the extension of the humane system of treatment, in the attention everywhere given to the comfort, amusement, and employment of patients, in the superior status allowed to the medical man, as superintendent, and generally in the overthrow of the multitude of abuses and irregularities which years of neglect had fostered, more or less, in every institution in the country, devoted to the care and treatment of the insane.

However much, therefore, in the exercise of an independent judgment, we may, at times, differ from the Commissioners, on some points of opinion or practice, we never lose sight of the good work they have already accomplished, nor of their doubtless honest and earnest efforts to thoroughly and efficiently discharge their responsible duties.

J. T. A.

Notes on the Prognosis in Mental Disease, by C. LOCKHART ROBERTSON, M.B., CANTAB., Medical Superintendent of the Sussex Lunatic Asylum, (Hayward's Heath) and Honorary Secretary to the Association of Medical Officers of Asylums and Hospitals for the Insane.

[This paper was intended to have been read at the December Meeting of the Brighton and Sussex Medico-Chirurgical Society, of which the writer is a member. His aim was to present a brief outline of the data on which the physician has to form his prognosis in cases of mental disease, and he makes here no pretensions to add any new facts to those already familiar to the Psychologist; his object was rather to put together a few observations on this important subject which might interest his professional brethren—members of the society—engaged in the more general practice of medicine, and to serve to raise, during that evening, an interest in the probable results of treatment in his own specialty. Circumstances having arisen to prevent the communication being made in the proposed form, it is here printed in the hope of directing the attention of the members of the Association of Medical Officers of Asylums and Hospitals for the Insane to the many important questions in the general prognosis of mental disease, which their daily practice enables them to observe and to solve with a fulness and accuracy which the writer cannot hope from his own limited experience to have here attained.]

Georget in his essay *De la Folie* commences his short section of five pages on the Prognosis of Insanity in the following words:—"J'ai peu de données positives sur le pronostic de la folie; en général il est difficile de déterminer de prime abord et souvent dans le cours du traitement le degré d'espoir qu'on doit avoir pour la guèrison, tant qu'il ne survient pas des

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changemens favorables dont j'ai parlé. La grande habitude de voir de ces malades donne bien la possibilité de faire des conjectures plus ou moins probables; mais les signes sur lesquels on se fonde sont encore trop variables, trop peu caractéristiques pour servir à établir des regles fixés; le temps seul peut dans le plus grand nombre de cas nous donner la certitude de l'incurabilité."

It has seemed to me that the thirty years' successful study of mental disease, which owed its rise to the French school, of which Georget, Pinel, and Esquirol are the representatives, has weakened the force of this statement of Georget's; and that we have attained to a greater facility of prognosis in cases of insanity than he would here lead us to suppose.

It will be my object to trace in outline the grounds on which I believe this more accurate prognosis of insanity may be based.

The importance and value of a sound prognosis in cases of insanity can hardly be exaggerated. Dr. Conolly has, in the following passage,* well stated in its various bearings on the patient and on his friends the influences of our prognosis:— "One of the most anxious questions," he says, "and one the most constantly put to the medical practitioner by the friends of a patient attacked with insanity, relates to the probability of recovery; and it is one to which the experience of few medical men engaged in the treatment of the general disorders of the body enables them to give a satisfactory reply. Yet there are no diseases in which some preparation for the result is more important to the patient's relatives than those affecting the understanding. To a parent, whose son or daughter manifests aberration of mind at the very time of life when they are expected to exercise the mental faculties usefully, or to appear in the world successfully; to the wife and children of the professional man, of the merchant, of the tradesman, on whose exertions all the prosperity of the house depends, and who has become insane; to a military man, whose whole fortune is invested in his commission, and whose brain has become morbidly excited; to the husband whose wife, soon after becoming a mother, has become the subject of puerperal insanity; to the children of aged persons, whose unwonted eccentricity is the commencement of senile mental decay; the reply of the physician to the question of the probable recovery of the patient, either creates the hope which sustains them in

* Transactions of the Provincial Medical and Surgical Association, volume of 1851.

https://doi.org/10.1192/bjp.5.28.257 Published online by Cambridge University Press

a great trial, or determines numerous arrangements in order to avert the entire ruin which the visitation may bring in its train."

We have two distinct questions in our prognosis of insanity to solve. The one relates to the probable recovery of the patient, and his return to his place in society; the other to the influence which his mental disease will exert over the years otherwise allotted to his period of life. The subject thus divides itself into—

I. THE PROSPECT OF CURE.

II. THE EXPECTANCY OF LIFE.

I shall, therefore, proceed to view the several aspects of mental disease in their influence on these two elements of its prognosis.

I. THE PROSPECT OF CURE.

The most important of the two questions, which in our prognosis of mental disease, we are called upon to determine, is the probable prospect, in any given case, of a restoration to reason, or whether we must lead the anxious and sorrowing relations and friends to look forward only to the dismal view of a life of confirmed insanity, and so make arrangements for ever to shut out the object of their cares from the domestic circle. An opinion, fraught with such consequences to our patient, must be attended even in the simpler forms of the disease, with great anxiety.

Towards determining this question, the statistics of insanity hitherto published, are of very little value. There is such a hopeless jumble between the cases discharged, cured, and relieved; such difficulty in tracing out the future history of those, said to be cured, that all deductions on the prognosis, drawn from a statistical point of view, must be received with extreme caution, not to say suspicion.

Our aid lies rather in those undefined laws, worked out in each physician's mind, by his personal familiarity with the varied phases of the disease, and rendered, by long habit, almost as much part of his mental constitution, as are the intuitive perceptions of original consciousness.

My endeavour here will be to establish, from these practical impressions of the changing features of mental disease, a few general rules, applicable as aids to our prognosis. These may, with advantage, be classified under the following sections:—

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1. *The Form of Insanity.*
2. *The Duration and Course of the Disease.*
3. *The Age, Sex, and Social Condition of the Patient.*
4. *The Exciting Cause, and Physical Complications.*

I shall, therefore, divide my notes on the prognosis of insanity, as it relates to the prospects of cure under these four sections.

1. *The Form of Insanity*

The most important element in our prognosis, is the form or class of symptoms which the mental disease assumes. Hardly any systematic writer has adopted the exact classification of his predecessor, however much he may otherwise have profited by his labours. The field, from its very vagueness, is tempting, and a clear looking tabular view of some dozen varieties of the disease, bears, to the uninitiated, a very learned aspect. Hence, every writer on mental disease, German, French, and English, has suggested some new variety, or even urged high physiological grounds for the general adoption of his own special classification.

It will suffice for my present object, to follow that of the authors of our latest and best English manual.

Drs. Bucknill and Tuke classify thus, the several forms of insanity.

1. Idiocy	
2. Dementia	Primary. Secondary.
3. Delusional Insanity	of a melancholy character. of an exalted character. of a destructive character.
4. Emotional Insanity	Melancholia without delusion. Mania, with great extravagance of conduct (moral insanity.) " with disposition to homicide. " with disposition to suicide. " with disposition to theft.
5. Mania	Acute. Chronic.

All the above forms of mental disorder may be complicated with general paralysis, or with epilepsy.

The prognosis is very varied in these several forms of mental disease.

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Idiocy.—Here the prognosis is painfully simple. The disease is one of congenital deficiency. The idiot is one having the form of man, without his divine attributes of mind, nay, one in whom the very functions of organic and animal life are deficient. Nutrition is imperfect; the power of reproduction void; all sense of external impressions blunted; and voluntary muscular action so enfeebled, that the idiot has sunk even beneath the level of the animal and vegetable world, deprived of the exercise of every function, so that, without extraneous aid, he would perish from simple lack of nourishment.

There can be no cure of idiocy, properly so called. A steady drill would appear to have the power of imparting habits of cleanliness and order. Kindness may win a certain degree of recognition from him, and a little mechanical skill may, with much labour, be imparted to him. Beyond this, I fear, our prognosis must be very gloomy. Dr. Gügenbuhl's stories, and vaunted cures, have tended to raise in England, hopes of greater improvement in the idiot, than experience hitherto warrants us in prognosticating.

Dementia.—The larger proportion of the inmates of our asylums are in a state of Dementia. It is the end of most phases of confirmed mental disease; the dreary bourne to which the majority of our chronic cases are tending, should organic life so long last out. A considerable proportion of the patients in asylums for the insane, says Dr. Tuke, afford examples of dementia, in its various stages, from its slightest and most incipient form, to that in which the patient has no longer any just perception of the objects around him; can no longer reason; has completely lost the comparing faculty, and has left to him little more than the functions of vegetable and animal life.

In confirmed secondary dementia, our prognosis is hopeless. The strife between mental health and death, was fought out long ago, when other forms of the disease were supreme. This present state of dementia is but the prostrate form of the mind, vanquished in the conflict, and never again to rise to life and thought. Wearily, step by step, must every attribute of the mind pass by, until, in some blessed hour, death removes from the scene the poor wasted form of him, who ruled, perhaps, in the day of his mental power, one of the great domains of thought. Cure, or hope at least, in confirmed secondary dementia, the physician has none to offer.

But there are two forms of apparent dementia, which we must guard against confounding with the confirmed stage of

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the disease. The one, is that utter mental prostration following an attack of acute mania, and which often results in entire restoration to reason. The other form is complicated with acute melancholia, or rather, is a symptom of it, and is not, necessarily, or even generally, incurable. In both instances, the dementia is apparent, not real; it is a temporary loss of power, not real annihilation of mind. Indeed, after an attack of acute mania, this stage of apparent dementia is a hopeful symptom, as was long ago observed by Dr. Haslam. "After a raving paroxysm of considerable duration," he observes, "it is a hopeful symptom if the patient become dull, and in a stupid state; inclined to sleep much, and feeling a sense of quietude. This appears to be the natural effect of that exhaustion, and if the language be allowable, of that expenditure of the sensational energy, which the continual blaze of furious madness would necessarily occasion. When they gradually recover from this state, there is a prospect that the cure will be permanent."

The prognosis of confirmed dementia, on the other hand, is hopeless; whether primary or secondary in its origin. The gradual decay of all the mental powers, from slight weakening of the memory of recent events up to a total loss of the power of association of ideas, so that the patient fails to reply to the most simple question, and all the symptoms supervening gradually one upon the other, enable us readily to distinguish dementia, from the complications of mania and melancholia simulating its symptoms; without, fortunately, sharing its unfavourable prognosis. When to these increasing symptoms of mental decay, is added, in secondary cases of dementia, a steady improvement of bodily health, the prognosis is even more unfavourable.

Delusional Insanity.—The following definition[7] of delusional and *emotional* insanity, is given in Dr. Tuke's classification, which, for the sake of uniformity, I am following. "From dementia—which with idiocy, cretinism, and imbecility, belong to deficient or depressed conditions of an intellectual constitution—we pass to monomania and delusional insanity; which, for the most part, exemplify undue intensity and exaltation of the conceptive and perceptive faculties. Monomania, or partial insanity, is characterised by some particular illusion or erroneous conviction impressed upon the understanding, and giving rise to a partial aberration of judgment; the individual affected is rendered incapable of thinking correctly on subjects connected with the particular illusion, while, in other respects, he betrays no palpable disorder of the mind."

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Its allied form—emotional insanity—is thus spoken of by Dr. Tuke:—"Dr. Carpenter, regarding the subject simply as a physiologist, arrives at the same conclusion as that to which we are conducted by observation, namely, that there may be no primary disorder of the intellectual faculties, and that insanity may essentially consist in a tendency to disordered emotional excitement, which affects the course of thought, and consequently of action, without disordering the reasoning processes in any other way than by supplying wrong materials to them. Moral insanity may, and frequently does, exist without any disorder of the intellectual powers or any delusion whatever."

The notes I shall have to make on the prognosis of delusional and emotional insanity will be best thrown together, as the two forms of disease run often one into the other, and, by so doing, materially influence their prognosis.

The great distinction to be drawn in the prognosis of delusional insanity lies in discriminating the cases where the delusions have supervened on disordered emotion, where perversion of the moral feelings have preceded the intellectual disorder, from those cases where the delusion is the primary disease. In the latter instance the prognosis is generally favourable, in the former it is quite the contrary. Cases of simple delusion are frequently met with in asylums, and seem to get well under a few months steady employment, without any other treatment. The delusion would appear gradually to fade away by merely suppressing its external manifestations, and counteracting them by new objects of thought and occupation.

Still we often find even slight delusions may be very persistent, and therefore our prognosis, even in the simpler forms of delusional insanity, must always be guarded. Especially does this apply to cases of delusional insanity on religious subjects, which some way are always more persistent and difficult of cure. They are more or less complicated with emotional disorder—a complication which, as I have just added, is almost invariably of unfavourable prognosis.

The unfavourable prognosis in all cases of religious delusions would appear to arise from the strong hold which the emotions, awakened by the religious sentiment, exert on the thoughts and conduct—an influence not the less strong if those emotions be of a disordered kind, and not the less leading the patient to oppose himself to all inferior and opposing springs of action; the operation of which, in other forms of delusional insanity not being resisted, are often the way and means to a cure.

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In all cases, indeed, of delusional insanity, the difficulty lies in counteracting the morbid springs of action which control the patients' thoughts, and so produce the delusions; and all experience alike with those of sound mind who have given themselves over to one absorbing passion, as with the insane who become the prey of such powerful emotion, is, that efforts to restore the just balance of thought and judgment are hard and often futile.

Ideler, in his great work *Grundriss der Seelen Heilkunde*, has some very elaborate and interesting sections on the relation subsisting between perverted emotion, and delusional insanity.

Feuchtersleben, speaking of delusional insanity, observes, "Fixed delusion often affords an unfavourable prognosis, particularly the melancholy. The cheerful is considered more hopeful; the religious is particularly difficult of cure, because it depreciates every curative motive, by the indefinite nature of its object; but experience has shewn that it is not incurable, as has been sometimes affirmed. The ambitious is, likewise, difficult of cure, because the patient is not easily subdued, yet neither is this incurable; but the union of both, which frequently occurs, is very unpropitious.

Esquirol, in his aphorisms on the prognosis of insanity says, "Les folies causées ou entretenues par des idées religieuses, par l'orgeuil, guérissent rarement. Les folies entretenues par des hallucinations sont très difficiles à guérir."

"The majority of patients in all asylums," says Dr. Conolly, "are those who entertain some delusions which may either be consistent with their general tranquility, or the cause of occasional paroxysms of violence. The delusions in such cases usually continue until death; sometimes, indeed, disturbing the last hours of life."

Farther, when in delusional insanity, hallucinations either of sight or hearing are present, the prognosis becomes very unfavourable. Indeed the character of the hallucination may impart a most alarming feature to the disease, as when the patient hears voices ordering him to kill his wife or child, or to commit arson or suicide. These cases are not unfrequently the subject of discussion in our courts of law. The prognosis here is always unfavourable, and the practitioner should peremptorily insist on such a person being without delay removed to some place of safety: a single day may end in some tragedy. York Minster was fired by such a patient, and many a horrible murder has, under a similar form of delusional

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insanity, been committed ; the patient to all appearance being otherwise fit to be at large and to control his conduct.

I have printed, as a note to this paper, an extract from a recent tale of great power, *Paul Ferrol ;* in which the complications of delusional insanity with hallucinations is very ably sketched.

An anxious subject of Prognosis are the forms of delusional and emotional insanity complicated with a suicidal tendency.* When it is the result of a fixed idea, connected or otherwise with delusional insanity, this suicidal tendency is always a formidable complication. The frightful dexterity of the insane in accomplishing their end, often sets the most careful watching and precautionary measures at defiance. When on the other hand it is a simple impulse, the result of some present irritation, bodily or mental, the removal from the scene of annoyance and the employment of remedial agents often effects a cure. The distinction between a suicidal tendency, the result of a fixed idea and plan, and that arising under some sudden impulse, must be borne in mind in forming our prognosis.

The following remarks of Guislain are worthy of attention, and comprise all I would desire to add on the prognosis in cases of suicidal mania.

Suicide (he says) is generally a very serious complication, viewed either in its consequences or from the great watching which it demands. Yet it is far from being an incurable form of mental disease ; indeed many suicidal cases recover. These chances of recovery depend entirely on the general pathological character of the disease. When it takes its origin from a distinct suicidal idea, our fears must be great as to the issue ; the disease here lasts long, the patient conceals his deadly purpose, and avoiding the vigilance of his attendant, too often succeeds in committing the act.

If, on the other hand, the desire of suicide arises during the course of an attack of melancholia, the chances of recovery are fair ; it suffices, generally, carefully to watch the patient, and to await in hope the course of the disease.

When under an attack of mania a suicidal tendency arises, the prognosis is even more favourable ; but when it is a reflex determination, the end, as I have just said, is generally fatal.

*According to the last Return of the Registrar-General, "1,038 suicides were returned annually so as to be distinguishable in the register, which is probably less by a tenth than the number actually distinguished. Hanging is the most common form of suicide; cut-throat and drowning stand next in the order of frequency. Eight-tenths of the suicides are committed in one of these three ways."

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Cases in which the attempt at suicide has just failed in its object, often afterwards recover. Sometimes, however, such cases again and again attempt to commit suicide, after having just missed of one effort.

Thus, taking all matters into consideration, we must conclude that the prognosis, in cases of suicidal tendency, is always difficult and uncertain.

Melancholia.—Esquirol's definition of this form of insanity, as quoted by Dr. Tuke, may suffice for my present purpose. Melancholia is a cerebral malady characterized by partial chronic delirium without fever, and sustained by a passion of a sad, debilitating or oppressive character. A definition (Dr. Tuke adds) sufficiently accurate if we except the "chronic delirium;" disorder of the intellect not being an essential part of the disorder.

The prognosis, in this form of insanity, is more favourable than would at first sight appear. Esquirol, in his well-known aphorisms of the prognosis of insanity, and which have been again and again copied, and adopted by subsequent writers, states this form of insanity to be less curable than mania. This opinion was shared by the older writers. Thus Haslam (Observations, pp. 257), says that, "patients who are in a furious state, recover in a larger proportion, than those who are depressed and melancholic. One hundred violent, and the same number of melancholic cases, were selected; of the former, sixty-two were discharged well; of the latter, only twenty-seven: subsequent experience has confirmed this fact. The same investigation on the same number of persons has been twice instituted, and with results little varying from the originally stated proportions."

This unfavourable prognosis of melancholia is hardly borne out by modern experience. The probability of cure in a recent case of pure melancholia, *i. e.*, not complicated with any intellectual delusions, is about as favourable as in similar cases of recent mania. The experience of the Retreat during forty-four years, supports this opinion. There, 54.8 per cent. cases of melancholia, and only 53.4 per cent. of mania recovered.

The explanation of the unfavourable prognosis of melancholia of the older writers lies, partly, in their including under that term, the cases of delusional insanity, of which I have above spoken, and in which, as in all cases of partial mental disorder, the prognosis is much less favourable than in general disorder of all the mental powers; and partly, also, the explanation lies in our modern treatment, being more

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adapted to the cure of pure mental depression, than were the proceedings of either Esquirol or Haslam, and also to the greater facility afforded by the very nature of the symptoms, to the curative treatment in private practice, of the milder and more recent forms of melancholia.

In M. Guislain's admirable clinical lectures on mental disease, I find the following statement in support of the favourable prognosis, which I have ventured to state, as pertaining to recent pure melancholia. "On ne peut," he says, "se défendre d'un certain étonnement en voyant la plupart des écrivains envisager la mélancolie comme une vésanie qui ne se guérit que très rarement. C'est ainsi que Lorry, qui a écrit sur cette maladie deux gros volumes dit en terms formels: *melancholiæ curatio perdifficilis.* Cette sentence a été reproduite bien des fois. Pour moi je range la tristesse morbide parmi les affections mentales qui admettent le plus souvent une terminasion heureuse. Il est aussi l'avis du docteur Flemming auteur d' un mémoire sur le pronostic des maladies mentales : il dit expressément que la mélancholie est une des aliénations dont la guérison est la plus facile."

Even when melancholia is connected with a suicidal tendency, our prognosis of cure is still favourable, should our precautionary measures, in the mean time, succeed in preventing the contemplated act.

* Griesinger, one of the most sensible German authors on mental disease, expresses the same opinion as to the favourable prognosis in pure melancholia. "Melancholia in its pure form," he says, "I agree with Flemming, in regarding as more curable than mania, and this, contrary to the opinion of Jessen, Ideler, Falret, Ferrus, Haslam, Rush, &c., who all regard mania as the most curable form of insanity."

When melancholia occurs in persons of a certain age, it is often merely the beginning of death ; the energy of the brain is diminishing or dying, and so the patient passes into a state of acute dementia, ending in early death.

The complication of pure melancholia, with illusions or delusions, render the prognosis less favourable. These complications are often of a very distressing kind, bearing reference to the patient's state of salvation, to his possession by Satan, or, again, to some imaginary or hopeless bodily ailment, as stoppage of the passage of the bowels, or the passing of all nourishment taken, on to the lungs, &c., &c.

Dr. Conolly regards this form of melancholia as of more favourable prognosis in women than in men, from its being,

* Die Pathologie und Therapie der psychischen Krankheiten.—Stuttgart, 1845.

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in the former instance, complicated, with forms of uterine or ovarian excitement, within the control of art, and on the abatement of which, the mental affection is very likely to disappear.

I make no apology for repeating. in full, his observations on this point. All Dr. Conolly's contributions to the practical treatment of insanity are of such value, that we can only regret their limited extent, while gladly availing ourselves of what he has given us, from the results of his long and thonghtful experience, in the management of the insane.

"Instances," he says, "of delusions of a religious character are very frequent in women of every class. They are associated with ideas of self-destruction, and present an aspect which would lead one to pronounce them hopeless forms of melancholia. A very common idea among the subjects of this malady is, that of having received the sacrament unworthily, and sinned against the Holy Ghost. 'Every one else,' they say, 'may have hope, but they can never be forgiven.' Others, they admit, may fancy such things, but in their case it is real; and to use remedies is idle, if not impious and sinful. *In truth, however, the patients often recover from this form of malady, which I am convinced has its origin, in a majority of instances, in uterine or ovarian excitement; the removal of which excitement, by remedial means, may be followed by a restoration to mental health.* These cases occur in women of various ages between fifteen and fifty; and when the physical symptoms can be recognized, the prognosis in them may generally be favourable. Sometimes the irritable condition of the uteries or ovaries, particularly on the cessation of the catamenia, suggests delusions in the patient as of flames burning, or an animal gnawing in the pelvis; and although the patients are fearfully agitated, these cases also are generally curable. In one case, in which a woman had a constant delusion that Satan was holding her by 'the small of the back,' the relief afforded by local treatment was followed by complete deliverance from a delusion which had tormented her for years. The form of melancholia which occurs in women of forty-five or fifty years of age is usually obstinate; but after a time, sometimes after two or more years, the patient recovers. Melancholia occurring in men about the same age is less hopeful, and often indicates a general breaking up of the constitution. They become feeble, inactive, and often weep, and are extremely distressed; and after a time die of pulmonary consumption or apparently worn out and atrophiated. In other cases in men, two or three attacks of melancholia are recovered

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from. Generally the intervals between each attack are shorter, and the successive attacks are longer. It is possible that our prognosis, in some of these instances, would be more favourable if symptoms of bodily disease of a curable nature were present. Their connection with disordered conditions of the stomach, liver, or intestines, are in many cases during life merely conjectural. Disease of the heart sometimes obviously attends them, but affords too little scope for successful treatment to make the prognosis more encouraging."

When melancholia alternates with attacks of mania the prognosis at once becomes more unfavourable. Indeed all these alternating and remitting forms of mental disease generally pass from bad to worse, and end in confirmed secondary dementia, far away beyond all hope of cure, and the limits of the most sanguine prognosis.

Mania.—Passing from the several forms of partial insanity we come to that most familiar form of mental disease—mania. Here the emotions and the intellectual powers are alike disordered. One or more of the passions are always exalted in mania; and, as Dr. Tuke observes. "a furious condition, although not constituting an essential symptom, is very generally present in the acute form." To this condition is added, with very few exceptions, marked disturbance of the intellectual faculties; and then we have the familiar symptoms of ordinary acute mania.

The direct tendency of mania is to cure or to death. The passing of acute mania into the chronic forms of insanity is, so to speak, an accidental result, and not the natural course of the disease. The tendency to death is from sheer exhaustion; or which is, after all, but another symptom of the same physical state, from cerebral effusion. A knowledge of the ordinary laws of life and death will guide our prognosis in this question.

Should life survive, the direct tendency of the disease within a couple of months is to a cure; and our prognosis will consequently in recent mania (of which alone I am now speaking) be favourable, unless some special indication to the contrary exist. These unfavourable indications may be thus stated.

(*a*) *Physical.*—When, during the transition stage, which marks in this disease the return of reason, and in which we have often during anxious weeks, day by day, nay, hour by hour, to watch the case and guard against relapse; when here the bodily health mends, and the patient grows stout and looks healthier, without an equal mental amendment, the prognosis becomes so far unfavourable. When also the physical powers

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become blunted, when the pupil is sluggish, when the patients can stare unmoved (as they often do) at the sun, when the senses of smell and taste become more or less obliterated, and when this state of physical depression is accompanied by continued mental exaltation, by insane laughing and talking, the case begins to look unfavourable. Indeed, although in recent acute mania this laughing and shouting is a symptom of no moment; still, when it at all persists, it is of a much more unfavourable prognosis than the opposite state of emotional depression and sadness, which attends the curable cases of recent mania.

Again, the long continued absence of power over the sphincters, and hence of involuntary evacuations (although a symptom of recent acute mania) looks bad; and almost alone points to the passing of the disease into chronic mania. There is often, in such cases, of great slowness of speech, and loss of all expression in the face, with an apathy to all around, and an indifference to the daily objects of life.

When in the female sex, the uterine functions become re-established, without a similar mental improvement, the prognosis is very unfavourable.

(*b*) *Mental.*—When a case of acute mania is going to terminate in a cure, one of the most favourable symptoms is, the return of the emotions and feelings to their natural condition. Enquiring after relations and friends regret for past violence, tears and sorrow at their present sad forlorn state, is always a favourable symptom, and even, if an hour afterwards, the incoherence and violence return, we may still augur well of such a case. On the other hand, when the mind becomes calm and collected, and the feelings the while unmoved, that case will probably not recover, but pass into some very troublesome form of slight chronic mania, and continue for years, perhaps, a clever, but dissatisfied patient. Guislain, in his *Leçons Orales* observes—"Mais que les affections du cœur, que l' amour de la famille reparaisant, que l' aliéné vienne à s' informer de ses affaires c'est généralement d' un heureux présage. Je reconnais là le premier indice de la convalescence alors même qu'une foule d'actes morbides persistent encore. M. le docteur Voisin medicin à l' établissement de Vanves énonçait une incontestable vérité quand il disait que le retour de la raison, de la faculté de raisonner, n' annonce pas la guérison du malade surtout lorsqu' il se fait brusquement et que son cœur reste sec—je me sers des expressions de l' honorable médecin. Dans ce cas l' aliéné

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n' est pas rétabli et il ne le sera que quand il s' informera avec sollicitude de sa famille."

The state of the affections will always be an element in our prognosis, of even more importance than the condition of the intellectual powers. The restoration of the latter to their healthy state, will only then strengthen a very favourable prognosis, when, at the same time, the affections and moral feelings return to their natural condition. Their disorder is generally the first evidence of approaching mania, and it is in their restoration to a healthy state, that the basis of a favourable prognosis is mainly to be sought. "The complete restoration of the affections," says M. Falret,* "is a much more positive indication of real convalescence, than is the cessation of intellectual aberration. The return to the control of his moral affections within proper bounds, his desire to see his children, his family, his friends, to shed tears of sensibility, to open his heart, to be restored to the bosom of his family, and to return to his former habits, are so many certain signs of cure in a patient, just as the contrary symptoms betoken approaching insanity, or an impending relapse. The decrease of insanity is only a certain sign of cure, when, at the same time, the patient returns to his old affections. Thus the cessation of delusions, the restoration of attention, of memory, and of judgment, will not, in themselves, authorize us to pronounce a patient convalescent, it is still more necessary to ascertain the awakening of his affections and moral qualities. It is in the region of the sentiments that insanity generally makes its first appearance, and it is by the re-establishment of these, that convalescence must be announced. Nevertheless, we must be upon our guard against an inordinate eagerness on the part of the patient to see again the person and things that were formerly dear to him, and against an exaggerated zeal in the performance of duties that have been neglected. Pinel justly speaks of such extreme sensibility as being an indication of relapse."

This last observation regarding the substitution of a morbid sensibility, in place of perverted or suspended moral emotion, must always be had in view, when, a return of the play of the affections leads us hereby to form a favourable prognosis in mania.

As regards that form of insanity which follows child-birth—*puerperal mania*, the prognosis is generally very favourable.

* Dr. Blount's Translation, Part I. When may we hope for Part II. of this well-executed undertaking?

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If the patient live she ought to recover, and the mortality in this disease is not high. Of every 100 mothers bearing children the number of deaths stand thus:—

Placenta Prævia and Flooding, ·119; Puerperal Mania, ·023; Puerperal Convulsions, ·066; Rupture of Uterus, ·011.

These puerperal cases afford a striking illustration of the greater curability of insanity when produced by physical, rather than by moral causes. Dr. Conolly speaks with great confidence of the curability and favourable prognosis in this form of mental disease. "In private practice," he says, "I cannot myself recollect one case of puerperal insanity which did not terminate favourably; and, in the majority of cases, recovery took place in from four to seven months. Dr. Goode mentions that of the numerous cases in which he had been consulted, he knew only two who, after many years, continued disordered in mind, and one of these had been insane before marriage. The appearance of levity, childishness, and imbecility, in some cases of puerperal insanity, discourage the practitioner; but in reality these symptoms are but temporary, and the patient generally recovers. This malady may occur after the first delivery and never again; and after the second, third, or fourth delivery only; and future pregnancies and confinements may be gone through quite safely. In almost every case of puerperal insanity of which I could learn the particulars, the patient had no hereditary tendency to insanity."

2. *The duration and course of the disease.*—Another important element in our prognosis is the duration and course of the symptoms.

In no disease, perhaps, is the prognosis more dependant on the duration of the symptoms, or the period which has elapsed from the first invasion of the malady, than insanity. Indeed, after the first twelve months from the attack, the probability of cure is small. The expectation of recovery, in cases admitted within three months from the first attack, is in the aggregate of four to one; while the proportion of recoveries, in cases of more than twelve months' duration, is less than one to four. These are statistical facts towards the history of our prognosis, brought out in every asylum report; facts reiterating the oft-repeated, yet oftener neglected warning, of the importance of early removal of the patient to some place of cure. The early treatment of these cases, observes Dr. Conolly, modifies their course so greatly, that our prognosis cannot safely be formed without some regard to it. If the patient has been bled or much reduced, the case will probably

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be incurable or end fatally. Nearly the same observation may, be made, however in every case of mania; and of all mental disorders, I may here remark that the modification by different modes of treatment is almost incredible, and affects the prognosis in every form of mental disease, in every stage of life, and from whatever cause arising.

The proportion of recoveries on the admissions in cases of less than twelve months duration at the Retreat, was sixty-one per cent., and only eighteen per cent. in cases of twelve months duration and upwards. The following remark of Dr. Thurnam will shew how important an element in our prognosis the duration of the disorder is. "Of all the circumstances," he says, "which affect the comparison of the recoveries and mortality of the insane, the stage or duration of the disorder is, practically speaking, the most important. The greater probability of recovery in recent cases than in those of longer duration, is a circumstance which has been very well known. The tendency to recovery indeed does not appear to exist until the lapse of an uncertain time from the attack, when a disposition to a favourable crisis may frequently be observed; though not often in a fully developed case before the third, sixth, or ninth month. After the lapse of twelve months, though recoveries still occur, the probability of that event in the great majority of cases rapidly diminishes."

Thus in recent acute mania, there ought, within the first two months, to be some fair progress towards a cure in cases of favourable prognosis, and the more marked symptoms of mania persisting beyond this period will tend to make the prognosis doubtful. Dr. Conolly very truly observes "that many symptoms which may exist in a recent case of insanity without authorising the conclusion of its being incurable, become, by long continuance, so many proofs that a cure is not to be expected. Such are illusions of the senses of hearing and of seeing; incoherence of language; delusions as to persons and places, and as to rank, riches, or poverty; and also dirty habits, and a neglect of all cleanliness. All these symptoms will occur in a recent case, and all may be of temporary duration, and the case may be cured. If there is a relapse they will recur, and there may be successive recoveries and relapses; all these symptoms disappearing and recurring. But in cases of long continuance the supervention of any of these symptoms or their persistence indicates that the malady is incurable."

Allied to the duration of the disease is the course the

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symptoms have followed. The more rapid the invasion, the more favourable from this point of view will be our prognosis. On the other hand, the slow gathering in of the clouds from every quarter: alienated affections, growing suspicions, altered habits, delusions increasing in force and number, coming one upon the other to swell the roll, presage too often a long dark night of mental gloom, to be broken only with the cord of life.

Lucid intervals again require a careful consideration in forming our prognosis. In recent acute cases, lucid intervals, followed by exacerbations of the disease, are by no means unfavourable; within certain limits they are the natural progress of the disease towards a cure.

On the other hand, when these lucid intervals take on the type of remittent disease, they are of a very unfavourable augury, and the longer the lucid interval, or rather, the remission of the mental disease is, the more unfavourable must the prognosis be. Thus, cases in which attacks of mania, with lucid intervals of months, or years even, occur, are generally incurable. In such cases, the lucid intervals generally become shorter, and less certain—the attacks of insanity more confirmed and longer each relapse. "Intermittence of the disorder," says Dr. Conolly, "sometimes assumes a curious regularity. Attacks occur every other day, or every other month, or during one half of the year, the intervals being intervals of sanity. Several such cases are recorded, and from the few which I have myself known, I should generally look upon them as indicative of inveterate disease. Even in cases of imbecility, there are often evident remissions. For some days the mind is excited, and more acuteness is shewn, and then, for several days, there is more marked imbecility: and these changes afford no hope."

A frequent change of the phasis of the disease is always of unfavourable prognosis. A curable case of melancholia, or mania, passes slowly through its several stages, and does not, week by week, perplex us with its varying manifestations. Haslam's remark is very sound, that when the furious state is succeeded by melancholy, and after this shall have continued a short time, the violent paroxysm returns, the chance of recovery is very slight. Indeed, whenever these states of the disease frequently change, such alteration may be considered as very unfavourable."

3. *The age, sex, and social condition.*—The personal relations *(Umstände)* of the patient as to age, sex, and social

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condition, particularly the former, influence the prognosis in every form of mental disease.

Age.—I believe Haslam was the first writer on insanity to point out the influence which the period of life exerts on the chances of recovery. In his "Observations on Madness and Melancholy," he gives the experience of Bethlehem Hospital, 1784 to 1794, in a tabular form, deducing from the table, the inference, "that insane persons recover in proportion to their youth, and that as they advance in years, the disease is less frequently cured." Later statistical observations support this conclusion. "It appears from results obtained at Bethlehem, at the Retreat, and at the asylum, York, (says Dr. Thurnam) that the probability of recovery is greatest in the young, and undergoes a very regular diminution as age advances." Thus at the Retreat, over a period of forty years, the recoveries under twenty years of age on admission were fifty-five per cent., and from seventy to eighty years only twenty per cent. of the admissions.*

In estimating the relative importance of age on the prognosis, it is hardly necessary to repeat, that the other influences, as the form of the disease, its duration, and course, &c., &c., must also be borne in mind in their bearings on the result. It does not necessarily follow, that because a patient is young, he will therefore recover; but in cases, otherwise favourable, as of recent mania, or melancholia, without any serious physical complication, the chances of a patient at twenty-five years of age recovering, are nearly double those of one at sixty years of age, similarly attacked, and thus, the age of the patient becomes a very important

* The following remark of Dr. Thurnam's is curious, and worth reprinting in this place :—"When the proportion of recoveries per cent. are given for periods of life of twenty years duration each, the rate of the decrease in the recoveries will be seen not to be the same for different ages but to be a progressively accelerating one:—

Age.	Proportion of Recoveries per cent. of the Admissions.	Decrease per cent.
— to 20 years	55·55	0
20 to 40 „	51·77	7
40 to 60 „	46·16	11
60 to 80 „	27·8	40

"So remarkable a result, perhaps, merits the supposition that the decrease in the number of recoveries with age may observe some regular geometrical proportion. May not some extended researches shew the recoveries to be inversely as the square of the age ?

"The only important exceptions to the general law of the recoveries decreasing with age is found amongst women, in whom the recoveries at 10 to 20, and 40 to 50, were less numerous than at the succeeding periods of 20 to 30, and 50 to 60 years of age. These exceptions may probably, both of them, be attributed to the peculiarity of the sex."

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and material element in our prognosis, of his prospect of cure. The two periods of life, that of puberty, and the climateric period, are always attended with great danger to life and health, and it is alike, common sense and analogy, to suppose that the powers of life, at the time of puberty, will more readily overcome the mental disease, (should the danger take this form) than it would do at the later climateric period. And so, in practice do we find, that while mental disease in the young is thus of favourable prognosis, insanity supervening at the climateric period of life, is always the cause of serious anxiety. "When," says Dr. Conolly, "the symptoms of insanity—mania, or melancholia—appear in men and women of fifty years of age, in whom no previous attack is known to have occurred, there is almost always reason to fear that the disease is the beginning of incurable decline of mental and bodily health. This decline begins in different persons at very different ages. After a life of usefulness, activity, and benevolence, a man of fifty may begin to cherish delusions as to plans, dates, and transactions; or may fall into profound melancholy, and represent himself as having been, throughout life, a hypocrite, and now about to be exposed. Or a lady may become depressed, apathetic, and accuse herself of failing in her duty to her husband and children. The greater number of these cases are incurable; and there is, too often, a strong suicidal disposition associated with them, and requiring great care."

Sex.—The influence of sex on the proportion of recoveries, has been very carefully invested by Dr. Thurnam. As the general result of his enquiry, it may be stated, that the proportion of recoveries amongst women exceeds those amongst men by about twenty per cent. I suspect, however, the chief cause of this difference to lie in the greater liability of the male sex to general paralysis, and I do not myself, as a matter of prognosis, in any given case, attach much, if any importance to the influence of sex, excepting in the cases of melancholia, I have above alluded to, where the delusion would appear to be in direct relation with some uterine disorder of a curable kind. This exception rather influences our prognosis, under the head of *physical complication*, than of *sex*. As opposed to Dr. Thurnam, Ideler states that, after long doubts as to the influence of sex on the curability of mental disease, he, at last, has come to the opinion, that it is more curable in the male sex than in the female. He enters at some length (*Grundriss*, Vol. II., p.p.

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722,) into the metaphysical reasons, and very sound ones they appear to me, why it should be so.

I do not, myself, as I have just observed, attach any importance to the sex of the patient, as an element of prognosis. An indication of treatment it doubtless is, in the many cases connected with uterine disturbance.

Social condition—It would, even at first sight, seem certain that the social condition of the patient would, in its various bearings, be a material element in our prognosis. That the daily occupation, the religious opinions, the amount of mental culture, the domestic condition, with its constant influence on the affections, should greatly influence the prospects of a case of insanity, is almost self-evident. Yet, to apply any statistical facts to solve how far these varied social relations become elements of our prognosis, is no easy task. Such endless fallacies lie behind statistical inferences —the same results may be explained by such various causes, that, viewed from the prognostic point, I am not much disposed to apply to the prognosis of insanity, the results of the statistician, as to the influence of the social condition of the patient on his ultimate recovery.

4. *The exciting cause and physical complications.*—Great difficulty always exists in rightly ascertaining the cause, whether predisposing or exciting, of mental disease. When these causes are ascertained they tend to influence materially our prognosis as to the prospect of cure. When the disease follows directly on a definite exciting cause our prognosis is favourable. An exception to this observation are the cases of direct injury to the head, where the prognosis is generally unfavourable; but here insanity does not generally follow soon after the exciting cause, but often only after several years. Hereditary tendency would not appear materially to affect the prospect of cure, but rather its permanence; relapses being much more frequent, in the proportion of five to three, in cases of an hereditary taint. Frequent cases of cure (observes Griesinger) in hereditary insanity prevent the prognosis being here entirely unfavourable; yet the danger of relapses, in all such cases, is very great. In young men, insanity, the result of intemperance, is generally, by employment and regular living, cured; but when it follows on long years of intemperance the prognosis will be decidedly unfavourable. Still more so is the prognosis in all cases resulting from sexual excess and self-pollution. The insanity resulting from this latter sin is as marked in its symptoms as hopeless in its prognosis; and is, I fear, sadly

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on the increase In the asylums for the higher classes I have met with several public school men hopelessly insane from this awful course. Their very look betrays them; one can almost, at a glance, recognise the hidden sin which caused and maintains their mental malady.

As a rule, insanity resulting from any physical cause is of more favourable prognosis than when the origin is traceable to moral influences. Care, and grief, and sorrow, are more permanent in the slow and insidious forms of insanity which they cause, than are hunger, want, and sympathetic irritation. Especially is this true of the puerperal state. If the patient lives she almost must recover her reason.

At St. Luke's Hospital I have witnessed with wonder the rapid recoveries under Dr. Monro's wise use of wine and gentle words in cases arising from the physical causes of want, cold, and neglect of the laws of health. All these cases appeared to me to recover

Dr. Conolly has well stated the relatively favourable prognosis in cases resulting from physical as compared with moral causes:—"Melancholia and painful delusions," he says, "may exist with the opposite states of plethora or anæmia, or the various approaches to starvation met with among the poorer classes in large cities, as well as with the debility produced by prolonged nursing, conjoined in them with poor diet. In all these cases the simple indications of treatment may be followed with general success; and with the gradual reduction of the plethoric condition, or the gradual restoration to strength, the brain will be relieved from oppression or restored to energy, and its functions again be healthily performed."

"Impairment of the mind from over-exertion, especially if conjoined with irregular habits, has appeared to begin in some very active and able, even at an early period; in others, of stronger constitution, later. The prognosis can seldom be favourable. Rest from labour, relaxation, travel, may retard the downward progress. The results of intellectual labour seem to be less appreciated than the results of violent emotions frequently repeated, or of a sudden and overwhelming shock. When some violent shock or sorrow has overpowered the mind the memory of it seems lost; it is never alluded to, but a profound melancholy exists, from which perfect recovery seldom takes place. A less violent shock, but too powerful for the mind it affects, produces at first confusion and delusions, on which maniacal symptoms supervene; and these symptoms are followed by incurable

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imbecility. I have seen cases of acute mania ending fatally in a few weeks, and exhibiting proofs of meningitis and irritation of the brain, with effusion and other consequences, where there appeared every reason to ascribe the malady to violent mental impressions alone."

As regards the physical complications, the two most serious are epilepsy and general paralysis; and they both so materially influence our prognosis as to render any case of mental disease on which they may supervene simply hopeless. There is no cure or chance of cure for either. Insanity complicated with epilepsy goes on from bad to worse, from increased fits and greater loss of mind, until some one fit terminate fatally, either by asphyxia or by cerebral effusion.

Again, when the well marked symptoms of general paralysis supervene, the trembling tongue, the hesitation of speech, the tottering gait, and wild, sanguine views of life once present themselves, there may be apparent glimpses of amendment; but real hope of recovery there is none.

In Dr. Conolly's *Croonian Lectures* (which, unfortunately, were only privately printed, and are hardly now to be had), which contain in the most perfect English, a long way the best description of the several forms of insanity in our language, the following remarks on this complication of insanity confirms my unfavorable prognosis. "Its recognition,' he says, "is generally of much importance, as no disease sooner disqualifies the object of it for all kinds of business, or for taking care of property, or, more probably, indicates a very short life.

"In all attacked, whether high or low in station, whether old and feeble, or young and robust, the malady, when once declared, pursues the same fatal course. However slight the blow, it is from the first fatal. Whatever delusive appearances may, from time to time, revive the hope of friends, never more will the worldly work of anyone thus struck, be resumed. They are written off in the book of this life. I know that some practitioners are less hopeless in these cases than myself; and I should be much happier if I could be proved to be wrong in pronouncing this melancholy prognosis. At present, much as I know treatment may effect towards alleviating the distresses of this fatal malady, I believe it to be incurably fatal still. Deceptive appearances of recovery are not unfrequent, and sometimes, what almost appears a suspension of the disease occurs; but the truee is, I believe, in all cases, merely temporary."

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II.—The Expectancy of Life.

The second question which, in our prognosis, in cases of mental disease, we are called upon to determine, is the expectancy of life, *i. e.*, how far in any given case, the existing insanity tends, in itself, and through its complications, to shorten the probable duration of life, either by an immediate fatal termination, or else, by reducing the average number of years belonging to that particular period of life. Thus, a case of acute mania may either shorten the expectancy of life, by resulting in immediate death, through exhaustion, or it may by passing into confirmed chronic disease, lessen, by ten or fifteen years, the probable span of life, which we know, from our mortality tables, would otherwise have been the prospect or expectancy of the patient. To foretell the probability and extent of these two issues, is the second question on which, under the term *the expectancy of life*, I wish to add a few notes.

The slightest examinations of the statistics of asylums for the insane, will shew that the prognosis, as to the expectancy of life, is directly and materially reduced by the mere presence of mental disease. The mean mortality of England and Wales for 1846 to 1855 (including infants) was 2.301 per cent., while that of the insane in asylums is not less, on the average, than 10 per cent., and in no instance, extending over a series of years, has a lower rate than 4.7* been found in an asylum. At the very lowest, therefore, the rate of mortality among the insane is double that of the population at large, a fact, which alone renders our prognosis of the expectancy of life in insanity, most unfavourable.

Moreover, Dr. Thurnam has shewn, in his admirable treatise on the statistics of insanity,† the mean duration of life is directly and greatly reduced in mental disease. The expectancy of life at the time of attack, in a given number of cases, ultimately dying insane, is reduced by about two-thirds, and even when the disease results in recovery, a similar diminution in the average duration of life is found to exist.

"The influence of insanity," says Dr. Thurnam, "on the duration of life, is a subject on which authors have been long divided, and the opinion that mental alienation is not necessarily prejudicial to longevity, is even not yet quite exploded. Cases of longevity in the chronic forms of

* The Retreat, York.

† When may we hope for a second edition of this standard work, brought up to the present time?

https://doi.org/10.1192/bjp.5.28.257 Published online by Cambridge University Press

insanity, do, no doubt, often occur; and as we have seen, persons may live thirty, forty, fifty, and even sixty years, in a state of intellectual derangement. Instances of this description, however, are very far from being sufficiently frequent to compensate for the large mortality in the early stages, and acute forms of the disease. With the data now before us, the average age at which the 139 who died, were attacked with the disorder may be ascertained; and will be found to have been for those connected with the Society of Friends, 39.19 years; and for others, 38.36 years. Now, the expectancy of life at thirty-eight and thirty-nine years of age, according to the most recent researches, is not less than twenty-eight years; so that the mean ages attained, should have been sixty-seven and sixty-six, instead of fifty-six or fifty-seven, respectively. In those connected with the Society of Friends, less than two-thirds, and in others, not more than a third of the expectation of life at the time of attack, was on an average, realized." This is one way in which the prejudicial influence of insanity upon the duration of life may be shewn.

An exception to this law are the insane, who reach their sixtieth year, when the expectancy of life, or the prospect of attaining an advanced age, seems to be nearly equal in the insane, and in the population generally.

Thus the prognosis of the expectancy of life, as based either on the annual mortality or on the average duration of life, after an attack of insanity must be of a most unfavourable kind: seeing that on either standard the value of life is, on the lowest estimate, reduced by one-half by the mere presence of mental disease.

This unfavourable prognosis of the general expectancy of life in cases of mental disease, will be modified by several circumstances. Thus the sex of the patient will influence our prognosis on the tendency of the disease to death. The mean annual mortality of the male sex among the insane exceeds that of the female by about thirty-five per cent., while among the general population the male mortality only exceeds the female by eight per cent.; therefore, the prognosis of the probable duration of life in the insane is still more unfavourable in the male than in the female sex.

Again, the duration of the disorder will materially influence our prognosis as to the tendency to death. In recent cases of only three months' duration, the mean annual mortality at Bethlehem* was 7·3, while in those of more

* See Dr. Hood's Decennial Report of Bethlehem Hospital, 1846—55.

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than twelve months' standing the mortality was only 4·5. Thus the prognosis of the expectancy of life in recent cases of insanity is more unfavourable by one-third than when the disease has passed into its confirmed stages.

Farther, the special morbid action in the brain in every case of mental disease, has itself a direct influence on the prospect of life. Acute cerebral irritation may kill by its exhaustive action alone; and this even without leaving any trace of physical disorganization. Such is frequently the issue in recent cases of acute mania. Moreover, the cerebral irritation if longer continued has a direct tendency to death, through the pressure on the brain of the resulting sanguineous or serous effusions. This in recurrent mania is often the cause of a sudden fatal termination. The obstinate refusal of food in cases of acute mania and melancholia, notwithstanding the success of forced alimentation,* is another most serious complication, and frequently attended with extreme danger to life. Specially does this observation apply to refusal of food in acute melancholia, complicated with delusions having reference to this refusal, as that an angel had forbidden to eat, and such like.

In suicidal mania the imminent danger to life is self evident, and specially is it so in that form of suicide depending on a distinct delusion bearing upon the act, as contrasted with the less dangerous form of instinctive suicide, where remedial and precautionary measures are of more avail in warding off the efforts of the patient towards self-destruction. Statistical researches support this unfavourable prognosis in cases of suicidal mania. The deaths from suicide among the insane are about ten times in excess of those among the population at large.

The statistics of insanity hitherto published do not afford any very reliable data on which to base an accurate prognosis of the expectancy of life in the several forms of mental disease. The following observations by Dr. Thurnam comprise all that can be said on this element of our prognosis:—"The rate of mortality in those admitted in a state of mania has been 3·99; in melancholia, 6·96; in monomania, 3·46; and in dementia, 4·45 per cent. In this calculation the changes which took place in the form of disorder before death have not been taken into account; and as there has been no register kept of the cases resident in the several forms of disorder, founded on censuses made at

* See Dr. Harrington Tuke's excellent papers on forced alimentation: *Journal of Mental Science, April and July*, 1858.

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regularly recurring periods—annual or more frequent—I can in this table only present an approximation to the true rates of mortality in the different forms of disorder, regarding which no accuarte observations appear hitherto to have been published."

In cases of confirmed dementia the expectancy of life is very fair. A number of our most useful and quiet patients are examples of this form of insanity. The bodily and mental health has again harmonized; no violent emotions now disturb their quiet; the influences of the asylum life tell only favourably on them; they have no thoughts, no wishes, beyond its bounds, and happy in the discharge of their daily task, and living in obedience to the laws of health, they often attain to a green old age. In blessed oblivion of the storms that swept away their mental powers, they have, through the aid of our treatment, regained, it may be, a lower, but yet another phase of mind, in harmony with the relations and duties of their asylum life.

A kindly and affectionate interest in our daily work is often the reward of our efforts thus to remould the mind so shattered by disease, and fit it to perform the duties of its new phase of existence.

A very serious error very often occurs in the removal of such patients from the asylum, either from motives of economy on the part of the Guardians of the Poor, or of affection in the rich. The quiet and order of their days depend on the unfelt but yet present discipline of the asylum, as the excitement and discord, following their removal, too soon prove. It is only within the limits of that asylum life on which the psychologist has remoulded their wreck of mind, that they can, hereafter, enjoy the quiet happiness, resulting from daily duty rightly discharged.

Lastly, the complications of mental disease with physical disorder, functional and organic, form a very important element in our prognosis, of the expectancy of life in any given case of insanity. This prognosis is directly and solely based on the general principles of pathology, and I may, therefore, here fairly bring these notes on the special prognosis in insanity to a termination. No one can more strongly feel than I do, how slight an outline I have sketched of this important section of practical psychology.

Hayward's Heath, Sussex, December, 1858.

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Extract from "Paul Ferrol," referred to in the text as illustrating Delusional Insanity with hallucinations of a destructive character.

"'I think,' said Mr. Ferroll, when he had shut the door, 'that the butler himself writes the letters.' 'Why so?' cried Lord Ewyas, startled. 'It is borne in upon me,' answered Mr. Ferroll, smiling. 'More little circumstances than I can remember or detail, bring me to that conclusion.' 'And do you think that he means any harm by it?' 'That I don't know; he either acts the alarm which he shows in order to cover his design, or else he is going mad; and is haunted by the idea of mischief, and impelled to do it.'

"'He looks ill,' said Lord Ewyas.

"'Very, and much worse this evening than I have seen him at all. I am sure he must be watched to-night.' Lord Ewyas grew uneasy, but Mr. Ferroll turned the conversation, and exerted his great social powers to engage his companion's interest and attention. They both became eager in discourse, and Lord Ewyas was impatient when the door was opened, and Didley, the butler, entered the room without a summons, and advanced towards the table as if expecting to be spoken to. 'Did you ring, my lord?' he asked. 'No, no; I did not ring," he said; 'I thought the fellow was sick and could disturb nobody.' And then he continued the argument he was maintaining against Mr. Ferroll; but had not long been engaged in the animated and interesting controversy before Didley again interruped them, and making some trifling alteration in the table, evidently waited an opportunity of speaking. 'What is it you want?' said Lord Ewyas, impatiently. 'Why, my lord, if you'll give me leave to speak, I have a matter I very much wish advice upon.' 'Can't you wait until tomorrow morning?' 'Really, my lord, I can't very well. It's about these letters to my lady; these threatening letters, so I hear they are at least.'

"'Which you write yourself,' said Mr. Ferroll. 'Which *I* write!' said the butler, turning upon him eyes of the deepest perplexity. 'Do I write them do you think, sir?' 'I know you do.' 'Who told you,' said Didley. 'Oh! one who told me cannot be mistaken.' 'And did he tell you really that it was I?' 'Yes, positively.' 'Well, that is what I never have been sure of myself, for when I see them, and take them up to my lady, they frighten me in a strange way for a man's own writing to do.'

"'Why do you write then?' asked Lord Ewyas.

"'Why my lord, its partly all about that matter that I came to talk with you gentlemen. Do you know that for months past there have been people coming into my room without any leave of mine. They used to be quiet enough, but of late they have grown troublesome.'

"'Who are they?' asked my Lord Ewyas.

"'Why there comes a good many I know, and some I don't know; my late master, my lady's husband, is the foremost. He will come and sit down close by me, and tell me to write to my lady, always these same words:—"In a day you don't look for it, fire will consume you." I have conjured him a hundred times to tell me if he comes from heaven or from hell, but he always shakes his head.'

"'That might give rise to unpleasant conjectures,' said Mr. Ferrol. 'Now, you know who told *me*?'

"'Aye, Sir, I thought so; though I wonder he came to you. I never saw them or any of them, when other living people were in the room, before to-day. Was it to-day, Sir?'

"Mr. Ferroll shook his head gravely, and evading the question, enquired, 'At what time was he with you?'

"'It was when John, and Henry, and I were laying the cloth for dinner.'

"'Did they see him?'

"No; I asked them, and they said "No.' 'Nor heard him?' 'No, he would

https://doi.org/10.1192/bjp.5.28.257 Published online by Cambridge University Press

not speak, only beckoned me with him.' 'But then he spoke?' 'Yes yes; and I think I must do it.' Well, I am not clear that its right.' 'That's what I sometimes think myself; and I've kneeled by my bedside hours and hours, asking God, and praying, till I have not known my head from my heels. But its all dark here.' 'Poor fellow,' said Lord Ewyas. 'Yet, its a great thing, my lord, to have the company of spirits; and the last hour or two, I must say I've been easier than for a long time, and that I think is a sign that I've got leave to do it.' 'It may be so; but you came, like a wise man to consult us on the subject,' said Mr. Ferroll. 'From what he said to me I think you're mistaken.' Did he say precisely these same old words?' 'No, no; worse words—worse.' 'Aye, indeed. I thought so, sometimes I've known those spirits make very strange blunders; and with respect to your old master's orders, I advise'——

"'I can't take it, if you advise against doing it,' interrupted Didley.

"'Why not?' 'Why partly because its already done.'

"'What's done?' cried Lord Ewyas. 'The house is on fire,' said Didley.

"'Good heavens!' cried Lord Ewyas, starting up.

"But Didley, springing to the door before him, fastened it, and set his back against it; 'nobody shall hinder my work,' he said. 'I knew you would talk to me while my fires were burning; and if he had not gone and betrayed me to one of you"——

"But before he could finish, Mr. Ferroll sprang upon him, and tried to force him from the door; but Didley was armed, and drew out suddenly a large knife, the sheath of which was just inside his coat. Mr. Ferroll just avoided a fatal thrust; and seizing his arm, said, 'Is this the way you treat your master's friend?'

"'Nobody's his friend that hinders me doing his command,' said the madman, his malady breaking out at this sudden excitement, and struggling with the violent strength of madness, to regain command of the weapon.

"There was now a contest, much to the disadvantage of Mr. Ferroll, his antagonist being armed, and his mind beyond all the usual motive of control. It was not only strength that was needed, but there was the necessity to avoid even a faint stroke of the sharp gleaming knife; Mr. Ferroll saw the disadvantage.

"'Come,' said he, 'you're in the right, you must do as you will, loose me'—and all the while, half kept a powerful grasp of the maniac, 'and I won't hinder you.'

"'Swear that,' cried Didley. 'I swear.' 'Again—again.' 'Well, well, I *swear*; but its all right, you see. Don't you smell the smoke yourself—you've done it.' "In fact, the burning smell became perceptible. 'Ah, sir,' said Didley, and turned his pale face towards the quarter whence it came. His iron grasp still held Mr. Ferroll; but Lord Ewyas perceived only the apparent relaxation in his purpose, rushed towards the door. 'You've sworn falsely, cried Didley, brandishing his knife, and straining again his vigorous hold; 'my master shall he obeyed;' and again he sought to make a plunge.

"'Good heavens! there he is,' said Mr. Ferroll, suddenly relaxing all his resistance, and fixing his eyes on the door.

"'Where?' cried Didley, thrown off his guard for the moment. That moment was enough. Mr. Ferroll closed upon him, and threw him down; Lord Ewyas sprang to help. They snatched away the knife; and now, notwithstanding his struggles, he was soon overpowered."—*From Paul Ferroll, a Tale, Smith Elder & Co.*, 1858.

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