APHORISMS ON INSANITY.

BOOK FIRST.

On Insanity in general.

1. Every morbid state that influences our reflective, observant, and imaginative faculties, disables an individual from conducting the process of reasoning, or the sound and healthy exercise of his mental attributes, constitutes insanity.*

* Locke has defined madness in the following terms:—

"Madmen do not appear to have lost the faculty of reasoning, but having joined together some ideas very wrongly, they mistake them for truths, and they err, as men do that argue right from wrong principles."

Cullen describes the disease to be, "in a person awake, a false or mistaken judgment of those relations of things which, as occurring most frequently in life, are those about
2. A precise definition of madness cannot be attempted, as its degrees and intensity depend
which the generality of men form the same judgment, and particularly when the judgment is very different from what
the person himself had before usually formed. There is generally some false perception of external objects, and that
such false perception necessarily occasions a delirium, or erroneous judgment, which is to be considered as the
disease."

It is evident, as Dr. Pritchard very justly observes, "that these definitions merely apply to melancholia and monomania, or partial insanity": these phenomena are very different from those of mania or raging madness, in which
the mind is totally deranged, and in incoherence or dementia, in which the condition of the faculties is such as to preclude
the possibility of any mental effort or voluntary direction of thought.

The best division of insanity is, no doubt, that of Heinroth, which is as follows:—

First kind of mental disorder. Disorder of the moral disposition.

First form. Exaltation, or excessive intensity.—Undue vehemence of feeling, morbid violence of passion and emotions.

Second form. Depression.—Simple melancholy, dejection, without illusion of the understanding.

Second kind of mental disorders, affecting the understanding or the intellectual faculties.

First form. Exaltation.—Undue intensity of the imagination, producing mental illusions.

To this head belong all the varieties of monomania.
upon the extent to which the mental faculties have been perverted from their normal condition.

3. It is difficult, if not impossible, to arrive at a conclusion regarding the causes of insanity, so far as to lead to a decision, whether they can be traced to moral or physical primitive agency, acting upon the moral disposition, the understanding, or the voluntary powers of propensities or will.

Second form. Depression.—Feebleness of conception; of ideas. Imbecility of the understanding.

Third kind of mental disorders, comprises, disorders of the voluntary power, or of propensities, or of will.

First form. Exaltation.—Violence of will and propensities.

Tollheit or Madness without lesion of the understanding.

Second form. Depression.—Incapacity of willing, moral imbecility.

No classification could be more distinct theoretically; but, in a practical point of view, no correct definition can be attempted, as mental derangements undergo so many modifications.

However, to study this nosological classification requires much observation and experience: to the student the most simple classification is the following.

1. Mania, or raving madness.
2. Monomania, or partial insanity.
3. Dementia, or incoherence.
4. Amentia, or imbecility.
4. Either moral or physical symptoms may appear to predominate, yet are they not sufficiently evident to come to a conclusion as regards the morbid action that developed them.

5. Experience tends to show, that the first causes of insanity may be traced more frequently, to mental agency reacting upon the physical functions, until symptoms of a preponderance of the physical phenomena prevail. Thus a sudden moral impression of a violent and intense nature will produce a rapid deviation of the mind from its normal course—when physical phenomena, such as the hair turning white in the course of a few hours—the liver becoming diseased—the cerebral organ engorged and inflamed; will be developed with a rapidity scarcely credible.

6. The causes of insanity may be considered general or local, physical or moral, predisposing or exciting.

7. The mind is influenced by climate, seasons, age, sex, temperament, profession, mode of living, and is modified in its manifestations by legislation, civilisation, customs, and the moral and peculiar condition of nations.

8. Warm climates do not expose to this malady more than northern latitudes; on the contrary, it generally prevails in temperate zones,
subject to sudden vicissitudes of atmospheric constitution.

9. Attacks of mania are more frequent in spring and summer, and are then acute in their character, and, unless their cure is promptly obtained, only yield in the winter. Monomania is critical in the spring of the year; summer is most favourable for the treatment of dementia, and cures obtained at this season may be considered more permanent. When relapses occur at the same period as the first invasion, the case will prove obstinate—relapses are more frequent in spring and in summer than in the winter. In intermittent insanity the attacks are usually regular as to season. Lunar phases evidently influence epileptic lunatics, but do not appear to act upon cases of dementia or mania. When the insane appear to be excited by the moon and the solar refulgence, the circumstance most probably may be attributed to the stimulus of their bright and dazzling beams: in monomania and melancholia connected with religion or with love, the moon seems to act by an association of ideas favourable to the gloomy mood of the sufferer, but not by any specific influence. We have no sufficient evidence of insanity being epidemic, to conclude that a peculiar condition of the atmosphere is more likely to affect the
mind at one period than at another, under similar circumstances. The apparent contagion, or rather the sympathetic spread of insanity, is of a moral nature, and chiefly connected with fear.*

10. Insanity is of very rare occurrence in childhood, though idiotism and imbecility are frequent: these affections are generally congenital, and arise from original mal-conformation. Many of such children are deaf and dumb. The delicate texture of the encephalon in children, and the transitory character of their impressions, are perhaps the reasons why insanity is of rare occurrence. Cerebral affections at that age, whether idiopathic or sympathetic, bring on convulsions, delirium, hydrocephalus, and death, if not promptly relieved. It is towards the evolution of puberty, and the approach of the catamenia, that insanity is developed; a rapid growth is frequently an attendant on the malady. In youth, mania and monomania are more frequently observed, than any other form of insanity. Monomania appears to prevail towards the middle

* There is, however, no doubt, that certain seasons operate in an evident manner both on mind and body. It has been observed that some years are remarkable for the greater number of births of male or female children; other years have been attended with a greater number of miscarriages—a fact observed by Plutarch.
of life, while dementia threatens advanced age. During youth, derangement of the mind assumes a more acute character, and is brought with greater facility to a favourable issue; in middle age, the type of the disease is more chronic, and it is frequently complicated with visceral obstructions, and resolved by hemorrhage from the hemorrhoidal vessels and diarrhoea. In such cases the cure is more uncertain. Notwithstanding these observations, there are cases on record of dementia in young persons, and of mania in aged subjects. To recapitulate; imbecility is the disease of children—mania and monomania of middle life, and dementia of old age.*

11. As regards the sex,—in Great Britain the proportion of males to females is as 13 to 12. In England, the number of males is more con-

* The following tabular calculation of Georget will tend to illustrate these observations.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 - 20</td>
<td></td>
<td></td>
<td>356</td>
</tr>
<tr>
<td>20 - 30</td>
<td></td>
<td></td>
<td>1106</td>
</tr>
<tr>
<td>30 - 40</td>
<td></td>
<td></td>
<td>1416</td>
</tr>
<tr>
<td>40 - 50</td>
<td></td>
<td></td>
<td>861</td>
</tr>
<tr>
<td>50 - 60</td>
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<td></td>
<td>461</td>
</tr>
<tr>
<td>60 - 70</td>
<td></td>
<td></td>
<td>174</td>
</tr>
<tr>
<td>70 and upwards</td>
<td></td>
<td></td>
<td>35</td>
</tr>
</tbody>
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siderable than in Scotland or Ireland. In London and the county of Middlesex, the female cases are more numerous. In the sum-total of lunatics—in the asylums of various parts of the civilised world, Esquirol has calculated 37,825 males, and 38,701 females. When we consider the nervous impressionability of women, we might expect that, they would predominate in the returns of lunacy, whereas, on the other hand, inebriety and debauch exercise a more powerful influence upon men; and if fond emotions may be considered, in the one case, as predisposing to mental aberration, on the other, liquor is a set-off against love. Alienation in females is observed at an earlier period than in males, and they are more subject to dementia. Their delirium is chiefly religious or erotic, complicated with hysteria, and pride is the frequent attendant on the malady which it had ushered in. Female lunatics are in general more deceitful and dangerous than men. Men are more subject to maniacal violence, are more easily cured, and less subject to relapses.*

* A very curious observation regarding the sexes was made in France, when it appeared, that of the lunatics rendered insane by political events, the males belonged to the aristocracy, and the females to the democracy.
12. Particular professions and modes of living exercise a considerable influence in the development of insanity. Deep study and intense application, with the want of rest both of mind and body, which ardent pursuits bring on, are as prone to derange the mind as the fervour of the enthusiastic imagination. Calculating speculations are as influential on the mind as versatility in ardent and passionate pursuits. While we recognise these predisposing causes, we must also take into account the habits of many enthusiasts, too frequently irregular, and which add materially to their morbid sensibility; and genius is too apt to let the passions follow a headlong course. In the ratio of the social qualities and agreeable converse of men of talent, are they exposed to the temptation of fascinating enjoyments. In deep, sordid speculation, or in ardent scientific disquisition, disappointments are bitterly felt, and the mind not unfrequently becomes blunted by exclusive pursuits which admit of no repose.* In both these conditions, although

* Rowe has beautifully illustrated this painful dominion of thought in the Fair Penitent.

Turn not to thought, my brain, but let me find
Some unfrequented shade: there lay me down,
And let forgetful dulness steal upon me,
To soften and assuage this pain of thinking.
most opposite, the physical functions become disturbed. In the one case, the circulation of the blood is hurried, and the vital fluid is unequally distributed, occasioning fever, congestion, and excitement. In the plodding man of business, careworn by anticipations rarely realised, the digestive functions are disturbed, and their energies destroyed, the epigastric region becomes the seat of tumultuous action, with all its fearful train of sympathies, and under their baneful influence insanity ensues.

13. Disappointed ambition, offended pride, and humbled vanity, are exciting causes attendant on particular avocations of life. In England, insanity appears to be most prevalent among female servants and workwomen, at whose feet the Pactolus of worldly grandeur flows in vain.* It is a painful task for the ambitious and discontented poor to prepare the gaudy trappings of the wealthy. In man, I apprehend that insanity chiefly visits individuals who have been disappointed in business, and who in their mis-

* The same circumstance has been remarked in France, where, out of two hundred and forty-five female patients, fifty-three were servants and eighty-five workwomen. At Turin, in four hundred and sixteen female lunatics, there were fifty-eight servants and forty-four occupied in domestic labours.
fortune had recourse to the Lethcan cup of ardent spirits, and beer, no less injurious. In France, it appears that prostitution deprives many ill-fated females of their senses; this cause is of rare occurrence in England. This circumstance may, perhaps, be accounted for by the different character of these unfortunate outcasts in the two countries. In France they are mostly women of ardent passions, strongly excited by love and jealousy, and worn out by artificial excesses; with us, these wretched creatures are debased and brutalised by excess of liquor, and corruption and depravity sink them into heartless apathy.

14. Inebriety, although most undoubtedly a frequent cause of insanity, is not so powerful an agent as is generally supposed. It is as often a symptom of insanity as a cause, when it degrades the intellects before it perverts them.*

* In a return of one hundred and thirty-two cases of mania, by Esquirol, he could only show inebriety as a cause of the disease in fourteen patients; in melancholia, nineteen out of one hundred and sixty-five. At Charenton, which is an establishment appropriated to persons of a higher rank of society, there were sixty-four cases arising from abuse of wine, out of two hundred and fifty-six. Georget, in one thousand cases, returns one hundred and six drunkards; and Bonacossa of Turin, in five hundred and fifty-
15. Insanity is of rare occurrence in barbarous nations.

16. Civilisation appears to favour the development of madness. This circumstance may be attributed to the restraints imposed upon the indulgence of the passions, the diversity of interests, and the thirst of power; long-continued excitement of the mental energies, and disappointment in affections and anticipations. The wants of the savage are circumscribed: he gives vent to the burst of his passions without control, and their violence subsides when they are gratified. In a more polished state of society, man dwells upon his injuries real or supposed, acts silently, and cherishes hopes of enjoyment, amongst which the sweets of revenge are not the least seductive. Such a condition, when followed by humiliating disappointment, must naturally tend to develop mental diseases.

17. It is probable that the diseases of civilisation, which act chiefly on the nervous system, may have led to the original foundation of hereditary predisposition, transmitted by a shattered constitution, and disturbed functions.

Five lunatics, attributes inebriety as a cause, to thirty-one cases, mostly complicated with love and jealousy; and in twenty-four provinces of Italy, out of two hundred, he returns seventy-three from drunkenness.
18. Celibacy augments the number of lunatics: this circumstance arises from the ungratified excitement that the restraints of that condition imposes, and from the vicious practices to which the single have recourse to gratify their desires.* It may be also observed, that married persons in general lead a more regular life.

19. Erroneous education in the higher classes, and want of a proper education among the lower order, may be considered predisposing causes if not of insanity, at least of the passions or vices that excite it.

20. Our passions may be considered the chief causes of insanity, producing stimulating or depressing spasms, which act most generally both on our physical functions and our mental faculties. This circumstance explains the prevalence of madness after puberty, when our re-

* The following is a table of the married in Bicêtre, and the Salpêtrière.

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unmarried</td>
<td>989</td>
<td>492</td>
</tr>
<tr>
<td>Married</td>
<td>397</td>
<td>201</td>
</tr>
<tr>
<td>Widowers and Widows</td>
<td>291</td>
<td>59</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Not noted</td>
<td>53</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1726</td>
<td>764</td>
</tr>
</tbody>
</table>
lative social condition exposes us to the influences both of our natural passions and their artificial aberrations. Both sudden prosperity and adversity madden.

21. Religious delusions are no doubt the occasional cause of insanity, but these ideas are more generally an effect than a cause, and are to be attributed to the gloom and the fears of the melancholic, who are constantly foreboding evil.

22. Religious insanity is comparatively rare among Roman Catholics, who seldom think deeply on the subject, and whose apprehensions are more easily relieved by their confidence in absolution. Where insanity is more frequent among persons belonging to the Romish persuasion, it will be found that it prevails amongst the upper classes, or the better educated, where reflection brings on doubt, and doubt ushers in terror of a future state. In Germany, it must also be observed, that in addition to the enthusiastic character of the natives, both Catholics and Protestants read the Bible, a study which must stir up a spirit of inquiry, and rouse the “thinker” from a religious torpor.* Thus is

* If Germany is adduced as an example militating against the assertion that Roman Catholics are less subject to insanity than Protestants, let us look to Catholic coun-
it, that scepticism has been known to prove as fatal, if not more so, to the intellects, than enthusiasm; the sceptic ponders and doubts; the enthusiast firmly and implicitly believes without taking the trouble of investigation; in the one

tries. In Spain there were, in 1817, only sixty lunatics in the hospitals of Madrid, and fifty in Cadiz; and in Italy, the proportion of lunatics gives one to four thousand eight hundred and seventy-nine persons. In England the proportion is 1 to 1000, and in Scotland, the proportion is 1 to 574. No correct statistical report on this subject has been obtained from Ireland, which could bear upon the predisposition of religion. In France the most correct information gives 1 to every 1000. In America the proportion has been stated to be 1 to 262. To account for such a fearful prevalence of insanity in the United States, we must take into consideration that they have been an asylum for the refuse of other nations for many years, and that the custom of dram-drinking, and indulging with comparative impunity in vindictive outbreaks, has been but too common in the rising population of the land.

In the late returns of Bonacossa, of Turin, we only find fourteen cases of religious delusion in two hundred and seventy males, and four female cases, out of two hundred and thirty-nine; out of these, one was terrified by a sermon and her confessor, eight by exclusive thoughts on religious subjects, and one from religious scruples. While religion seems to possess little influence in Italy, love exer-
cises a more powerful sway; out of two hundred and seventy males, we find nine insane from deluded love, and eight from excessive love; while amongst fifty-three fe-
case the mind is miserable, in the other it revels in ecstatic joy.

23. Religious delusions vary according to physical predisposition, and frequently arise from the constant mental struggle between our passions and our virtuous sentiments.

24. Religious monomania is the most likely to lead to suicide, being usually attended with despondency and despair, with the exception of cases of insanity brought on by severe losses; in both cases despondency prevails.

25. Suicide, however, is of rare occurrence amongst lunatics: out of 12,000 lunatics confined at Salpêtrière during several years, only four suicides took place; at Hanwell, during fourteen months, out of 1000 patients, only three attempts at suicide were made. Where suicide is often males, eleven were labouring under the fatal influence of this passion.

In England it is calculated that in twelve of the agricultural counties, the proportion of lunatics to the whole population is as one to 2245, while, in twelve non-agricultural counties, the proportion is as one to 1965. In France, out of one hundred and sixty-four cases, only three were cultivators of the soil. In Italy the proportion is much more considerable, and we find, by the return above stated, out of 1121 males there were two hundred and thirty-three labouring countrymen, and out of six hundred and seventy-one females, one hundred and ninety-five villagers.
attempted in an asylum, its moral management must be bad; where the deed is often perpetrated, its management must be execrable.

26. Hereditary predisposition is an acknowledged fact, aggravated and accelerated in its development by the continual apprehension that must pervade the minds of subjects thus constituted. Not only are mental diseases brought on by apprehension, but physical disorders are frequently produced by a similar cause. This is instanced in diseases of the heart, where fear brings on a state of excitement, during which the circulatory functions are deranged: this derangement becomes frequent, until at last the sound action of the heart participates in the disturbed state, and finally the organ itself becomes diseased. It is the same with our mental faculties: by dint of intense thinking, and between conflicting hopes and fears, the mind becomes incoherent; dwelling long, and at the same time vividly, on a particular engrossing subject, brings on stupidity. We frequently forget in our endeavour to remember.

27. In this series of reacting and conflicting sympathies, the digestive functions appear to be the first that are deranged by mental excitement. Hence the investigations of morbid anatomy in fatal cases of insanity usually exhibit
functional alteration in the organs of assimilation. As the mind improves, and recovers more or less promptly its healthy action, we find that the digestive functions become more regular; therefore, excepting in cases of fatuity and idiocy, we may entertain a favourable prospect of speedy recovery when the body from a state of emaciation begins to recover bulk. This is a practical point of the utmost importance in guiding our treatment, and shows the absolute necessity of basing it, to a certain degree, on a careful attention to the digestive organs.

28. When intensity of thought has brought on incoherence, such a confusion prevails in the mental impressions, that no distinct recollection appears to exist of former circumstances. Hence the fact, that subjects who have become insane from disappointment in their fondest attachments, rarely mention the name of the object of their love. When they do recollect the person's name, and appear to be grieved when it is mentioned, however violent their maniacal outbreakings may be, we may entertain the most sanguine hopes of recovery.

29. Erroneous and delusive impressions require the most constant attention and observation, as they will frequently enable the practi-
tioner to form an opinion of the extent to which the mind has been perverted.

30. False impressions may arise from intense thought, when reality assumes a fictitious form. Thus, a lunatic will confound sexes, and colours, and languages, and yet preserve a lively and a correct recollection of former circumstances. Such a state may be compared to optical deceptions, and generally arises from physical causes, more particularly a derangement in the digestive functions. Although, when these singular delusions have been of long continuation, the case holds out but feeble hopes of recovery, yet at an earlier period of the malady we may entertain sanguine expectations of success. We must in these cases be guided by the extent of the perturbation of the functions, and particularly of the senses. If a patient can gaze upon the solar refulgence without any impression on the eye—if intense light does not produce a contraction of the pupils—if he is unconscious of the nature of what he eats—the prognosis must be most unfavourable.

31. If the aberrations are merely whimsical, transient, and occasional, however wild and absurd they may appear, we may entertain a favourable prognosis. I attended a lady who
fancied that the world was fast approaching its end—that she was to inhabit New Jerusalem; she took me for a Rabbi—would sing in turn with uncommon feeling and sweetness, Little’s songs, Wesley’s hymns, and the Psalms. Although her husband, a medical man, and whom she could not recognise, despaired of her cure, I gave him every hope, and a proper management soon restored her to a healthy state of mind.

32. In these incoherent wanderings it is essential to ascertain how far the common impressions are under the control of the will. The power of volition in lunacy is greater than is generally imagined, and the wildest aberrations are frequently under its control. I had a patient who considered himself the Saviour, and blasphemed in the most outrageous manner when addressed by strangers. I told him that if he did not desist from blasphemous expressions, I should stop his dinner, to which he replied, “Christ never dines.” However, I was true to my word, and although he still fancied himself the Son of God, he ceased to claim the title in my presence. This case was incurable, and of many years standing when placed under my care: it is probable that a proper early management would have restored him to his senses.
33. A lively apprehension of what is said to a lunatic, or a ready display of wit in his replies, so far from being considered favourable circumstances, may be viewed as symptoms of incurable insanity. This observation applies more particularly to the Irish, and in such cases the causes of the disorder may be traced to inebriety. I had an incurable patient under my care, a soldier, to whom I ordered every morning a solution of sulphate of magnesia. One day that he had refused to take his medicine, had been violent, and struck the keeper, who was obliged to place him under a temporary restraint until I came, I asked why he had refused to take his draught, which was nothing but salt water; he quietly replied, "Och! you know salt water can carry a poor fellow much further than he wishes to go." In the double sense of this witty reply, he alluded to the sea, and at the same time, though not in a very flattering manner, to my practice. Another incurable Irish soldier, who was in the habit of drawing and painting various fantastic figures, in which he displayed much imaginative power, was asked by a visitor, who had given him some paper and colours, what he would like to draw. "Is it like to draw that you mean?" he replied; "and, to be sure, it isn't I that would like to
be after drawing a pot of porter with a whig upon it!" Here at once he alluded in a pun to a favourite beverage of former times, of which he was deprived, and in a rich simile compared the foam upon the tankard to a whig. The same patient was requested by an officer of the garrison to draw something for him, and upon his second visit he gave him the drawing of a goat in uniform, with a drum on his back; under it was written 'The Welsh drummer.' I did not know until then that the officer was a Welshman; a circumstance which, no doubt, the patient had accidentally heard. In both these cases the mind was so unregulated, and subject to sudden bursts of a vivid and erroneous imagination, that the patients could not have been discharged with safety to themselves and society.*

* Inexperienced theorists, when placed in charge of lunatics, in their anxiety to show numerous cures, discharge patients as soon as a lucid interval is evident. Nothing can be more erroneous and dangerous than this practice, which they sooner or later will have cause to lament. In both the cases alluded to, there was a full faculty of calculating and drawing correct inferences, when ever they did not labour under brainular excitements, which had, no doubt, been brought on by intemperance and insulat on in tropical climates, leaving a morbid predisposition to any exciting cause of irritation, whether moral or physical.
34. Occasional ravings, although followed by tranquil, even lucid intervals, must be considered as denoting a disease of a more obstinate form than a constant delusion, although attended with maniacal violence, more especially if these ravings display vivid imaginative powers. I have had such patients under my care belonging to the humbler classes of society, whose poetical inspirations and productions would have done credit to the most polished writers. During these hallucinations, they were at times so violent as to need occasional restraint, while at other times their thoughts and language flowed in a placid yet rippling stream of taste and fancy. In such cases, notwithstanding the length of the lucid intervals that may be observed and confided in, we must not venture to rely upon the temporary calm, and can rarely look for a permanent cure—a morbid excitability and impressionability will ever prevail, subject to be brought into action by any stimulating agency.

35. A constant delusion, although attended with more or less violence, is generally complicated with febrile action of what might be called a nervous type, and the aberrations will partake of the character of febrile delirium. S. H., after a puerperal fever, fancied that she had been a rope-
dancer at Astley's amphitheatre; her agility, strange postures, and pliancy of limbs, seemed to warrant her assertion. Her language was obscene and precipitate, and her tricks so fantastic and surprising, that she went under the name of "Jim Crow." No restraint, however rigorous, could keep her tranquil or harmless night or day. A few months' moral and physical treatment restored her to her senses. In this, as in many other similar cases, the corporeal actions were subject to the will, but the will itself erred from a defect of judgment, and the natural result was a disordered imagination, produced by brainular excitement, closely associated with uterine symptoms, which are usually marked by mental perversion, and a deviation from truth. These symptoms not unfrequently attend hysteria, when all the groundwork of a former virtuous education seems to crumble to dust under physical excitement. In these cases, a language is used, so obscene and audacious, that the family of the patient are amazed, cannot imagine how such foul expressions should escape lips that had been used to the most chaste conversation, or reconcile the painful scene they witness with their former vigilance in guarding against contamination: It is fortunate for society
that these cases are easily subdued by a proper treatment, when not a recollection remains of the humiliating past.

36. As peculiar temperaments are not only most powerful in developing insanity, but may be considered a predisposition to the disease, it becomes a matter of great importance to attend most carefully and incessantly to the growing evil. The moment that an oddity or an eccentricity is observed, our treatment should commence: the family must not be indulged with deceptive hopes; unless the morbid association is broken in its very first links, by meeting the premonitory symptoms, we cannot trust to nature's benevolent interference. It is necessary to observe, that in many cases, the character of the disease, and the variety that it assumes in its manifestations, differ widely from what might have been expected from a peculiar temperament. Thus we see the cheerful and animated becoming gloomy and desponding, and the melancholy and taciturnal loquacious and merry. These anomalies, however, are not unfavourable.

36. When patients evidently err against their judgment, and express a consciousness of the absurdity of the delusion under which they labour, a permanent recovery is doubtful. A case
is recorded of a man, who fancied that only one half of his person was insane, the healthy moiety constantly rebuking the mad pranks of the other lateral portion.

37. When a perversion of judgment arises from the influence of the passions, we may entertain the most sanguine expectations of success; not so, when the perverted state of mind becomes rooted, and assumes a monomaniac character. I had a patient under my care, who reasoned soundly upon any subject except when under the conviction that his wife, an old paralytic woman, had been faithless to him; when he vowed her destruction and that of her supposed paramour. This case was the result of disappointment and intemperance: the patient even asserted that he had detected his wife in her infidelity, and would not only name the day and hour when he obtained this conviction of his dishonour, but describe the particulars of the imaginary scene. It is more than probable that this delusion was brought on by a waking dream or vision, when under the influence of liquor.

38. While we carefully study the temperament, we must endeavour to ascertain, in cases of hereditary insanity, what was the peculiar character of the insanity that was observed in the
parents of the patient; and it is more than probable that the offspring will be affected in a similar manner. A homicidal and suicidal propensity is often observed in a numerous family. I knew a man who drowned himself after various insane acts, and who had two brothers, one of whom, in India, cut off the head of his servant, and having made a curry of it, served it up under a cover to his terrified guests; the other brother took a house in Hampshire, near a powder-mill, and every night amused himself firing sky-rockets over it, to the utter dismay of his neighbours, who were obliged to get him confined; he soon after cut his throat. In many of these cases we observe an inherent thirst for blood. Dr. Otho of Copenhagen knew a patient who, having seven children whom he fondly loved, could not resist the impulse which propelled him to murder four of them, taking them to a large pit, and, after fondly embracing them, casting them in. In these melancholy instances of homicidal insanity, the unfortunate patient is frequently conscious of the fatal propensity. Esquirol had a patient who acknowledged his constant inclination to destroy his dearest friends, and who was known to supplicate his mother to quit the room, if she did not wish to have her throat cut.
I lately attended a Belgian, who was devotedly attached to his children, and the first symptom of his insanity was taking one of them, an infant, into his garden to bury it alive: this man was mild, gentle, and an excellent gardener.

39. It has been already observed, that it is difficult to ascertain whether the mind or the body is primarily affected; the connexion between the material and immaterial principle is so complex, that it defies human investigation. It has been advanced, that the brain is affected before the mind;—of this we have no proof; many are the discases and injuries of the cerebral organ, of the most fearful nature; when all its functions might be expected to have been destroyed, yet the intellectual faculties remained unimpaired.

40. I have seen several cases of gunshot wounds in the head, when the brain was in a state of suppuration, and portions of it coming away in the dressings; yet, to the last moment, the patients were conscious of all around them, and the manifestations of the mind correct. In cases of concussion and compression, and apoplexy of the most alarming character, no mental derangement has followed.

41. Sudden injuries of the brain occasioned
by external violence are rarely followed by insanity, but more frequently by a partial loss of memory. I attended a young woman, who, having struck her head against a window shutter, was partially deprived of memory; the blow had been received on the centre of the left portion of the frontal bone; she could only recollect Saturdays and Mondays, and count from one to twelve, with the exception of the number eleven, which she could never pronounce; it was some time before she could well articulate words beginning with a consonant, especially the letters P and D; there was an occasional dilatation of the right pupil. Such cases are frequently followed by epilepsy.

42. Insanity, especially in the form of mania, is frequently the result of a morbid enlargement, or the formation of an anormal process of the inner table of the cranium. I attended a Portuguese labouring under occasional furious paroxysms of mania, in whom I found, after death, a sharp ridge on the internal surface of the frontal bone, that had pressed upon the falx, and which must have been the cause of constant excitement.

43. Post mortem examination frequently exhibits morbid alterations of the structure in the
brain and its membranes; but we must recollect, that during the violent paroxysms of insanity there is a constant determination of blood to the head, similar to that congestion which arises when a man is under the influence of passion. In such a delicate organ it is natural to expect that some morbid appearance will be traced. Repeated intoxication will be followed by similar results: frequent inebriety may therefore be considered as a powerful predisposing cause, by producing increased action so often, as ultimately to lead to a derangement of the mental faculties.

44. When inebriety is supposed to have been the cause of insanity, it is of importance to ascertain whether the habit preceded or followed the malady. If it preceded the attack, we may entertain a more favourable prognosis than when the practice was the result of the disease.

45. The apparent preponderance of physical symptoms should never induce us to trust solely to a physical mode of treatment, and neglect the moral management: both these means of cure should be carefully combined.

46. When the progress of insanity is slow and insidious, we have much more to apprehend than when the attacks are sudden and violent. It is chiefly in insidious cases that diseases of
the brain and the abdominal viscera are discovered. This shows the necessity of attending without delay to any absence of mind, inability, or disinclination, to follow habitual pursuits, a difficulty of exercising the judgment; an alteration in manner, and a failure of memory: every day, every hour lost, is of vital moment.

47. In the ratio of the perturbation of former quickness of apprehension and activity of mind must our apprehensions increase.

48. Defect or loss of memory is of a different character, and it is an essential point to ascertain the peculiarity of this perversion. When a patient forgets his own name, his country, and his trade, assumes other appellations, place of birth, and former abode, the chances are that he will become fatuous; but when a state of great excitement prevails, with much volubility and loquaciousness, with only an occasional failure in memory, a cure may be expected. *

49. When the loss of memory is only partial,

* Shakspeare has beautifully alluded to the defect of memory as a symptom of insanity.

"It is not madness
That I have uttered: bring me to the test,
And I the matter will reword, which madness
Would gambol from."
and a patient recollects certain circumstances of a transaction, but not all, certain dates and names, while he forgets others, a lesion of some portion of the brain may be apprehended. When, in old age, transactions of the latter part of life are forgotten or but feebly recollected, while the scenes of youth and of manhood remain in vivid remembrance, the case is generally incurable. Some lunatics completely forget certain habits, and entertain a vivid recollection of others. A young female patient of mine cannot read a book, but can decipher any music of easy performance, placed before her on the piano.

50. It is generally supposed that, in monomania, the patient only errs on one particular point. This is not always the case; and indeed, if carefully examined, it will be found that the prevalent idea is the result of more complex delusions. To detect and elicit this morbid catenation is not easy, and can only be attained by long experience, and a constant attendance upon the insane. The erroneous impressions of a monomaniac on any one particular subject are the result of an incapacity of ascertaining the relation of ideas, and it therefore becomes necessary to draw him gradually from this supposed one idea to the collateral train of think-
ing which most probably suggested the erroneous impression. I had a young lady under my care, whose sole error in judgment appeared to be an indulgence in the most extravagant expenses; on all other subjects she appeared perfectly sane. However, she was once talking about various diamond ornaments she was about to order at Rundell and Bridge's. I had observed a considerable degree of pride and haughtiness about her, and I therefore suggested the purchase of a diamond diadem, instead of a necklace. Her eyes beamed with delight, and, taking me by the hand, she exclaimed, "You are right, and I will wear it when I am crowned queen of Naples;" yet the memory of this amiable but unfortunate young person was in general most correct, even when speaking of her own propensities. "My friends," she said to me one day, "consider me insane, because I am extravagant; if every extravagant person were considered a lunatic, Salisbury Plain would not be large enough for a madhouse."

51. Our prognosis must be unfavourable, when, on the assumption of a personal high rank of life, the consciousness of personal identity continues to be correct. In this case the monomaniac delusion may generally be referred to
offended vanity and humbled pride—injuries that are rarely forgotten.

52. Female lunatics, in whom the malady can be traced to the humiliation of their vanity, have a greater chance of recovery when under the constant care of a physician, than when controlled by persons of their own sex, whom they generally dislike. It is true, that we frequently see female patients selecting a constant companion amongst the inmates of an asylum; but I apprehend that in these cases a vicious habit often prevails between them, the interference of matrons (generally injurious,) and the surveillance of nurses, must naturally become irksome and hateful. In the management of such females a homage to their real or supposed attractions must be paid, and it is not likely that female attendants will gratify their desire.

53. There is a peculiar effluxion emitted by the insane, more particularly in female maniacs, that cannot be described; but experience will enable a medical practitioner to form a favourable or unfavourable opinion of the case from this circumstance. The same remark applies to hysteria. This odour is evidently connected

* * It is well known that at particular periods the urine of cats is more offensive than usual; and the connexion
with uterine sympathies, and will cease or de-
crease as we succeed in our treatment.*

54. Fear has been known to produce an of-
ensive perspiration. I attended a young lady whose
transpiration emitted the most unpleasant odour.
It appears that at an early period of life her
father and brother had been murdered in her
presence. This melancholy event not only
brought on premature menstruation, but the
unpleasant nature of her cutaneous transpiration.
A proper treatment restored the secretions to a
healthy state.

55. When lunatics imagine that a deep-laid
conspiracy has been formed against their lives,
happiness, or property, the treatment is difficult,
for such unfortunate beings are speedily ex-
hausted by restless nights and anxious days;
they shun intercourse with every one, except
to indulge in their lamentations; they take their
food mechanically when they do not loathe it;
their countenance becomes pale, haggard, and
livid; their features bear a care-worn character;

* In maniacs who have emitted this strong odour, necros-
copy has generally exhibited inflammation of the membranes
of the encephalon.
the watchful eye is glassy, and moves rapidly in its orbit; a slow fever consumes them: when, by occupation and kind treatment, they can be drawn from their state of concentrated wretchedness, the first signs of amelioration are a return to rest at night, and to a regular appetite, with a corresponding increase in bulk, while the digestion, which gradually becomes more healthy, shows that the assimilating functions are recovering their lost energies.

56. When patients are under the dominion of passion, and are perverse without any apparent lesion of the mental faculties, the prognosis may be favourable. In this case there is merely a morbid perversion of the affections and moral feelings.

57. When insanity has been preceded by an attack of paralysis, epilepsy, or a fever of an inflammatory type, with considerable cerebral excitement, the case will prove of difficult management—the progress of the disease will be slow and insidious, and it is only by dint of observation that the error in judgment and strangeness of conduct become evident.

58. When patients, who have expressed an aversion to their relatives and friends, and have shown distrust and fears of their betraying and
injuring them, seem at last to desire their visits, the case will prove favourable if properly managed; for the desire is frequently expressed with great cunning, for the purpose of upbraiding or injuring the parties when brought in their presence, in which case a meeting would only aggravate their disorder.

59. When the gloomy and religious monomaniacs will allow you to reason with them, however obstinate their erroneous ideas may be, we may hope to effect a cure; but it is difficult to relieve those who are morose and taciturn. In these cases we must guard against suicide.

60. When religious monomaniacs are addicted to sodomy—a very frequent complication—the case is incurable, more especially if they show much apparent devotion, and constantly talk on religious subjects. The case is still more hopeless, when they select idiots for the indulgence of their vices.

61. Masturbation has been considered a very frequent cause of insanity. I doubt it. That this vice is often attendant on the malady, is a well-established fact; that the moral and physical exhaustion that must arise from its indulgence aggravates the disease, is also certain; but I apprehend that it is frequently an effect rather
than a cause. In various classes of society, schools, religious seminaries abroad, amongst soldiers, sailors, self-pollution is not uncommon, and yet insanity is of rare occurrence amongst them. Onanism is more likely to hebetate than cause mania or dementia. In America, and where solitary confinement is resorted to as a punishment, I can readily conceive that insanity may be produced by excesses in which vicious habit combined with the miseries which a gregarious being must endure when cut off from the world, without prior education to employ his mind, or occupation to draw him from a moral grave. This vice is common in idiots, and maniacs will indulge in it openly, and without any shame. I am disposed to look upon this practice as a debilitating, predisposing cause; when it becomes a disease, it constitutes insanity.

62. When mischievous propensities are prevalent, such as thieving or destroying, it will be advisable to discover, if possible, if such a disposition is hereditary. A similar inquiry is necessary in cases of powerful desires and aversions. If these peculiarities are not hereditary, they admit of an easy cure at the commencement of the disease; but, if allowed to be persisted in for a prolonged period, they are incurable. I had a
girl under my care, who would put lime in her eye; another time, a blister having been applied to her neck, she took it off and placed it on her eye; she was constantly pilfering any stray article she could find, and once destroyed several pails of milk by easing herself in them. I discharged her cured, or rather relieved, as it is probable that those propensities will return under some capricious excitement.

The propensity for stealing and lying, however, does not exactly constitute a case of insanity sufficient to warrant the confinement of a person in a lunatic asylum; but it is a point to be taken into serious consideration by a court of justice, inasmuch that it is a mental propensity, which the culprit cannot control, and a man can scarcely be deemed guilty of a crime when he is not under the influence of his will. This remark is equally applicable to those persons who are subject to violent and sudden paroxysms of passion, and who become calm and manageable as soon as the burst of excitement has subsided. Females in particular are subject to these outrageous fits, when they become most dangerous; although, after the paroxysm, these unfortunate persons are conscious of their error and misconduct, it leaves a question, whether they should be sub-
ject to confinement. Many cases of this description are placed in public and private establishments, although their detention may be a questionable matter. It is no doubt a great hardship that persons possessed, at most times, of the full exercise of their mental faculties, should be thus immured in a prison; yet we must entertain doubts, as to the propriety of leaving them at large to become perilous to society.

The propensity to mischief is frequently incurable, and the following case, given by Mr. Hitch, is an illustration of this species of insanity.

"A man was discharged from this establishment, about two years ago, reported cured, whose eccentricities and extravagant conduct had drawn upon him the anger, and almost the dread, of an extensive neighbourhood. He was about thirty-five years of age, a shoemaker by trade, and married; addicted to an irregular life, and fond of drinking. His natural disposition was lively; he abounded in a peculiar kind of wit, and had an endless series of marvellous tales at his command, which, when excited, he told with great humour, and he rendered himself thereby a welcome guest at the village alehouse. Here he was also prone to those petty mischievous tricks which are vulgarly denominated 'fun,' as he was
an amusing companion in his sphere. However, his love of sport did not rest in the gambols of the beer-house; he became restless and disinclined to his own business, made frequent excursions to different towns and villages, under the pretense of seeking fresh work, was riotous and coarse in his play at the tavern, and eventually left the neighbourhood of his residence. He took with him the kit of a travelling tinker, and set up the business of a knife and scissors-grinder, of which he knew nothing. He exulted in the havoc he made in the cutting instruments which were entrusted to him, but did not continue his new trade for more than a day or two, when he disposed of his kit, and began to sell old clothes. This pursuit he changed for another, and that for something new. In about a fortnight he returned home, and instead of entering his house by the door, he ascended the roof, removed the tiles, and entered through the ceiling. This he continued to do, making his entrance and exit from the top of the house. He would amuse himself at night by driving a pig, fastened to a cord, through the village, upon whose nose and tail something had been fastened to cause him to squeak, and thus disturb the neighbours. He would exchange the farmers’ cattle, and remove
their gates during the night, and before morning was some miles out of the way. He would often run ten or twelve miles in a straight line without any motive, disregarding fences, corn-fields, brooks, or anything. Whatever his fancy led him to want, he made no scruple to take, regardless to whom it might belong; and when he had made the use of it which he thought proper, was not particular in returning it. For many of these acts he was taken before a magistrate; but his apparent simplicity, or his sagacity, added to a plausible tale, saved him from punishment on all occasions but one, when he was sent to a house of correction for a month, as a disorderly vagrant. He eventually was deemed to be mad, and sent to me. I found him one of the most mischievous of beings; his constant delight was in creating disorder, to effect what he called 'fun'; but he had no motive nor impression on his mind which induced him to this conduct; he was merely impelled by his immediate feelings. When he recovered his tranquillity, he had a perfect recollection of all that he had done, and wondered how he could have taken so much trouble to make himself appear ridiculous."

However, it is not always that these mischievous creatures regret what they have done.
I had an old man under my care of a similar description, whose pride and boast was having thrown a dead cat into a cistern, and spoiled his neighbour’s water, giving them, as he said with great delight, the cholera morbus and the guts-ache. This man was occasionally gloomy and morose, but was easily roused from his apathetic state by the mention of the “dead cat,” when he would chuckle with delight, and rubbing his hands, exclaim—“Ha, ha! I gave them all the guts-ache!”

Such cases are incurable, and can generally be referred to inebriety.

63. When a disturbed state of mind occurs at an advanced age, little hope of recovery can be entertained.

64. It is a matter of great difficulty to cure a patient whose hallucination appears to be the result of natural predisposition and propensities, connected with a peculiar temperament.

65. When insanity appears to have been the result of some constitutional change, the malady, in all probability, will not subside until another revolution in the system takes place, and this may sometimes be brought on, at least imitated, by art, more particularly in females.

66. The gloomy and dispirited monomaniac
labouring under erroneous religious impressions, and constant apprehension of future punishment, will sometimes cease to complain and express his fears. Such an apparent calm is frequently the forerunner of suicidal attempts.*

67. The more trifling the subject of the apprehension, the more we have to apprehend.

68. When these apprehensions of a hypochondriac nature are absurd, such as when a patient fancies he is made of glass or wax, a proper treatment will in general succeed. I attended a judge in the West Indies, who thought that he was a turtle. This ridiculous impression did not prevent him from sitting on the bench, and fulfilling his judicial functions as regularly as his learned colleagues.

69. When the natural tone of voice of a patient is materially altered, there is every reason to fear that the disease will be obstinate, unless this change can be referred to a particular period of life.

70. When insane patients pass their defecations in bed, or in their clothes, it is essential to ascertain whether these evacuations have taken place unconsciously. In such cases great de-

* This endeavour to conceal mental aberration is called by keepers "stifling."
bility or approaching paralysis may have been the cause; but when the dejections are passed willingly and purposely, when the patient endeavours to eat his faeces, or smear himself with them, or the walls, or his bedding, the case is rarely curable.

71. When the cessation of violence in mania does not usher in convalescence, we must apprehend chronic and permanent dementia: here the intellectual faculties being obliterated, all hope has fled, and melancholy results will show the necessity of the most early and active treatment in incipient madness.

72. When it is observed that the voice becomes thick, the articulation embarrassed, with a slight deviation of the angle of the mouth, while the tongue is swollen and tremulous, an attack of paralysis is at hand, and these premonitory symptoms will soon be succeeded by an unsteady gait in walking, and difficult deglutition.

73. Insanity, complicated with paralysis, may in general be considered incurable, especially when it supervenes in mental derangement, and the disease increases, as the mental powers decay. However, there are cases, where, to the very last moments of the paralytic's life, a recollection of
certain circumstances and former occupations remains. I had a patient under my care who had been a printseller, and a careful collector of autographs. Within a few days of his death, when he had lost almost all consciousness of former relations in life, when questioned upon particular autographs, he would place a conventional value on them—so much for a signature of Cromwell, of Elizabeth, of Milton. When I asked him what he would give for a signature of Shakspeare and Mary Queen of Scots, his glassy eyes seemed to beam with a latent fire, and he stuttered, with great emphasis, "All the world."

74. Paralysis combined with insanity is more frequent in males than in females. This circumstance may, perhaps, be attributed to the affection of the spinal chord, that too frequently succeeds libidinous excesses in man, a morbid condition more rarely connected with uterine sympathies. The abuse of spirituous liquors and of mercury may be also considered a cause of this disproportion between the sexes.

75. The mean duration of paralysis has been estimated at thirteen months, and few survive more than three years.

76. The complication of paralysis with insa-
nity appears to be much more frequent on the continent than in England, especially in France.* This circumstance may, perhaps, be traced to the practice of the French, who carry burthens on their backs and loins instead of their shoulders and head; the greater prevalence of masturbation may also be a cause.

77. Paralysis is not the cause of insanity, nor can it be considered an effect or a symptom; it is merely a complication arising from collateral predisposition, and is generally a subsequent affection.†

* In the Hanwell Asylum, out of 1,000 patients there were only 12 cases of paralysis, whereas at Charenton there were 95 out of 366 males, and 14 out of 253 females. At Rouen 31 in 334. In the south of France and Italy the disease is rare. Thus in Montpellier no paralytic case was reported in 132 cases, and at Toulouse 5 out of 111. At Naples 3 in 500.

† Bayle has endeavoured to show that both paralysis and ambitious monomania are caused by a chronic inflammation of the membranes of the brain, and he divides the disease in the following categories:—1. Ambitious monomania, with signs of incomplete paralysis. 2. The period of mania. 2. The period of dementia, with general paralysis.

This theory cannot be supported by practical observation or necroscopic researches, and paralysis does not appear connected with any particular character of insanity. In these investigations and speculative theories, we must admit the
78. The frequent and alarming difficulty in deglutition that is observed in paralytic patients, often arises from their voracious manner of feeding, in consequence of which solid food is accumulated, and obstructs the œsophagus. Suffocation has arisen from such accidents: hence the propriety of such patients being put upon a spoon diet.

79. Notwithstanding the preceding remarks, paralysis, when not complicated with actual insanity, is sometimes attended with a lesion of the faculties of the mind, to such an extent indeed, that the patient will not only forget past circumstances, but words, and not unfrequently misapplies them in the strangest manner. Paralysis is most probably a disease of the nervous

truth of Esquirol's sound remark, that nature, despite of the constant researches of physicians and philosophers, persists in keeping her secrets unrevealed.

According to the investigations of Calmeil, necroscopy displays in these cases,
2. Hemorrhage in the cerebral substance.
3. Simple hemorrhage between the two laminae of the arachnoid.
4. Ramollissement properly so termed, seated on a point of the cerebro-spinal system.
5. Erosion of the cerebral surface.
system, and the whole system is disordered in its attacks: thus making an individual of a placid and gentle disposition violent, while at other times the most turbulent will become mild and tractable.

80. While we are endeavouring to trace symptoms of paralysis, it must be borne in mind that many lunatics drag their legs in such a manner as to lead one to infer that they are threatened with palsy: they will assert that some evil spirit has deprived them of the use of their limbs—that they are bewitched. If these complaints are unheeded (at least in appearance) and made light of, the patients will in all probability recover their former gait.

81. Strabismus is also, in many instances, a trick; and patients will contract a singular habit of occasionally squinting. In mania, especially among females, this is a common occurrence; and when there is no contraction or dilatation of the pupil, it is a circumstance of little importance, when the squint is not permanent.

82. There is every reason to apprehend that paralysis is rather a disease of the brain than of the spine.

83. Lunatics rarely become blind, but are frequently affected with deafness. This difficulty
of hearing is often attended with a *tinnitus aurium*. However, the deafness is sometimes merely apparent, when the patient fancies he hears strange sounds, admonitions, and threats from unseen agents and spirits; he then is so intent upon listening to these imaginary communications, that he literally turns a deaf ear to all that is said to him. This is a formidable symptom, as the patient will become gradually more and more abstracted from surrounding objects.

84. More delusions are conveyed by the ear than by the eye; and of the organs of sense which become affected in insanity, the ear more particularly suffers.

85. When the integuments of the cranium become loose and wrinkled in cases of mania, and at the same time the eye is glistening and protruded, with a contraction of the iris, an incurable malady may be suspected, as the membranes of the brain, in all probability, are labouring under chronic inflammation.

86. The opinion, that lunatics are not sensible to changes of temperature and extreme heat and cold, is erroneous; during their paroxysms they are often so much occupied with their delusive wanderings, that they may not feel the severity of cold or the inconvenience of intense
heat; but when the mind becomes more calm, the agency of atmospheric influence is evident. Paralytic patients more especially suffer much from cold.

87. When melancholy succeeds furious mania, the prognosis is unfavourable. When the character of insanity changes, the alteration must be considered unfavourable.

88. If, however, after a violent paroxysm, a patient becomes dull, heavy, and sleepy, this is a favourable symptom, provided that he gradually recovers from this state.

89. The aversion to a recumbent position is not, as it has been considered, an unfavourable sign; it merely arises from the patient's anxiety to get out of bed, and when seated, he has a better opportunity of expressing his delusions, and threatening his attendants.

90. Peculiar actions, such as constantly drumming upon the table, stamping regularly on the floor, clapping hands, &c., may be considered signs of a rooted disorder and great mental alienation. When insanity has assumed a systematic character, it may be considered most difficult to cure.

91. Sitting all day in the same place and
posture is an unfavourable symptom and precursor of fatuity.

92. The persuasion of mysterious voices of unseen persons and spirits speaking and threatening a patient, is an alarming symptom, but by no means denoting an incurable case. F. B., a Venetian seaman, lost his senses on board ship; he fancied that three persons were continually wishing him to deny the Saviour, threatening him with horrible punishment if he disobeyed their commands. He prayed incessantly to the Virgin, and would not eat meat; a priest of his own persuasion induced him to take animal food, and constant occupation in the garden and fields soon restored him to his senses. I considered the cause of the disease nostalgia, as he was constantly talking of his home, and three times effected his escape to see his consul, and obtain a passage to his country.

93. Moral insanity, in which the patient possesses the full enjoyment of mental faculties, with the exception of some particular subject, is generally incurable, if it is not attended to and subdued at an early period. Miss B., a Portuguese by birth, and natural daughter of Lord B., expresses herself in the most correct and occasionally elegant
language; has read much, and improved her mind by various studies, talking most correctly on political economy and various abstruse subjects; she had no doubt experienced pecuniary losses, having been defrauded by some law agent; but she has exaggerated the evil, and conceives that the magistracy of the county and all around her are conspiring to keep her in confinement; nor can she be persuaded but that one of the physicians wished her to be married to his son, to obtain her fortune; such a case is incurable. Such is another case, in M.C., a young person, a native of Orleans; she has been a governess, was attached to a person, whom she says her mother prevented her from marrying; fancied this person was a clergyman, who addressed her from the pulpit; no persuasion can remove this strange impression; she talks most correctly on any other matter, but is generally taciturn and capricious.

94. Religious insanity, as I have already observed, is of difficult cure, especially when the patient has become deranged from Methodistic delusions. The rhapsodies of the Irvinians in England, and of the Swedenborgians abroad, have sent many a patient to the madhouse; in many of these cases, the most absurd constructions are put on passages of the scripture.
M. S., a well-educated woman, and excellent linguist, who had been a teacher, became an Irvinite; she refused to be washed or bathed, on the plea that our Saviour said that it was only necessary to wash the feet; she quotes the passage of the gospel, and, strange to say, a Swedenburgian visitor (out of a mad-house) maintained that she was not insane, and that possibly her version of the scripture was correct. This woman farther asserted, that she would not go into a bath without her son, a young man of twenty-five years of age; she also quoted scripture to explain this fancy: the Swedenburger said that this was a natural desire. M. S. may be cured, the Swedenburger is incurable; for S. is insane on all points, the Swedenburgian insane on one.

*95. In our observations on temperament, the colour of the hair is a matter of importance, especially in hereditary insanity. I have known four individuals of light brown hair insane in one family; the only exception was in favour of one brother with red hair; insanity in red-haired persons is rare, but more common in the dark and light brown.*

* Out of 265 patients, Haslam states that 250 had dark hair and 60 light hair. Esquirol states, that chestnut hair
96. The most frequent moral causes of insanity are—

1. Pride.
2. Fear.
3. Fright.
4. Ambition.
5. Loss of property.
6. Domestic cares.

97. Of these, domestic cares are the most active:—under this head are included—family dissensions, strife, and disappointment in business; most of which drive their ill-fated victim to inebriety and other debilitating excesses, to forget their misery. It is this view of the subject that has induced me to consider habits of intoxication as a complication of the causes of insanity.*

is the most common at the Salpêtrière; out of 226 patients 118 had dark hair; 39 fair, 36 gray, 31 black, and 2 auburn. At Hanwell, out of 1000 patients I had only 23 red-haired ones.

* In cases of insanity brought on by the abuse of liquor, it will generally be found that the patient was of a violent temper. M. C., a brother officer of mine, who three times drank himself into a state of lunacy, was of a quarrelsome disposition, constantly embroiled in disputes and fighting
98. Joyous passions rarely bring on insanity. Excess of joy may kill, but scarcely ever deranges the mind. A sudden accession of unexpected fortune may cause insanity, but the sentiment which such an event produces is different from joy; it is a mingled sentiment of surprise, doubt as to the event, and the apprehension of losing the gift of fickle fortune; sudden prosperity, like sudden calamity, astounds and shakes the intellect.*

99. In hereditary predispositions, children born before their parents were attacked with insanity are less liable to the disease than those that came into the world after the malady had been developed.

100. Children of aged parents are more subject to melancholy than others, although their intellects are generally acute.

duels; the disease, however, was hereditary. In most cases of insanity attributable to inebriety, hereditary predisposition can be traced.

* Esquirol mentions the case of a man who fell into a state of dementia on receiving the information of his nomination to a high post of honour; the disease arose from his despair on being obliged to quit a woman he loved. Another person lost his senses after gaining a prize in the lottery; it was not the sudden gift of fortune that deranged his faculties, but the constant apprehension of being robbed.
101. Children subject to convulsions are more subject to hereditary insanity than others. Sudden terror during childhood is frequently followed by insanity towards the age of puberty.

102. Women frightened during their pregnancy frequently bring forth offsprings predisposed to insanity.

103. Injuries of the head are more frequently causes of delirium than of insanity in adults, but in infants and children it frequently predisposes to the disease. There are instances on record, in which an injury of the head has occasioned a peculiarity of character.*

104. The delirium following a blow on the head is frequently mistaken for insanity, as it is marked by symptoms that are considered lucid intervals.

* While injuries of the head are apt to affect the state of mind and produce hebetude, they have been also known to develope latent mental faculties. Cox relates the case of Father Mobellon, who acquired a sudden increase in his understanding after the operation of trepanning. Van Swieten mentions the case of a girl who was imbecile, until the trephine was applied for the removal of a depressed portion of the skull. Haller reports the case of an idiot who was restored to his understanding by a blow on the head.
105. The phenomena of menstruation are closely connected with the mental manifestations; the suppression of the catamenia, or their irregularity, often produces insanity, which not unfrequently is observable immediately after the suppression.

106. Leucorrhœa is not an uncommon cause of insanity, and is usually connected with great uterine exciterent; puffiness and swelling of the labiæ, enlargement and great contractility of the clitoris, and the secretion, viscid and clammy, emits a peculiar odour, somewhat resembling that of elder flowers; the urine, turbid and whitish, smells like water in which liver has been boiled. In many of these cases masturbation may be traced.

107. The suppression of an hæmorrhoidal discharge in both sexes has been known to produce insanity.

108. The suppression of acute eruptions, and the sudden disappearance of chilblains, have been precursors of mental aberration, and mania has been observed to supervene after an inflammatory rheumatism had subsided. Profuse bleedings have also given rise to mental diseases.

109. Insanity will often appear during preg-
APHORISMS ON INSANITY.

nancy, but it is chiefly after parturition that this disease is observable.*

110. The delirium that attends the milk fever has been frequently considered as insanity, and there are instances of the crime of infanticide being committed under the excitement of this cerebral disease, when an unfortunate victim of seduction in a frantic moment has destroyed the offspring of her imprudence.†

111. Puerperal insanity generally arises between the fourth and the fifteenth day after child-birth.

112. Although it is difficult to distinguish puerperal madness from other cases of insanity, yet it is in general attended with more or less febrile excitement, and partakes more of the character of delirium. The disturbance of the

* At the Salpêtrière, out of 600 female lunatics, 82 had lost their senses after confinement; and out of 144 patients in the higher classes of society 21 similar cases were observed. Women have been known to become insane after every accouchement. Esquirol states, that in some years the proportion which these cases bears to others was one-tenth and one-twelfth.

† This is a point which is worthy of deep consideration. When an inquest sits upon the body of an infant supposed to have been destroyed by its mother, in many instances it is an act of febrile delirium.
circulation in this malady is a point of the greatest importance, and it is but too often fatal when the pulse is rapid. There is reason to believe, that in these cases there is an absorption of milk in the system, producing a fatal metastasis.*

113. Puerperal madness rarely terminates in permanent insanity.

114. In puerperal madness, frequency of the pulse, great prostration of strength, and considerable restlessness, must be considered alarming symptoms.

115. Puerperal madness is more frequently a consequence of delivery than of suckling.

116. In puerperal fever the balance of circulation is disturbed, and local congestion will be the probable result. This derangement of the circulation seems closely connected with the lacteal and lochial secretions, when, as I have observed, it is probable that these secretions are thrown into the blood-vessels by a morbid absorption.

117. Attacks of puerperal fever are generally

* It is in vain that pathologists deny the existence of disease occasioned by a metastasis of milk; what the French call "transport de lait," lait répandu. Such cases are much more frequent than is imagined or admitted, but edematous swelling of the leg is one of its usual symptoms.
ushered in by lowness of spirits; great apprehension of impending evil; the countenance is pale, and betrays great uneasiness; the skin is moist, hot, and soft, the tongue white, the breasts flaccid, the pulse small, quick, and concentrated; there is little or no tension or pain in the abdomen; the head and uterus are occasionally painful, and the patient appears to labour under a monomaniac delirium or mania, rarely betraying symptoms of dementia.

118. This state is not unfrequently the precursor of frenzy, which generally proves fatal between the third and fourth day of the invasion of the disease, rarely continuing beyond the seventh, whereas puerperal madness will frequently prevail for weeks and months.

119. The impression of cold may be considered the chief cause of puerperal madness; exposure to a draught of air, ablution in cold water, sudden change from a warm room to a lower temperature, frequently produce it: the constriction of the capillary vessels produced by

* The following is the classification of puerperal insanity given by Esquirol in 92 cases.

Dementia . . . . . 8
Melancholy, or monomania . 65
Mania . . . . . 49
this cause may tend to occasion a retrocession of the lacteal and lochial secretions. This disease rarely occurs without a suppression or a disturbed secretion of these fluids.*

120. Sudden and imprudent weaning often brings on this species of insanity.† This fact seems to warrant the hypothesis of the milk being absorbed in the system.‡

121. Sudden fright and violent emotion frequently cause puerperal madness.§

* Esquirol states that out of 92 cases of puerperal insanity, 14 cases were the result of physical causes, and 10 of these from the influence of cold.

† Esquirol attributes 19 cases out of the 92 to this cause.

‡ The experiments of Chausier and Bichat, which showed that after death there was no appearance of milk being effused in the abdomen, are by no means conclusive. Recent experiments have shown that, after the ligature of the mammary vessels in suckling animals, milk has been found in the blood.

§ In ancient Rome a crown was suspended over the door of every woman after childbirth, to point it out as a sacred asylum, placed under the protection of the public. At Haerlem there is a municipal regulation that directs that such dwellings should be distinguished by a particular mark, to keep away intruders or unwelcome visitors. Moral causes of this malady are so frequent, that Esquirol considers 46 cases out of the 92 to have been the result of mental emotions.
122. Puerperal madness is more frequent in females that do not nurse, than in those who perform the duties of a mother.*

123. Although a suppression or a derangement in the secretion of the milk frequently precedes puerperal madness, this is not always observed, and the suppression will occasionally succeed the mental disorder. That a suppression or diminution of these secretions is to a certain extent the cause of puerperal madness, is further confirmed by their being restored to a healthy state as the patient recovers her mental faculties.

124. An immoderate flow of lochia has been known to precede puerperal madness.

125. Puerperal madness has been relieved by a copious discharge of an albuminous secretion from the ear.

126. Before the invasion of puerperal madness, the patient will often complain of a sense of pressure on the rectum—a symptom which, no doubt, arises from uterine sympathies.

127. A complication of epilepsy, with insanity, is a disease that rarely admits either of a cure or relief.

128. Many epileptic lunatics are furious be-
fore and after the fit, but tranquil and rational during their intervals. The form of the complicated affection of the mind varies; but the great majority of the cases are of dementia.*

129. The paroxysm of rage of epileptics generally takes place after the fit, when they are most dangerous and unmanageable.

130. When children are affected with epilepsy, idiocy is frequently observable; after the first attack, at a later period of life, the memory and all the mental faculties become gradually impaired, and dementia is the result.

131. Many fits bear an epileptiform character, but do not exactly amount to epilepsy, which may, however, be considered as the probable termination of the disease.

132. Epilepsy must be considered a long and dangerous malady, but rarely fatal in its first attack.

* Out of 339 epileptic, under Esquirol, 12 were affected with monomania, 30 with mania; 145 laboured under dementia; 8 were idiotic, 50 were in general rational, but with defective memory and exalted ideas; 60 betrayed no mental derangement, but were very susceptible, irascible, stubborn, and capricious; 34 were violent, but in three of this number their fury was only manifested after the paroxysm.
133. When epilepsy is hereditary, it may be considered incurable.

134. Epilepsy rarely attacks children who have cutaneous eruptions on the scalp.

135. Epilepsy will disappear for several years, but the patient will relapse when exposed to any exciting cause.

136. Attacks of epilepsy in early infancy are rarely curable, but are incurable if not relieved before the age of puberty.

137. Attacks of epilepsy, from the age of three and four years to the age of ten, may be cured, if attended to in time.

138. Persons attacked with epilepsy towards the age of puberty, will, in all likelihood, be cured when the period is passed.

139. Cases of epilepsy that occur after puberty are not always incurable.

140. Marriage has cured congenital epilepsy, but has aggravated the disease in other cases.

141. An epileptic attack during pregnancy is fraught with danger.

142. As epileptic fits become more frequent and severe in their attacks, the case becomes more perilous.
143. Death generally occurs during the state of collapse that follows the fit. *

144. Epilepsy complicated with insanity is incurable; and it is to be apprehended that the supposed cures of this complication were merely cases of epileptiform hysteria.*

145. In epilepsy there is no doubt that a sympathetic influence prevails, which may not only bring on an attack in subjects predisposed to the malady, but occasion a fit in persons enjoying good health.

146. Intestinal irritation frequently produces mental aberration: a chronic inflammation of the alimentary canal, the presence of worms, have been considered as the occasional causes of insanity.

* * * Esquirol states that out of 300 epileptic patients at the Salpêtrière upwards of 150 are insane—the same proportion was returned at Bicêtre and Charenton. The furious paroxysms of epileptic lunatics is most formidable and uncontrollable. There are silly Utopians who maintain that lunatic epileptics, who enjoy a lucid interval between the fits, are not proper subjects for an asylum; they forget that the violence of these unfortunates during and after their paroxysms is such as to endanger the life of those around them. The maniacal outbreaks of the epileptics generally succeed the fit, and rarely last more than three or four days.
147. In subjects predisposed to insanity, a perspiration being suddenly checked has been known to develop the disease.

148. The abuse of mercury, opium, and other narcotics, has been known to usher in lunacy.

149. Insanity is continued, intermittent, and remittent.

150. In remittent insanity, the disease assumes various forms, and the apparent remissions seem to be under the influence of both moral and physical agency—the time of day, the season of the year, the irregularity of the catamenia or hemorrhoidal discharge, added to the influence of kind or harsh treatment.

151. Intermittent lunacy is characterised by quotidian, tertian, quartan, monthly and even annual intermissions, when the paroxysms return with singular regularity, although this is not always the case, the attack being more or less irregular, and apparently under the influence of various causes.

152. Lunatics appear to be less disposed to epidemic and endemic diseases than sane persons. The invasion of these maladies has been known to produce a favourable crisis.

153. A profuse bleeding at the nose has
been known to remove insanity; a violent menorrhœa has produced similar results.

154. A powerful sympathy seems to prevail between the brain and the skin; cutaneous eruptions suddenly suppressed, causing insanity, and a reappearance of the disease affording relief, and not unfrequently bringing on a cure; small-pox has restored the mental faculties to a healthy state; but in lunatics this disease generally proves fatal.

155. A sudden flow of tears, and an increased secretion of saliva, have proved favourable, especially in cases of insanity of an hysterical character.

156. A free perspiration is favourable, but clammy partial sweats are symptoms of chronic inflammation of the membrane of the brain, and of the mucous membrane of the intestinal canal.

157. Pthisis pulmonalis is a common complication of insanity. The absence of purulent or muco-purulent expectoration is not a sufficient reason to doubt the existence of consumption, as lunatics are in the habit of swallowing their expectoration.

158. Diarrhoea, when it cannot be easily checked, will most frequently terminate fatally.
159. The pains in particular parts of the body, of which lunatics complain, are frequently imaginary, and arise from some peculiar delusion. Much mischief may accrue from a treatment grounded on such complaints. Lunatics will often point to a supposed wound: One of my patients imagines he is in a sea-fight, closes one of his eyes, maintains that it has been shot out, and swears that his leg has been carried away by a cannon-ball.

160. We have, however, reason to suspect a chronic inflammation of the digestive organs, when patients constantly complain that they have dogs and wild beasts, venomous reptiles gnawing their inside, or that devils or soldiers are constantly fighting in their stomach and bowels. In these cases the countenance of the patient, and the nature of their alvine dejections, must direct our judgment.

161. A diseased state of the uterus may be apprehended, when insane women complain of the devil or some strange object being connected with them, and causing a state of pregnancy: these cases are usually of an hysteric nature, and rarely admit of a permanent cure.

162. The supposed appearance of various imaginary persons and singular forms, is frequently
anoptic deception, which ceases in darkness, or when the eyes are covered.

163. When lunatics refuse food on the plea of its bad taste, bitterness, or other unpleasant qualities, fancying that it is poisonous, this symptom frequently denotes a disordered state of the digestive functions, and the tongue will generally indicate this derangement.

164. The illusions in lunatics seem to depend upon the nature of their delusion, and to arise from an influence of the senses on the sensorium, whether this influence is communicated from centre to circumference, or from the sentient periphery of the body to the internal viscera, every sense being occasionally brought into a morbid action.

165. Illusions differ from hallucinations or visions, which only appear to affect the brain in a transient manner. This difference, which is of great practical importance, is difficult to ascertain or define. Illusions are not unfrequently caused by local diseased action.

166. The delirium of fever has not unfrequently been mistaken for an attack of insanity. There is a wide difference between these abnormal conditions. In delirium, although the ravings of the patient partake of the character of
insanity, and the sequence of ideas is disturbed, the ideas, though erroneous, are definite: in madness they have no logical relation, nor do they involve any series of ideas.

167. The furious paroxysm of maniacs, although alarming, is of no great importance when it is followed by a calm state, and does not break their night-rest. It is essential to ascertain whether these violent outbreaks are symptoms of the malady, or arise from the excitement of external irritation. The physical treatment which might relieve the brainular excitement would only increase the violence, if the excitement is occasioned by a supposed or actual ill usage or harsh management.

168. When this state of violence and unmanageable fury is incessant, we may suspect an organic injury, and very frequently an anormal enlargement of some part of the cranium is detected after death; the membranes of the brain, in all probability, will also be found inflamed. In these cases, want of rest, deficient powers of digestion, gradually reduce the patient, until his voice, once loud and stentorian, becomes hoarse and veiled, and he sinks in a state of extreme exhaustion. Death from exhaustion, produced by constant excitement, is a common termination of mania.
169. Fury is to be considered an accidental symptom, and is not a pathognomonic characteristic of any particular form of madness. It is observed in mania, in dementia, and occasionally even in idiocy, when the patient is disappointed or deprived of a favourite bauble.*

170. Paroxysms of rage are generally observed in the sanguine and the bilious-nervous temperament; these explosions seem also to be under the influence of atmospheric temperature and the prevalence of certain winds, more especially from the easterly quarter, which, in the nervous and leuco-phlegmatic temperament, induce greater despondency and melancholic depression.

171. An attack of fever has been often known to prove critical in the cure of insanity, and appears to arise from a salutary reaction.

172. The appearance of boils, eruptions on the skin, its becoming ulcerated, especially on the legs, may frequently be considered as salutary: an eruption of the skin has frequently been followed by a rapid convalescence, a sudden tumefaction of the parotid and sub-maxillary

*Heinroth and Pritchard are of a different opinion, although daily experience in a large establishment confirms my assertion, in which Esquirol coincides.
glands is also favourable, and suppuration should be encouraged.

173. A profuse perspiration and a sudden copious emission of sperm have been known to prove critical: a profuse leucorrhæa has been also observed to relieve mental incoherency with surprising rapidity.

174. Although coition, in female lunatics, has been known to relieve the mental derangement, yet it cannot be considered as likely to prove salutary; for pregnancy, notwithstanding the revolution it operates in the whole system, has rarely been observed to effect a cure.*

175. Monomania, more especially when of a melancholy character, is perhaps the most unmanageable form of insanity. It generally arises from an indulgence of reveries and speculative hopes and fears, doubts and desires, which, ceasing to be under the restraint of reflection and judgment, assume at last a morbid ascendancy.

176. Monomania is more frequent in subjects of a vivid apprehension and great impression-

* Castration has been known to cure a lunatic; but these instances of strange recoveries cannot be considered as leading to any general practical conclusion, and can only be viewed as cases of powerful revulsion.
ability, and is generally the result of an imprudent indulgence in the vagaries of the imagination.

177. Deep study of any particular science—the ardent pursuit of any desirable object, the loss of the power of will in drawing the mind from its constant train of thought, may be considered as the frequent causes of monomania.

178. Regret and repentance, exaggerated by a morbid apprehension for the future, or fear for the present, contribute to develop the malady. The patient fancies that he has forfeited every hope of bliss in this world by the loss of the object of his affection, or of happiness in an after state, from the commission of imaginary sins. This condition characterises the gloomy monomaniac.

179. In other cases, intensity of indulgence in a morbid train of thought leads the patient to imagine that he has attained the summit of his ambitious views; he has borne off the palm of victory, obtained a conqueror's diadem, communed with the Deity, or been crowned by Apollo and the Muses; his mind is so engaged with these brilliant hallucinations and occasional
visions, that it can no longer cast off the shackles that confine it within the morbid circle of false perception, revelling in fairy dreams.*

180. Monomania is the result of civilisation, which in its progress necessarily develops artificial passions grafted upon natural propensities. Hence will monomania vary in character with the prevalent ideas and circumstances of the times, under the influence of fashion, and the state of society.†

181. Melancholy differs widely from hypochondria. In the first malady the intuitive train of thought is constant and exclusive, permanently and ardently indulged in, and accompanied with fear and apprehension of future evil. In hypochondriasis there is dyspepsia, and the mental aberration generally refers to the physical con-

* Rush has called the gloomy monomania trislomania, and the gay monomania amenomania—an ingenious distinction.

† Esquirol observes, that since religion has lost its influence on the minds of the people, demonomania and religious delusions are no longer observable; and governments, to preserve tranquillity, having been obliged to have recourse to police precautions, fears of the magistracy have succeeded those of divine wrath, and madhouses are filled with patients who fancy that they are pursued and persecuted by legal authorities.
dition of the patient. In monomania, the ravings partake of the character of delirium; not so in hypochondria, where the mental aberration, although dwelling on a particular apprehension, may be diverted into other channels by contending hopes and fears.*

182. When the features of the monomaniac bear the cast-iron impress of terror and melancholy, there is no hope of recovery; but when the features are occasionally relaxed from their rigidity, hope may be entertained; an obliquity in the look, and constant side-glances, are also of bad character.

183. Constant biting of the nails, attempts to scratch and tear the skin, a sudden halt in walking, stopping and apparently listening to some sounds, &c., are most unfavourable symptoms.

184. Melancholia is more prevalent in summer than in winter. During the warm weather not only is mental exaltation more vivid, but excesses in living are more apt to excite with greater energy.

185. Melancholia is rarely observed between the age of twenty-five to thirty-five, very rarely after fifty-five. In youth the passions are more

* Melancholy monomania, however, is frequently preceded by hypochondria.
transitory, and the cares of life are not felt so sensibly as in adults; yet will disappointment in love, in studious pursuits, and ambitious hopes, ever associated with vanity, and religious doubts and speculations, often derange the intellect in youth; but it is more subject to aberration when the imagination is less active, when the mind ponders with more intensity upon surrounding difficulties, and wanders in the reveries of a dismal futurity. In advanced age, man has become inured to disappointment, and has received so many philosophic lessons in the school of life, that he only wonders that he ever could have wondered at any worldly occurrence.

186. Women are more subject to melancholy impressions than men; their sedentary occupations, the powerful uterine sympathies that constantly act and react on their nervous system, their ready impressionability, added to the circumstance of their being essentially illogical, more naturally predispose them to mental depression. Religion and love, two sentiments closely akin, are the principal sources of their melancholic monomania. After these two causes, pride or offended vanity exercise a mighty influence, though pride and vanity may be considered as the usual attendants upon love.
187. A disposition to court solitude, and ascetic ideas, are the precursors of melancholic monomania; labour, and an active course of life, are opposed to its influence.*

188. Long fasting, great debility, whatever may be its causes, predispose to this form of insanity, which is also frequently preceded by indigestion and irregularities in living.

189. Melancholy monomania is the form of insanity which masturbation is most likely to bring on.

190. This disease is sometimes followed by mania, but more generally by dementia. In the latter case the predominant idea still prevails, but it is expressed with incoherence and wandering, instead of being maintained with pertinacity as a confirmed conviction.

191. Melancholia is more frequently complicated with disease of the lungs and displacement of the colon. Out of one hundred and sixty-eight fatal cases Esquirol only detected fourteen in which any abnormal condition of the brain could be discovered. Sympathies with the diges-

* Esquirol is of opinion that musicians, poets, actors, merchants who have engaged in perilous speculations, are the persons most subject to this disease; he states that he has been consulted by more than twenty theatrical performers. This has not been observed in England.
tive organs not only precede but accompany the
development of the disease.

192. Women are more subject to demono-
mania than men. With them it is generally com-
plicated with hysteria.

193. Whatever may be the cause of the
phenomenon, when demonomaniac women are
plunged into a bath, and invariably rise to the
surface of the water, the case may be considered
of an obstinate nature.

194. Monomaniacs are more prone to commit
suicide than any other lunatics.

195. The propensity to suicide is very often
combined with the impulse to commit homicide.

196. Suicidal propensities are known to be
frequently hereditary.

197. Suicidal insanity appears to prevail under
the peculiar influence of certain seasons and,
temperature, more frequently in summer and in
autumn, and in warm and sultry weather, espe-
cially previous to a storm.

198. The propensity to suicide appears to be
a moral perversion, in which the strongest in-
stant of nature, self-preservation, is subverted.

199. That suicidal impulses arise from a moral
perversion is evident from its having prevailed
amongst certain sects and classes of enthusiasts,
victims of erroneous impressions, and proselytes
of ambitious impostors, or ecstatic madmen. It could scarcely be maintained, that the sectarians of any particular schismatic doctrine should all labour under the influence of physical causes, while nations and tribes have considered the sacrifice of life welcome to the Deity, and a praiseworthy action.

200. Suicide may be considered the result of a physical disease, when it arises from an outbreak of the passions. Thus individuals of a sanguineous temperament, irascible in their temper, are more prone to commit this act when labouring under a temporary delirium. Such cases may be called acute suicide. In the nervous and bilious temperament the propensity assumes a chronic character. Jealousy, hatred, revenge, are at work, and the crime is the result of calculation, premeditated and indulged in for a considerable time. In these cases it is no easy matter to seek to attribute the commission of suicide or homicide to insanity, and indeed such a conclusion would be most unjust, since it would affix on the surviving family the stigma of lunacy.

201. The propensity to suicide, resulting from hypochondriacal fears, is very difficult to manage; such unfortunate beings are afraid to die, and