ment of any part of the body does not disturb more or less the circulation and functions of the cerebro-spinal axis, and therefore the health of the mind. And how much more is this the case in persons already predisposed to mental disease? The cerebral functions are speedily impaired by impairment of the functions of the lungs. I have frequently seen the production of mental aberration by a fit of persistent coughing or of vomiting. Fits of epilepsy often originate in abnormal conditions of the abdominal viscera, still oftener in ovarian or uterine derangements, and are certainly greatly favoured, if not ushered in, by spasmodic contraction of the blood-vessels of the lower extremities. Functional derangements of the brain ranging from the slighest headache to the gravest affections in which cerebral anæmia or cerebral congestion exists in an extreme degree, are also, as is well known, often induced by deficient or perverted action of the alimentary system. Indeed a volume might be written upon the causal relation between the various diseases to which the several segments of the body are subject, and the diseases of the brain. This consideration justifies me, I hope, in having occupied so many pages of this journal by the foregoing exposition as an introduction to what I have to say on the treatment of cerebral affections by the method now briefly expounded. In the next number of this review I propose to discuss the applicability of this method to the treatment of those affections, and to illustrate my observations by a reference to cases in the treatment of which that method has been applied.

Artificial Insanity, chiefly in relation to Mental Pathology. By Daniel Hack Tuke, M.D., formerly Visiting Medical Officer to the York Retreat.

It will not, I think, be disputed that, in an investigation into the nature or pathology of any disease, some light may be thrown upon it by producing a similar disease artificially. If we ascertain how we can produce it, and what are the fewest conditions required for its presence, we have gained an important step in the inquiry. And if, having learned how to cause certain symptoms, we can carefully examine the state of the bodily organs when these symptoms have supervened, and compare it with their condition previously, we undoubtedly have an opportunity of acquiring knowledge which no one accustomed to such investigations will despise. If, by adding caustic ammonia to the jugular vein of a living sheep, the lining membrane is afterwards found to be studded with pink fibrin, we see at once that a fact has been ascertained of great interest in the study of the adherent clot of phlebitis. The same may be said of

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rheumatic endocarditis, if deposits can be produced upon the valves of the heart by injecting a known substance into the blood of an animal. I might refer to other examples, but these will suffice to illustrate my first position.

To apply these general remarks to the special disease of insanity —that disease which beyond all others has taxed the efforts of pathologists to determine its real nature—I shall not be contradicted when I assert that, if we can at our pleasure artificially produce and as easily remove its phenomena (or, at least, some of its most remarkable and puzzling symptoms), we render them less mysterious and obscure, and call to our aid a powerful means of investigating the pathology of, at any rate, some forms of mental disease. We desire, above everything, in such an investigation, to have under our inspection the symptoms of this disease, originating we know how, commencing when we wish, changing their character at our pleasure, and, lastly, ceasing at our will.

Now, this opportunity, as I proceed to point out, is presented to us in certain induced conditions of the system during which very interesting experiments can be made upon the mind, due to the remarkable power exerted by suggestion in the susceptible state of the nervous system I now allude to. By what name to call this state I find it difficult to determine, for almost every term that is in use conveys an imperfect or an untrue idea. Perhaps I should be best understood by calling it hypnotism, or nervous sleep, the term introduced by the late Mr. Braid, of Manchester, and adopted by Dr. Carpenter; but the expression is open to objection, seeing that sleep is not an essential phenomenon, a fact of important bearing upon the present subject. "Braidism," proposed by Dr. Philips, of Paris, avoids this difficulty, and I shall use it as well as hypnotism in this essay, including in the term the so-called "electro-biology" of Mr. Grimes, of America, and adopting Mr. Braid's explanation*

* That is, that they are in no way due to animal magnetism or the influence of one metal more than another. Whether there are other phenomena classed under the term "mesmerism" which cannot be explained on Mr. Braid's theory, is a question into which it is not necessary now to enter. I do not myself go further than he did. The subject is, however, well worthy of patient investigation. Superficial and prejudicial writers abound on *both* sides. The opposite theories are well represented by Cuvier and Braid respectively, the former holding that "the effects obtained on persons ignorant of the agency, and upon individuals whom the operation itself has deprived of consciousness [?], and those which animals present, do not permit us to doubt that the proximity of two animated bodies in certain positions, combined with certain movements, have a real effect, independently of all participation of the fancy. It appears also clear that these effects arise from some communication which is established between their nervous systems" ('Anatomie Comparée,' t. ii). The latter (Mr. B.) holding that "the phenomena are induced solely by an impression made on the nervous centres by the physical and psychical condition of the patient, irrespective of any agency proceeding from, or excited into action by, another" ('On Hypnotism,' 1843). Dr. Prichard is one of the few neutral writers who write as if they really wished to arrive at the truth, and do not merely give us their preconceived notions.

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of the phenomena, which for my present object is quite sufficient.

But more important than the name is a clear understanding of the group of symptoms to which I now refer. We are all familiar with the experiment of requesting a certain number of persons to look steadily at any distinct object placed in such a position as to strain their eyes, concentrating their attention meanwhile upon one subject. We know that out of these persons a certain proportion will be affected by well-marked symptoms. What some of these are I wish to state clearly, although at the risk of wearying the reader with the enumeration of well-known facts. The first important circumstance to note is that, while, as in ordinary sleep, there may be various degrees of somnolency, from a slight loss of consciousness to profound coma, consciousness may at one period be seemingly intact, and a superficial observer fail to notice any change, and yet there be a peculiar state of the system present which is of great interest—a state in which the whole attention of the mind is generally absorbed upon one point, usually determined by some suggestion from without. The Reason and the Memory appear to be dormant, the Will passive, and the Imagination proportionately exalted. Be this, however, the correct mode of expressing this condition or not, the *fact* is indisputable that a condition of mind has supervened in which there is a very striking susceptibility to suggestion. And however absurd the suggestion may be, the subject, being no longer able to recall and benefit by his past experience, fails to recognise its absurdity, and the will being paralysed, he is impelled irresistibly to act in accordance with it. He is insane.

Such is the mental state induced. I may here observe that Mr. Braid pointed out two stages of hypnotism.

In the first the senses, except that of sight, the sensibility to heat or cold, muscular power, and some faculties of the mind, are greatly exalted. Consciousness remains, and the patient is docile. The pulse is quickened, and the expression altered.

In the second stage a state of depression of the system succeeds to that of excitement. The subject passes into a comatose condition. Rigidity of the muscles is present, or is easily induced.

It is necessary that I should here mention some examples of this interesting condition, so suggestive to the psychological physician, which have fallen under my own notice. They illustrate the abnormal mental states which I am anxious to place side by side with certain forms of insanity.

The first case I will refer to illustrates the loss of personal identity, from suggestion. A. B. was asked to state his name. He replied correctly, without hesitation. When hypnotized, and in the sleep-waking stage (being able to stand and apparently awake, but the expression unnatural and absent, as in somnambulism), it was

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strongly suggested to him that his name was Richard Cobden. In a few moments he was asked his name. He immediately and unhesitatingly replied, "Richard Cobden." "Are you sure?" "Yes," was the reply. The same experiment, with different names, was tried in several other cases, with the same results. Fully roused and asked their names, these individuals at once gave them correctly. If the name of a King is suggested during the susceptible stage, not only is a person impelled to say it is his, but he feels and acts in a way which shows he *believes* he is a king.

Here we see an abnormal state of the mind suddenly induced, in which, under the influence of a powerful suggestion, a person temporarily loses his own personal identity, and is firmly convinced that he is some other person.

The analogous condition of mind in delusional insanity may, I submit, be recognised in the patient who believes himself to be another person. In the latter case there may be such a psychological condition that the suggestion, not, indeed, of another person, but of some powerful natural feeling, as pride, shall be irresistibly accepted as true by the mind. Indeed, with lunatics, the exciting agent of a particular delusion may come from without, and be truly a suggestion in the sense I have hitherto employed it, as when some notorious public event occurs which determines the character of the delusion under which the insane labour. If the succession to the throne were at the present time disputed, no doubt the number of cases admitted into our asylums with the predominant delusion of being a royal personage would be strikingly increased.

The hallucinations of the special senses induced in the hypnotic state are very striking, and strongly recall corresponding affections of the insane.

A man may be made, by suggestion, to think he sees a figure which is not present, or to see some person who is present in an entirely different form or dress than the true one, and may be made to mistake persons—for example, near relatives—in a way which exactly answers to what is seen in asylums for the insane every day.

The way in which such false sensations are produced reminds one of the bewitching effect of "the crafty Nix" described so well by a poet:

> "She led me to her crystal grot,
> She set me in her coral chair,
> She waved her hand, and I had not
> Or azure eyes or golden hair.
>
> "Her locks of jet, her eyes of flame
> Were mine, and hers my semblance fair.
> O make me, Nix, again the same,
> And give me back my golden hair."

Then, as regards the sense of hearing, persons, when hypnotized,

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may be made to fancy that a musical instrument is playing, and playing a particular tune, when there is really no sound whatever.

The olfactory sense is no less easily deceived. Here is an instance. C. D, being hypnotized, was requested to smell the operator's fingers. He said he could smell nothing. The operator then asked him to take a pinch of snuff, and applied his closed fingers and thumb to the subject's nose. The suggestion quickly told. He snuffed for a moment, and was then affected precisely as a person would be who had actually taken a powerful sternutatory.

Then as respects the sense of taste, endless are the hallucinations and illusions which can be produced by suggestion. Suggest to a person rendered susceptible by hypnotism that he is eating rhubarb, chewing tobacco, or any of the disgusting things of the taste of which some patients in asylums bitterly complain, and the effect will follow. So a man, G. H, being hypnotized, had a glass of pure water placed before him, and was led to suppose it was brandy. He praised it as excellent—to him it tasted like brandy—and, calling for more, he drank it with avidity. J. K, a second case, being in the same abnormal state, was requested to drink some cold water, and while doing so, the operator drank some himself, and suddenly spat it out while employing an expression of disgust and horror. This at once strongly suggested that the fluid was bad, or even poisonous, and the subject, firmly believing it to be so, rejected it with abhorrence. Who does not see in this second example a resemblance to a patient who believes that what he drinks is poison?

Common sensation may be perverted in a variety of ways. The following is an illustration. C. D, being hypnotized, was led to suppose that he was covered with a swarm of bees. This suggestion was at once transformed into a belief, and he acted exactly as a person would, were he actually stung. He manifested every sign of pain, shook his hair, rubbed his head frantically with his hands, and then proceeded to take off his jacket in order to rid himself of his imaginary foes. He was evidently labouring under a hallucination of general sensation. The same may be said of another person, E. F, who, in the same somnambulic condition, was induced by suggestion to believe he had a violent toothache, the effect being increased by the operator's finger being applied to the cheek. Hugging his face with his hands, he swung to and fro, writhing with pain.

In both these cases, as in others, the train of induced hallucination was readily broken by a sudden shake or by a stamp on the floor. These particular forms of perverted sensation are not so strikingly parallel to cases of insanity as some which, I know, have been induced, but which, not falling under my own observation, I do not adduce here. However, the hallucination of being covered

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with bees recalls those insane persons who have imagined themselves covered with vermin, and have experienced all the sensations of creeping, itching, &c.

Now, I would ask, how could we define these induced states of the mind more correctly or more forcibly than in the very terms which Esquirol employs to define those insane sensations and fixed ideas which seem to me so analogous, if not identical, and from which analogy or identity, I think, something is to be learnt? "A person," says he, "labours under a hallucination, or is a visionary, when he has a thorough conviction of the perception of a sensation, when no external object suited to excite this sensation has impressed the senses." The resemblance would be equally striking were I to take from the text-books of insanity the definitions of delusion proper, or false conception, or of illusion, and compare them with the artificial mental phenomena which I have brought forward. I think, then, I am warranted in the conclusion that these two mental states, the spontaneous and the artificial, are identical, *quoad* the insane hallucination, illusion, or delusion. I do not say that there may not be in, at least, some cases of insanity, with the same *symptoms*, a widely different etiology and pathology, but of this I shall speak subsequently.

The marvellous effects of sympathy—mental contagion—are, perhaps, nowhere better witnessed than when a considerable number are placed in a condition of hypnotic sensitiveness to suggestion, and are all inoculated with the same idea. In this state we see the counterpart of the epidemic mental diseases of the middle and other ages, and obtain an insight into the condition of the nervous system which ought to serve us a good purpose when investigating them historically, or when meeting them face to face.

Again, ecstatic madness or maniacal ecstasy often finds a remarkable illustration in the temporary condition induced by hypnotic means. In both the individual may be more or less incoherent, and in both he may forget what occurred when he was affected.

Religious insanity, zoomorphism, and other forms of mental disease, are beautifully illustrated by artificial means; but these psychological parallels, interesting as they are, need only be mentioned here as further examples of the strong family resemblance they possess. And if the position with which I commenced my paper is indisputable—that to produce a disease artificially, and to have it under our control, is an important means of studying its nature—I am justified in holding that, in regard to the particular disease of insanity, we may derive some precious hints as to its pathology from a consideration of the artificial, but happily evanescent, forms of madness to which I have referred.

Of these hints, that to me possesses the greatest interest which is derived from the evanescent character of these delusions; for here

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we see the profoundest conviction, differing so far in nothing from an insane delusion, at once dissipated by certain means. What, one asks, can be the condition of the brain while this induced false conviction lasts? Is it essentially the same, but perhaps differing a little in degree, in delusional insanity? May it in the initial state of the disease have been exactly the same? And if so, what intensely interesting questions suggest themselves, not only in regard to the pathology, but the treatment, of insanity!

What is required to produce the condition I have termed artificial insanity? It would seem as if the only absolutely necessary condition is the fixed or expectant attention of the mind upon one idea. How far it is altogether a mental process, or requires the fixed position of the eyeballs, has been a matter of dispute. MM. Demarquay and Girand Teulon, of Paris, in their 'Recherches sur l'Hypnotisme,' have gone so far as to assert that this state is wholly brought about by the strained position of the eyes—the fixed stare—and is in nowise due to an act of mental attention. Much more probable is Mr. Braid's conclusion, that the latter is a necessary element in the production of this peculiar condition. Dr. Mason Good observes that in ordinary reverie or day-dreaming the attention "is riveted at the instigation of the will itself to some particular theme unconnected with surrounding objects," and this would, I imagine, be more correctly descriptive of Braidism than the opposite statement of the French observers. At the same time there can be little doubt that, not only is the concentration of the attention assisted by steadily looking in one direction, but the nervous and muscular exhaustion of the globe of the eye may act directly in inducing sleep.

And the experiment which, no doubt, many have, in common with myself, successfully tried, of fixing a hen or cock in one position (with more or less insensibility) by placing its beak on the ground, and drawing a chalk line from it, towards which its eyes converge in consequence, shows the influence (though, I imagine, not the exclusive influence) of the fixed position of the eyeballs and the concentration of vision. That vision is not essential is shown by the hypnotic effects produced on the blind by inducing a convergent squint. In the case of the fowl, also, we cannot refer the hypnotic state to faith or *expectant* attention, nor, I suppose, to the imagination. The difficulty, if not impossibility, of producing an effect on idiots, shows the necessity of being able either to command the attention or fix the eyes.

The author of the 'Anatomy of Sleep' truly observes that, to secure ordinary sleep, we must escape from thought, and he adds that he effects this by a process I have tried with success, viz., by turning the eyeballs as far to the right, or left, or upwards, or downwards, as one can without pain, and then rolling them slowly

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in their sockets with this divergence from the direct line of vision. Thus occupied, the mind cannot think upon any subject, becomes a blank, and sleep follows. That only ordinary sleep succeeds from this process, which seems to involve the fundamental idea of that adopted by Braid, must, I suppose, be due to the difference in degree of intensity of the physical and mental strain, and to the difference, in some cases, in regard to what the individual is led to *expect*. In some sensitive persons, besides, it is probable that the above simple process would induce the peculiar nervous sleep of Mr. Braid. And, with respect to expectation—a modification of attention, and well termed "expectant attention"—we all know that, without any process or manipulation whatever, almost any effects may be produced, in hysterical persons, by simply affirming, that is, suggesting, what is about to happen. In fact, the minds of such persons are *already* more or less in the impressionable state temporarily induced by Braidism in a healthy mind. There is, therefore, a certain *predisposition* which must not be overlooked in trying to trace the effects of hypnotism to the simplest and only necessary antecedent. Nor, indeed, must we overlook it in insanity, nor, again, in the fact, daily observed, that certain people are predisposed to succumb to the suggestion and strongly expressed will of others.

Whatever influence the Will may have in the first instance in directing the current of thought in one, and only one channel, it is obvious that at a later stage it becomes merely a Prometheus in chains, and the mind is at the mercy of any forcible suggestion that is made—the condition of mind which so forcibly illustrates those cerebral acts to which Professor Laycock and Dr. Carpenter would apply the term automatic or reflex, and which have also been absurdly called electro-biological.

The written statement of an intelligent French gentleman (M. Laverdant), describing his sensations when under the influence of suggestion or affirmation (Dr. Philips, of Paris, being the operator), is an interesting illustration of *some* of the subjective phenomena of this state. I translate and abridge his description from this physician's 'Cours de Braidisme,' a work I did not meet with till the substance of this essay was written.* M. Laverdant thus writes in addressing Dr. Philips:

"I fixed my eye upon your disk, docile and in good faith.

* I ought to make the same remark in reference to an article in the 'Zoist' by Dr. Elliotson, written about twenty years ago, which I recently had an opportunity of reading. In this paper, Dr. E. records the effects of suggestion in several cases—the effects produced illustrating, in the clearest manner, many of the delusions of the insane. Among these were the patient fancying herself glass, and fearing to be broken; fancying herself dead; the Queen of Sheba; that she was no larger than a seed, and would be pecked up; that a leg of mutton was hanging from her nose, &c.

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"Scarcely two minutes seemed to have passed before I experienced a feeling of fatigue and weariness. . . . I settled myself down for a nap. Sleep did not come; but, instead, a fulness of the head, a certain *malaise,* a state of torpor. I retained my consciousness, however, perfectly, for seeing you remove the disk from my hand I said to myself, inwardly amused and rather surprised, 'Hold! I am caught.'

"I was truly caught, and you made me mount the estrade and sit in an arm-chair. I calculated that five or six minutes had elapsed since the commencement of the experiment, but my friends say only three or four. I remained alone about a quarter of an hour, during which I heard or was aware that you were occupied with my companions in experiment. My eyes were shut and heavy. I was agitated; I incessantly passed my hands over the upper part of my head, to rid myself of an excess either of blood or of nervous force, which seemed to me to cause, not an exaltation, but rather a profound perturbation or perversion—a paralysis. I did not experience any acute pain nor yet any positive suffering, but extreme *malaise,* which partook of the nature, shall I say, of mental depression (*souffrance morale*). I felt weak and annihilated.

"You began shortly afterwards to practise upon me, and truly I became a machine under your directing will. You asserted something; at first I hesitated to believe it, and immediately after I was obliged to yield to the evidence of the *fait accompli.*

"'You can no longer open your eyes.' And in vain I attempted to open them, and in vain my eyebrow was raised, and the skin of my forehead in wrinkles; the eyelids remained closed.—'You are nailed to the arm-chair; you can no longer rise.' And in vain my arms, which were at liberty and still active, attempted, by supporting themselves on the arms of the chair, to raise the inert mass of the body and lower extremities. I was nailed!—'Rise! you can no longer either sit down or stoop.' And all my efforts to change my position and to dispel this ridiculous state of paralysis remained inoperative. I was free to move nearly down to the waist, while below this I was a slave.

"Whilst these experiments took place I chatted with those spectators who were near the estrade, and I gave to the audience a detail of my sensations, either spontaneously or in reply to questions addressed to me.

"'You can no longer open your mouth.' And my jaws were firmly locked.—'You are going to gape; gape, you can no longer help gaping.' And I—I—I ga—ped, to my great vexation, and I am sure I began to be not a little confused and ashamed of the weakness of my poor flesh.—'You will soon lose the power of pronouncing the vowel A, and even the idea of it. Try! You cannot say A.' And a murmur of doubt and amusement ran through the company.

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I smiled myself, and made a gesture indicating my own doubt and provocation, but it was impossible for me to say A.

"You asked me to write my name, and one of my companions, certainly a witness of great weight, the distinguished editor of the 'Revue des Deux-Mondes' and 'Journal des Debats,' member of the Algerian Council, M. Jules Duval, presented me with a book which he held in his hand. I wrote my name, *minus* the two proscribed letters; my hand squeezed the pencil without being able to make a stroke. . . . . The mind itself seemed now to be deranged."

M. Laverdant recalled a circumstance afterwards, unobserved by his friends, namely, that while thus impotent in regard to the letter A, *when his attention was directed to it*, he at the very same time unconsciously used it in saying "Je ne peux pas la prononcer," a fact entirely in accordance with the true philosophy or *rationale* of these phenomena.

The extent to which in the foregoing case the individual was wide awake, and in the possession of his powers, except in regard to a special idea or act, renders the resemblance to certain forms of mental disease much more striking than when, as in dreaming or in ordinary sleep-walking, the dreamer and the somnambulist are asleep. We witness a condition stripped at least of some extraneous and unessential phenomena, and approach by some steps nearer to the mental state of the insane. In fact, we may reach this state by tracing the psychological phases which, by almost imperceptible gradations, occur, first, in simple castle-building and day-dreaming, in which the individual imagines himself the hero of a scene, perhaps a brave soldier or a wise emperor; secondly, in that remarkable intermediate stage which intervenes between being awake and asleep, in which a man may be said to be half sane, half mad; thirdly, in actual dreaming; fourthly, in spontaneous somnambulism; and lastly, in the artificial state to which this paper refers, and to which the paradoxical but expressive term "sleep-waking" has been applied.

I would here say a word respecting the physical symptoms of those who are under the influence of hypnotism or of artificial insanity. Nothing seems to have struck Mr. Braid more than the state of the circulation and the constant activity of certain functions, as that of the skin. It is true it is very difficult in examining his cases, to determine how much of the vascular change which undoubtedly took place, was due to the mere induction of the cerebral state, and how much resulted from the extension of the extremities during that condition. I say "during that condition," because, I think, he clearly proves that the mere extension of the limbs, without hypnotism, has much less effect in quickening the pulse than with it.

But, independently of and prior to the extension of the limbs,

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Mr. Braid found the pulse quickened, the patient being conscious and susceptible to suggestions. When the limbs were extended the circulation was further accelerated. The same would happen, in degree, when vocal suggestions are made, and when attention is directed to a particular organ.

M. Laverdant appears to have experienced a weight about the head, and other symptoms indicating changes in the cerebral circulation.

The condition of the eyes themselves is of some importance in its bearing upon a question hereafter to be discussed.

There is, when a fixed stare has been resorted to, more or less lachrymation, slight pain, and injection of the conjunctiva.

Further, there is dilatation of the pupil after the first few moments, when the eyeballs are turned upwards and inwards, and the iris contracts.

(*To be continued.*)

The Suicide of George Victor Townley.

Certainly it would have been more agreeable to those gentler feelings which the occurrence of death rarely fails to produce in men, and more in harmony with that charity which willingly covers over the sins and evil behaviour of an erring creature, once he has paid the last debt of nature, to have made no mention more of the convicted murderer, George Victor Townley, but to have allowed him to pass in silence to his suicidal rest. That he whom an audacious intrigue saved from the extreme penalty which the law metes out to the murderer should have become his own executioner, was, perhaps, the last small act of justice which he could do to outraged society; and of him, therefore, it may not untruly be said that nothing in his life became him so well as the leaving of it. But it has been the misfortune of Townley—a misfortune which pursues him even after death—to have been cursed with injudicious friends, and to be the helpless victim of some who, after the manner of parasites, would feed upon his notoriety and make to themselves capital out of his crime. It becomes then a duty not to keep silence under these circumstances, but truthfully to expose the passionate, though unsuccessful, attempt which has been made, by taking advantage of his suicide, and the vulgar prejudice in regard to such act, to set up a sort of justification of that foul disgrace into which, not the medico-psychological speciality only, but the whole medical profession, was mercilessly dragged on the occasion of his trial, and subsequently to it. Furthermore, since Townley's eventful life now constitutes a pathological fact in the annals of great crimes, and since tender

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