudden and complete transformation. Every medical man has observed the extraordinary amount of obscenity in thought and language which breaks forth from the most modest and well nurtured woman under the influence of puerperal mania. And although

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it may be courteous and politic to join in the wonder of those around, that such impurities could ever enter such a mind, and while he repudiates Pope's slander, that "every woman is at heart a rake," he will nevertheless acknowledge, that religious and moral principles alone give strength to the female mind, and that when these are weakened or removed by disease the subterranean fires become active and the cratur gives forth smoke and flame.

In estimating exaggerations or alterations of character, the physician must be careful to make allowance for those which take place naturally and in healthy minds. It by no means follows, because a person has become "a changed man," that he must therefore be an insane man. The nature of the change must be estimated with careful reference to its apparent cause and character. For instance, if in the midst of prosperity and domestic happiness, a man underwent a change from a joyous and lively disposition to one of gloom and wretchedness, without any other apparent cause than the influence of predisposition to insanity, the change would justly be held to be one of most serious and ominous import. But if predisposition did not exist, and if domestic afflictions or heavy losses afforded a reasonable cause, such a change might take place without exciting the slightest alarm on the score of impending insanity. Great changes often do take place in the character of individuals and in their habits of life, without the slightest suspicion of insanity. For instance, when a dissipated and reckless young man is brought under the influence of strong religious convictions, the external manifestations of his character undergo a complete change. On the other hand, a youth who has been brought up in the strict observance of a rigid religious discipline, without appreciating the principles upon which it is founded; when the repressive influence of parental or other authority is removed, he may undergo an unfavorable change of character, and become thoroughly dissipated, without much fear of mental disorder.

In the exaggeration of character also, the natural influence of circumstance must be allowed to have its due weight. Thus particular callings and professions have a strong tendency to develope particular characteristics. If, for instance, a clergyman acquired arbitrary and dictatorial habits, or a physician became particularly intemperate and jovial, such developments of character would have a very different significance to that which would attach to them, if the first had occurred in a sea-captain, and the last in a boniface.

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One caution is necessary in estimating sudden and remarkable changes of character, namely, to be on guard against the vagaries of hysteria. The hysteric temperament in either sex often produces the most extraordinary changes in apparent character; but they are changes in appearance only, and the versatile subject of them, who is "everything by starts and nothing long," remains essentially the same fickle, superficial, deceptive being, under all phases of character.

In the third place, a careful enquiry into the habits of the patient will often enable the physician to discover an adequate cause for the production of insanity. It will often, for instance, make him aware of habits of intemperance, which are an amply sufficient cause; or habits of strong mental excitement, such as those afforded by gambling, whether it be of the unlawful sort or the legal gambling of rash speculation; or it will indicate to him religious and social habits and practices testifying to the existence of that fanatical temper and those peculiar views which statistics prove to be most influential in the production of mental disease.

Such a preliminary enquiry will also make the physician aware of family feuds and dissensions, and it will instruct him on many other matters of the like kind, which it is absolutely essential that he should know before he can weigh all the evidence of his patient's insanity, with that nice discrimination which the delicate and difficult nature of the inquiry frequently demands.

I have not yet introduced the physician to his patient, but have, nevertheless, engaged his attention in matters which will greatly assist his judgment. Thus, if he is informed on credible testimony that the parents or grandparents have been insane, that the patient has himself undergone attacks of insanity, that his character has recently become changed in a notable and strange manner, and that, moreover, he has been intemperate or subjected to some other influence capable of exciting mental disease; if all or part of these circumstances have been ascertained, the physician will find the further examination, and his ultimate judgment infinitely more easy than if he entered upon the former with out such previous instruction.

In the personal examination of the patient the greatest tact and discretion is required. A physician called to treat any bodily disease at once commences with direct and pertinent questions; but in all difficult cases of mental diag-

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nosis such a proceeding would surely defeat its ends. The physician often, indeed, finds some difficulty in contriving to be introduced to the patient, and in commencing a conversation without bringing about the éclaircissement which above all things is to be avoided. If the patient is strongly preoccupied with a delusive idea or by maniacal excitement, of course no difficulty will exist, and sometimes in cases of melancholia the patient will himself be most anxious to consult the physician on his mental state. But when the disease is in the incipient stage, and when the patient is suspicious and hostile, the matter of introduction and the opening of conversation requires much tact, and sometimes a little contrivance. In cases of bodily disease it would not be unusual or improper for the physician to commence with "I am sorry to hear from your good lady that you have lately been troubled with shortness of breath, and pain in the chest, &c.." But if the alienist physician were to open the campaign after this fashion, with "Sir, your wife informs me that you have lately been subject to fits of ungovernable passion, alternating with despondency, &c.," the patient would probably turn the flank of the maladroit physician, or at least beat a hasty retreat. I will not go so far as to say that small deceptions must never be practised; such, for instance, as apparently calling in the physician to see another member of the family affected with a convenient illness; but of this I am convinced, that even the slightest deception will have a prejudicial influence on the future treatment. In almost all cases the physician will readily enough engage the attention and the goodwill of the patient, if he commences with sympathizing enquiries respecting any bodily symptoms and ailments, or respecting any matters in which he knows that the patient takes a lively interest.

In melancholia the patient is generally only too ready to converse on his mental symptoms. In imbecility, and early dementia, his apprehension is not sufficiently lively to place him on his guard. And in mania, he either suffers from head-symptoms respecting which he will readily converse with a medical man, or his mind is actively engaged on some project or object, which will afford the physician appropriate materials for conversation. The most difficult cases are those in which differences of opinion and of interest exist among the members of the patient's family, and the patient has quietly been told that it is wished to prove him insane and to place him under confinement, and that the doctor is coming

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to examine him for that purpose. Under such circumstances, which are by no means imaginary, the physician must do the best he can; and if this is but indifferently well he must content himself with the reflection that the fault is not his.

Immediately that the physician finds himself in the presence of his patient, "the facts observed by himself" upon which alone the law very properly insists, that the diagnosis of insanity shall really be made, will require the keenest exercise of his perceptive and analytic powers. Of course there are a great number of cases in which the existence of insanity is so evident that, strickly speaking, diagnosis becomes quite unnecessary. But when insanity has assumed so marked a form, that as Mrs. Page saith—"any madness I ever yet beheld seemed but tameness, civility, and patience to this distemper he is now in," the question of diagnosis gives way to that of treatment. But in slight cases and in early stages of the malady the symptoms are by no means invariably conclusive or even satisfactory. The physician will, therefore, do right to avail himself of every circumstance which can assist him in forming a right judgment; even as in the diagnosis of phthisis the evidence afforded by auscultation and percussion does not justify him in neglecting, where any doubt exists, to examine the state of the hair, the finger ends, the gums, or any other part of the body capable of affording corroborative testimony. On entering a house in which the head of the family is insane, the physician will not unfrequently find his attention attracted to many little circumstances testifying to a want of order and direction in the household affairs. In the room principally occupied by the patient, things are especially found to be out of place, bizarreries often present themselves in the decorations of the walls and the arrangement of furniture. A short time since on visiting the house of a gentleman on whose mental condition I had to report, I remarked among other things a number of trumpery clocks. To the best of my recollection there were seven or eight of them in the hall, all of them diligently at work to shew the hour of the day, but all of them, like Charles the fifth's time-pieces, entertaining individual and very different opinions on that important point. In fact, the variations of the time indicated by them extended to full three quarters of an hour. In reply to a remark, the owner of this array of pendulums told me that it was a great point with him to know the precise time, and that he bought all the clocks at auctions and elsewhere, which he could obtain under a certain sum; he had so many

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clocks because if one did not go accurately, another might. When told that a really good time-piece purchased with the collective prices of his trumpery horologes would give him much more reliable information than all of them put together; since if any one of them did by chance go accurately he could not tell which it was; he was evidently convinced against his will, and retained his own opinion still. A love of order is rarely seen among the insane, except in some chronic cases where it has been acquired under asylum discipline. The residence and the room of the patient often therefore, bear traces of disorder; articles of clothing are scattered around, every thing is disarranged, and the dress and person of the patient often bear evident marks of want of care and cleanliness. In fact, the description given by Rosalind of a lover, would have been much more true to nature if applied to an insane person, namely, "a lean cheek, a sunken eye, an unquestionable spirit," "then your hose should be ungartered, your bonnet unbanded, your sleeve unbuttoned, your shoe untied, and every thing about you demonstrating a careless desolation." This description was very likely taken from the negligent dress of the insane, since the fair speaker immediately afterwards expresses her opinion "that love is merely a madness, and deserves as well a dark house and a whip as madmen do." When Hamlet's mind was first shaken, "he went,

"With his doublet all unbraced,
No hat upon his head, his stockings loose,
Ungarter'd and down-gyved to his ancle."

In erotic madness the dress is not as fair Rosalind would have it careless and disordered, but generally the contrary, and often fantastic, arranged with care and with the evident desire to attract admiration.

The patient's dress not unfrequently presents characteristic traits indicating the direction of insane delusion. For instance, in ambitious insanity it is made to ape the military or the regal cut, if the patient thinks himself a great general or king. But these indications belong to a later period of the disease; and it may be taken as a general rule, that in the earlier stages of mental disorder the dress and personal condition of the patient are neglected. Sometimes there is great intolerance of dress, the patient seeming to suffer irritation from the customary articles of clothing. The propensity to remain wholly or partially nude is frequent, and owes its origin to various causes. A young lady may desire to live in the primitive simplicity of

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paradise, or she may think her body invisible, and wish to remove the gross envelopes which would render this corporeal translucency of no avail, or, clothing may be thrown off and destroyed out of mere mischief and destructiveness, or, the sensibility of the skin may be greatly enhanced, and the warmth and friction of clothing may cause much annoyance.

The physician's observation of the negligences, inconsistencies, vanities, and various pecularities of the patients' dress will proceed concurrently with the more important observation of his appearance, demeanor, and conduct. The appearance of the patient will depend upon the expression of his physiognomy, the traits of temperament, the bodily conformation and condition, and the habitual postures and gestures. The whole of the above may be classed under the terms appearances and demeanour. That which the patient says and does we may distinguish as his conduct.

The bodily condition of the patient in regard to plumpness or emaciation, to the state of the skin, the pulse and the tongue, rarely affords information of any practical value in the question of diagnosis. The instances are so numerous in which the mental functions of the cerebral hemispheres may be greatly disordered, while the functions of all the other bodily organs remain healthy, that their frequent deviations from a normal state cannot be relied upon as trustworthy data in the formation of an opinion as to the existence of mental disease. It may be laid down as a general rule, to which, however, there are numerous exceptions, that the insane do not possess robust bodily health. The early stages of insanity are very frequently marked by emaciation, occasioned by loss of rest, wasting of the tissues from increased activity of the mental and bodily functions, and derangement of the alimentative processes.

This emaciation is one cause of the alteration and sharpening of the features which so constantly takes place. When, however, the progress of mental disease is gradual and insidious, especially if it arises from a strong predisposition, and without the intervention of disease in any of the organs subservient to the vegetative life, there may be little or no emaciation at any period. During the later stages of those forms of mental disease which are characterized by diminution or loss of power, it is well known that the body is inclined to obesity.

Little reliance can be placed upon the indications either

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of the pulse or of the tongue, although in the early stages of insanity the former is generally quicker than in health, and the latter is not unfrequently coated with a white central list. The skin is very generally harsh and dry, and not unfrequently affected with eruptive disorders. It is exceedingly rare to see a person in the early periods of insanity, with a thoroughly clear healthy complexion.

The point of real importance to be attended to in the examination of the patient's bodily condition, is to ascertain whether any diseased condition of any of the organs exists, which may have been the remote cause of the malady. Disordered states of the abdominal viscera are of such frequent occurrence, that the veteran Jacobi and many other physicians of eminence have believed that they altogether account for the causation of mental disease. I am very far from being able to concur in this narrow view of the etiology of insanity; but no physician of much experience in this department of medical science will be likely to deny, that disordered states of the stomach, the intestines, and the liver, very frequently constitute the remote causes of cerebral disease. The indications, therefore, of gastric and hepatic disorder observable in the tongue, the skin, and the nutriment of the body, are signs of the existence of this cause. It is as yet very uncertain whether diseases of the heart and of the lungs often operate as remote causes of insanity. In my opinion the probability is against this supposition, notwithstanding the numerous instances in which these organs are found to be diseased in persons dying insane. But there can be no doubt that uterine disorders constitute one of the most frequent remote causes of insanity with which we are acquainted. If therefore the physician can ascertain that his patient has suffered, or is suffering from gastric, hepatic, intestinal, or uterine disorder, he will have discovered a well-known and frequent cause, the existence of which must be allowed to exercise its due influence in the diagnosis.

The features and gestures of the patient are oftentimes strongly expressive of mental disease. The muscular system is the bond of connection between the mental functions of the cerebrum and the external world. It is the muscular system which, obeying the behests of the metaphysical *Ego*, executes its commands, and interprets its desires and its passions. Strictly speaking changes in the physiognomy and in the vocal articulation must be referred to this source but it is convenient to consider them apart, and at the

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present time to direct attention to those grosser muscular actions which are commonly understood as the postures and gestures of the body. These are generally more pronounced and more expressive in insanity than in health. In artificial states of society, the sign language so commonly employed by the savage or the man of nature to express his feelings and his wants, is discontinued; speech is perfected, and articulate or written language becomes the sole medium of intercommunication. Gesticulation as a means of communicating thought has been found to be too demonstrative, too simple, and perhaps also too true to be convenient for the use of man in that state in which it has even been said by one of the ablest men of the age, that "the principal use of language is to conceal thought." But children, savages, and especially the deaf and dumb, converse by the sign language of gesture; and the insane man removed from the restraints imposed upon him by so-called civilization, returns to the state of the child or the savage, and expresses his desires and his feelings by the sign language of nature. The pantomime of the insane is often perfect. It cannot be called acting since it is real; and hence arises the most frequent cause of failure in attempts to simulate insanity. The counterfeit madman acting the part which he assumes with grotesque clumsiness, leaves a wide and easily detected interval between himself and the real lunatic.

In order to describe all the postures and gestures of the insane, it would be necessary to dilate upon all the resources of pantomimic expression, and would extend this paper to an unreasonable length. It is the less necessary to enlarge upon this subject, since every member of the human society is compelled to study both the language of gesticulation and that of facial expression from earliest infancy; and there are few men who do not become adepts in interpreting the signification both of look and gesture. A man who can appreciate the different mental conditions designated by the terms sadness, melancholy, despondency, despair, will find no difficulty in the interpretation of the sign language by which they are outwardly expressed. Sadness, he will expect to see manifested by simple repose and quietude of manner; melancholy, by quietude deepening into immobility, with clasped hands, bowed head and heavy step, and the desire of solitude; in despondency he will see an exaggeration of all these characteristics, the posture often crouching and bent together, like that of a person suffering from cold; while in despair the extremity of mental agony

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acts as an excitement, and the sufferer is stimulated into action.

A wide difference intervenes between the commencement of melancholia in which it may be said of the patient,

"There was a listening fear in her regard,
"As if calamity had but begun."

and the extreme of mental agony, which produces reaction. either in the form of the most painful and dangerous excitement; or of concentrated suicidal purpose; the "resolution of despair"

It will be needless to detail the various *modes* in which emotion depicts itself in motion and attitude, in partial insanity. This is not different to what occurs when the same emotions are excited in a healthy brain; or the difference exists only in degree. Pride, anger, fear, sadness, jealousy, and all other passions find that appropriate and distinctive expression, which the language of poetry can alone describe with adequate force and truth. The permanent expression of any one emotion may be taken as a presumptive symbol of partial insanity.

When the attitude is restless, the motions quick and vivacious and expressive of various and changeful emotions, a state of mania or general insanity is indicated. Melancholia is on the contrary known in some of its phases by fixed attitudes and slow gestures; in others by gestures of earnest supplication and intense dread; or by the reckless wildness, or intense resolution of despair. Imbecility or dementia are marked by slovenly postures, and by undecided and aimless movements, indicating that both the action and the repose of the muscles is under feeble and inefficient direction. All these details it would be wearisome and useless to dwell upon; but the alienist physician must have his eye open to seize upon their minutest shades, and his mind apt and prepared to appreciate them. In the early stages of insanity it is often the collective evidence of things individually unimportant, upon which the judgment must be based.

It will be convenient to observe, that in this paper I adopt the well-known classification of insanity, into mania, monomania, melancholia, dementia, and idiotcy; not because I think this classification unexceptionable, but because it seems to be a convenient one founded upon the most prominent phenomena of the disease, to be provisionally used, until a more scientific classification

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founded upon the causes and nature of insanity can be framed. It is quite evident that the time for this has not yet arrived.

J. C. B.

[To be continued.]

Trial of Robert Handcock for the murder of his Wife, Philippa Handcock, at the Devon Winter Assize, before Mr. Baron Parke, Dec. 10th, 1855. Plea of Insanity.

In this trial it was a matter of peculiar anxiety and difficulty to determine the actual state of the prisoner's mind at the time when he committed the fatal act with which he was charged. There could be no doubt that the murder was instigated by jealousy. If the jealousy had any foundation in real occurrences, it might be the natural feeling of an outraged husband, in which case its fatal result would be wilful murder, punishable by death. On the other hand, this feeling of jealousy might be a symptom of insanity, and the circumstances upon which it was founded might be merely the creation of a diseased brain, in which case the fatal act would be the result of mental disease, and as such ought not to be punished.

A report of the trial will be found in the Times newspaper of Monday, December 12th. The following is an outline of the circumstances. Robert and Philippa Handcock had lived together as man and wife for nineteen years, they had had children, and had lived in quiet and comfort. Robert Handcock worked in the winter months in a malt-house; in this employment he drank as much as six quarts of strong beer daily, these large potations, however, did not have the effect of intoxicating him. When not at malting, both he and his wife laboured at the quay at Appledore; he was always a good-tempered, inoffensive, and patient man; she on the contrary was a woman of violent temper. At the time of the murder, August 1st, they were both about forty years of age. About fourteen months before the commission of the crime the prisoner became exceedingly jealous of his wife, saying that he had seen adulterous intercourse between her and a neighbour, named William Punchard. At this time his demeanour and conduct underwent a marked change, which was remarked upon by his

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