MANAGEMENT OF LUNATICS;

WITH

ILLUSTRATIONS OF INSANITY.

BY

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"Observez les médecins qui guérissent le plus: vous verrez que ce sont presque tous des hommes habiles à manier, à tourner, en quelque sorte à leur gré, l'ame humaine; à ranimer l'espérance; à porter le calme dans les imaginations troublées."

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INDEX.

MANAGEMENT.

INSANITY

is want of control of our feelings and propensities. (note a.)

It is conceived of by adverting to dreams, absence, reverie, full influence of any strong emotion, anger, (note b.) joy, grief, astonishment.

Appearing only in words or little acts, it is DELIRIUM, being to more active insanity as dreaming to sleep-walking.

Relating to certain subjects only, it is MELANCHOLY, generally with dejection.

Relating to the patient or his affairs, with distress, it is HYPOCHONDRIA. (page 12, c.)

Weakness of understanding, of will and affections, passiveness of mind, not connecting ideas received, is DEMENCE.

Obliteration of intellectual faculties is IDIOTISM.

INSANE persons cannot direct their attention *ad libitum*, as others cannot collect themselves, after witnessing uncommon events.

When objects presented are not noticed, and clear sounds make no impression, there is no proof of failure of the senses; the mind, intent on other objects turns not to these, and receives not impressions they can convey. Thus susceptibility to cold, hunger, thirst, sound, and to fulness of the bladder, is lessened even in "sane" people.

Imperfect memory is consequent to unsusceptibility and deficient attention, all opposed to true judgment.

When the senses are blunted, while memory, imagination and association of ideas are entire, ideas from these predominate, and produce corresponding conduct; as in severe erysipelas, the eyes, ears and nose being shut by inflammatory swelling.

When insane persons are asked the reason of certain extravagances, they often say, "I could not help it," "I forgot," "I was dreaming,"

Ubi sum, ibi non sum; ubi non sum, ibi est animus.

Insanity often resembles somnambulism. Some, who have been insane for years, speak of events before insanity as late ones, and forget late ones, as dreamers have no idea of the time they have slept, and often no distinct recollection of their dream; and as the aged remember the events of youth, not those of recent days.

Little dependence is to be placed generally on the promises and apparent resolutions of lunatics.—*Terent. Eunuch.* 1. 1. 12—19.

When, in suspicious insanity, the eye or ear is very acute, or any sense or faculty, may it not be attributed to constant use; or is it analagous to that sensibility in other diseases, in which the sufferer, highly susceptible to atmospheric influence, foretells storms, though shut from seeing the sky; and by which a door's creaking is so offensive, and certain sights so frightful to some?

Some lunatics are wakeful, for the same reason apparently as "sane" persons greatly excited.

The astonishing strength of some lunatics seems analogous to that of some "sane" persons, under strong affections, and motives, as anger, sense of danger, wish to defend.

(d.) Strong sexual desires often seem independent of the moral state, their appearance following application of physical agents, effluvia of cantharides, certain food, &c.

(e.) Many apparent extravagances of lunatics are measures indicated by their peculiar state. A lunatic throws a chair at his window, not to break it, but to be rid of the person he fancies spying him. Another unconscious of disease quits home, to avoid restraints he thinks arbitrary.

Some insane persons seem impelled irresistibly to acts they abhor, murder, &c. and warn their friends of them. It may be conceived of by adverting to burning lust with the power of gratification, to a ferocious hungry animal in sight of prey, to man on a lofty eminence, to women's "longing." "A pregnant woman, seeing a baker with naked arms, made her husband hire him, to let her bite his arm."

Is not "charming" in animals attributable to similar principles?

Persons experiencing noise in the ears, with increased activity of imagination, sometimes fancy distinct sounds, revelations, an animal in their head. Increased susceptibility makes them alive to such affections, and subjected to them;

Omnes se terrent auræ, sonus excitat omnis.

Should any one, in the irritability induced by midnight study or similar causes, consider this subject intently, even a short time, let him move from his reach every means of self-destruction and maniacal extravagance, and quit his study as soon as he feels that *exaltation d' imagination*, its almost necessary effect, and analogous to effects of midnight frightful tales, &c. and to the state attending maniacal extravagance.

Disposition to insanity, like other qualities of parents, seems transmitted to children. (note f.)

Many, become insane, have showed peculiarities of mind from early infancy.

(g.) Constant reciprocal action appears between mind and body. (note h.)

That each mental power do its office is essential to rationality.

(h.) Strength of each power and propensity is proportioned to its use.

Inactivity or undue exercise of any power or propensity disturbs the intellectual equilibrium. Note hh

Disease, apparently from difficult accomplishment of puberty, oftener attacks girls than boys. The womb

and breasts are often disordered, and specially affect the mind; the cessation of their functions is often unfavourable.

Females are obliged generally to be cautious, which saves them the consequences of many false steps.

Through life most of them look to some one for support and advice.

Men have more objects and anxieties than women; but each object has but a share of attention and interest. If any fail, attention to others diverts from disappointment.

As soon as girls are marriageable, their principal object is to please men, for physical reasons, and for prospects in life. If they fail at the expected period, especially if their views centre in an individual, they have small defence from extreme disappointment. (note j.)

Without prepossessing qualities to secure common civilities of society, they often suffer severely.

Men's profession is their principal object, matrimony an occasional one, often subservient to business, and suggested by circumstances. Disappointment from this source is generally counteracted by business.

Widows suffer more than widowers, their chance of repairing their loss being less.

The generally extravagant anticipations of marriage-life especially depress females, as affecting their chief interest.

Disappointment in facility of living, pecuniary means, and personal estimation immediately affect the husband; but in his known affections, the wife participates considerably.

Sickness shows special effect on men, keeping them from activity and means of subsistence, and making them anxious about their affairs.

Sorrow, mortification, suspicion, caprice, prejudice, unnatural gratification of lust, show respectively equal effect on the sexes.

These show special effect on men ; impatience, petulance, responsibility, rashness, avarice, pride, extravagance, dishonesty, political and professional enthusiasm, gormandizing, venereal disease.

These show special effect on females ; jealousy, irresolution, religious enthusiasm, *ennui*, fashion, seduction, abstinence.

From puberty, brilliant talents, astonishing facility of receiving and communicating ideas often appear suddenly, especially in females, followed by mental mediocrity, disappointment and supineness.

Some, with conscious energy, and premature or professed estimation of friends, especially in families less informed than themselves, begin life with extravagant expectations of success, think themselves objects of interest, and adopt peculiarities,

Digito monstrari & dicier "Hic est !"

That they fail to conciliate and are of the multitude paralyses their efforts. (note k.)

Some seem to think industry alone required, and but in the favourite branches of their pursuits, not regarding the management and drudgery essential to success forgetting that though "knowledge may give weight,

and accomplishments give only lustre, many more people see than weigh." (And Chesterfield. 296 let.)

Some, expecting inheritance, think exertion unnecessary, society's estimation worth little. They often show extreme effects of *ennui*, and irrationality. Notekk

Intemperance may be consequent to maniacal disposition, and aggravate it, or precede it. Notekkk

Intemperate parents are often succeeded by insane children. (8. f.)

Misplaced confidence in others is a great enemy to mental repose and sanity.

Nemini confide secures constant exertion of the intellectual powers, (8. h.) instead of reliance on others. (And Earl Clarendon's Life continued, ed. 3; vol. 3, 977, and Tristram Shandy, vol. 1, chap. xi. "Gravity.")

"Treat your friend as if he may be your enemy, and *vice versâ*," secures caution and prudence, protectors from disappointment and its consequences, encouraging constant connexion in the mind between present conduct and distant consequences;

nullum numen abest si sit prudentia.

"Disinterestedness" shows no immediate reference to self, but looks generally to distant self-profit, reputation, satisfactory occupation, power of patronage, grateful return. Notekkkk

Parents are often grateful for kindness to their children. (And Rochefoucault's Max. "Gratitude")

(note l.)

(☞. g.) When changes in the mind follow effects on the body, we know not whether they are from these effects, or distant consequences from intermediate ones.

"Man is a harp, whose chords elude the sight."

Sometimes peculiarity of mind coexists with peculiar form of head, especially in idiots from birth, as often with common form. Dissection of the head shows the same.

Other disorders show as frequent disease of the head, and the same as insanity.

The digestive organs oftener show disease in insanity, than the brain, particularly before and during *hypochondria.* A fit of anger in "sane" persons is often succeeded by increased bilious secretion and vomiting or purging, or copious salivation.

Some idiots exhibit the manners, voice and propensities of some animal, refuse other than its peculiar food, and show no acts like men's. "An idiot not only exhibited the manners of a sheep,but his back, loins and shoulders were covered with a sort of hair flexible and blackish, an inch and a half or two inches long, in fineness approaching wool."

(c.) Some states of body are attended with analogous delusions. Insane persons, with commotions and rumblings in their bowels often attribute them to animals within. Some, with bowels morbidly swollen, fancy themselves pregnant. Some with eruptions of the skin fancy they have the itch. Some who have had venereal disease, or think they have been exposed to it, attribute their uneasinesses to its fancied existence. Some who have had piles attribute theirs to a growing fistula. Some, subject to sensation of light-headedness, fancy they have lost their head.

An invalid rich man loses a small part of his fortune, poverty stares him in his face. Another suffers opthalmy, the horrors of blindness beset him. Another, with superabundant health, gains a little bodily weight, and is haunted by apoplexy. What is there surprising in the delusions and extravagance of those whose reasoning powers are yet weaker!

Even "sane" people are subject to delusion, apparently unconnected with and dissonant from their bodily state. Persons having suffered amputation express feeling from the amputated part. Memory of sensations or ideas strengthened by their force or repetition gives the impression of reality. To this are attributable many delusions as to fear, hope, expectation, e. g.

To ascertain the existence of insanity, or the feint of it, unless the intention of the examiner be concealed from the patient, the enquiry must be extensive.

Melancholy from home-sickness hides its cause.

That lunatics are insensible to suffering, is a cruel error.

Strangulat inclusus dolor, atque exæstuat intus.

A raving maniac, under my care became stupid, and apparently indifferent to every thing, extremely filthy, and as would be called, a most disgusting object. He passed some weeks like an animal, without speaking or seeming to regard the endless and

severe attentions he needed and received. His first speech was, with emphatic sobs "did you *ever* know *any*-one *half* so wretched as I?"

Quæ sua sors hodie est, cras fore vestra potest!

Do dreaming men, or unjustly angry, anxious, distressed, envious, suspicious, prejudiced, impatient, petulent, avaricious, proud, enthusiastic, jealous, irresolute, suffer less because their feelings result from delusion?

O munera nondum intellecta Deûm!

AS soon as maniacal disposition appears, let the sufferer be secluded, to counteract it, and that it may not be exposed to society, on whose estimation he depends after recovery. Specially important is this step, if, as is generally the case, he has been suffering bodily infirmity. Then insanity is not recent, but needs efficiency to dislodge it.

Lunatics should be deprived of means of injury, and placed in situations least likely to excite or continue their extravagances, most favourable for self-command, and for controling them by gentlest means, when self-government is insufficient.

As their extravagances result from some uneasiness, their situation should be comfortable as possible, with such domestic circumstances as they can enjoy.

Neatness is essential to sense of personal dignity.

In early stages, arrangements peculiar to well-conducted asylums presently relieve many, without active medical treatment. Later, the disease is more

complex and fixed, especially after injudicious management.

Let one, who has required fullest coercion, be brought to an asylum, in the irritation generally produced by domestic restraint. Receive him with courtesy due a stranger, he finds nothing there to which he can refer such feelings as have agitated him; feelings arise corresponding to his new situation.

Bring one, whose caprices have been indulged, and tyranny dreaded. Oppose his extravagances at once by effective energy, he sees the futility of resistance.

Asylums should seldom be viewed as objects of terror, nor be named to patients before entering them. Patients should be conveyed there without exciting suspicion. They need not learn the nature of their residence, till maniacal extravagance discloses it. Generally surprize arrests their attention for the disclosure of the leading principle of the establishment, the inseparableness of self control and comfort, of extravagance and irresistible constraint.

Those who wish them should have separate rooms, not be forced into society they do not desire.

Intercourse with each other may be encouraged, while it is free from any thing unpleasant. It should be so conducted that the parties be not injured as to their disease; nor, in cases of mutual convalescence, as to after-acquaintance.

Those disagreeable to the rest should be removed from them, as should every cause of discontent. Address should be used to separately satisfy each party.

(m.) Generally improper behaviour should be followed by seclusion. Sometimes maniacal extravagance has contagious effect, especially on recent and perhaps transient insanity.

Generally idiots should not be seen by other patients.

To those who show extravagant lust sight of others is often aggravating; their own example dangerous. (7. d.)

Cheerfulness often irritates and distresses melancholicks, making their state more conspicuous to them. Greater sufferers than themselves offer them comparison in their own favour. (22 p.) Sight of distress is more likely to effect content and cheerfulness than gay scenes.

——Similes aliorum respice casus;
Mitius ista feres.

Some patients resist regulations, thinking them made for themselves. The sight of other's extravagances serves them as a mirror, and shows them the necessity of order and direction. A useful competition often follows, as to the rationality each can exhibit.

Classing them according to their self-control strengthens it.

Note cc.

(n.) Placing boisterous patients within hearing of each other is often useful. They are generally timid; and fear of each other calms extravagant excitement. They sometimes "beg to be removed from such frightful noise." (24. o.)

Some use habitually high tone of voice, to be checked by addressing them in a low tone, and dis-

regarding questions and requests, made in a different tone. They should be separated from the more quiet to prevent annoyance.

Those under particular diet should take it separately, lest they crave the common diet; others may meet at meals.

It should be understood by the patients no intemperance is allowed; stimulating diet is fuel to their disease; therefore (q.) only those who act rationally will have a common diet; the quantity of each one's food is to be proportioned to his activity. This will be a great inducement to employment (20. r.) and will counteract a propensity common especially to female lunatics, of staying in bed, which excludes inducements to action, and invites recurrence to circumstances which excited, or continued the disease.

Indifference to food must be steadily counteracted. The sufferer may generally be induced to take nutritious liquid at meal time.

(v.) The food should be pleasant and well served. Sausages, anchovies, oysters, smoked beef, ham, salmon, often excite appetite.

When patients show determination to fast, attempts to dissuade often confirm it. When it shows wish to give anxiety, apparent indifference is likely to arrest it. Attention to the digestive organs, exercise, diversion, sight of the family enjoying a good meal, none of it being offered to the sufferer, as if he could not eat, are useful means.

When it has been necessary to oblige a patient to take food, I have used satisfactorily a flexible bottle

and stop-cock filled with milk, or rennet-wey with wine. Medicine too may be given so.

In urgent cases, nutritious clysters may be used, the patient being first made quiescent, if necessary, by mechanical means.

Inappetency of food appears in "sane" persons, under strong emotions, as anger, fear, surprize, expectation: and voracity sometimes in adverse circumstances, the result of which is pretty certain, and for which they are prepared; as is sometimes seen in families bereaved, or who have a member very sick; and in condemned criminals.

Voracity may be corrected by various measures relating to the preparation and kind of diet.

Some lunatics are worse in the morning. Then unoccupied by the occurrences of the day, they are most susceptible of their subjects of delusion, which then have special influence from the contrast they exhibit from sleep. (28. t.) The consequent paroxysm may be interrupted by employment, breakfast, &c.

Sometimes a patient needs an attendant, whose constant presence supersedes much confinement; who by judiciously checking each rising extravagance, saves greater restraint. Should he fail to conciliate, and to acquire due influence, the patient should be told "he acts by orders he dares not disobey." Confinement, with privation of his attendant, will show the worth of his services.

To some, absolute confinement is less irritating than personal guardianship, which, as conditional, favours the patient's reluctance to resign self-direction.

Propensity to suicide seldom appears but in solitude. Patients of whom there is doubt on this subject should have a room-mate or attendant. (20. u.)

Should a female be so outrageous as to need a male attendant, he should be accompanied every moment by a female attendant.

Most patients show undue determination of thought to a particular subject, excluding due influence of other subjects. They must be separated from objects which excited and cherish it, and attracted by others. (r.) Hence the necessity of employment. Where other inducements fail, (17. m. and 18. q.) rewards or small wages may be used.

Domestic concerns of Asylums may be transacted mostly by patients, in certain states. Cows, poultry, bees, &c. may be committed to them.

Females may sew, knit, make lace, chords, tape, &c. and wash clothes for neighbouring families.

It is so difficult to employ insane people generally, they must be encouraged in pursuing any proper object, which interests them, games, copying, learning by heart, reading, especially to one another. I have often seen the celebrated Mr. M. many years a formidable patient in Bedlam, employed in beautiful architectural drawings.

(u.) To some patients others may be committed. Convalescents are delighted by judicious confidence in their recovery, and seldom abuse it, and patients readily take advice from fellow-sufferers.

Locating Asylums out of town allows some patients a range beyond the asylum, with their attendants, who must remember patient's consequent exposure to ob-

jects possibly injurious. Severe paroxysms often follow uncommon exercise.

Some patients may attend morning and evening prayers, and religious exercises, Sundays, which employ them, beside inducing and preserving good habits. The exercises may be short, and may indirectly and therefore efficiently impress ideas subservient to restoration, as

Physical and moral temperance securing health, happiness and longevity;

The success of well conducted asylums, in restoring those who faithfully adopt their means of relief;

The blessings of institutions so happily adapted for establishing health, and for diversion and respite from cares and sorrows;

Their own promising state compared with other patients unable to worship, and with those unable to enter the asylum;

The perplexities, anxieties, fatigues and discouragements of the management;

The need of regulations;

The pain of inflicting restraints;

The interests of the conductors of the asylum inseparable from those of the patients;

The duty of the establishment to omit no remedy, though immediately painful;

The incapacity of the sick to judge of their disease;

The propriety of resigning themselves to those experienced in it;

The duty of considering these things, for their restoration, and to lessen the burden of those who labour fort hem.

Such exercises may give occasion to *employment* of music,

Dulcisonum reficit tristia corda melos.

To melancholicks plaintive notes are often more grateful than sprightly ones. (17. p.)

Visits are least likely to do hurt, made to sufferers who having passed some time in the asylum, seem worse, or show no amendment. Such visits are a sort of experiment their state may warrant, and may show the Institution tries to sooth sorrows it cannot now cure.

"Incurables," as many technical words, conveys no distinct idea. Even idiots have acquired or recovered some reason after a steady course of judicious discipline. *Lateat scintillula.* Here management consists much *perseverando, expectando,* in *traitement expectant,* physical and moral *regime,* preventing and removing obstacles to nature's salutary efforts. Long time, no active measure seems applicable. Attempt to *do* something may extinguish *scintillam quæ lateat.* Small means acting uniformly and constantly often effect much. The experience of judicious regularity, long absolute rest, absence of all exciting causes are most likely to effect or give room for relief, or for a state admitting a *traitement agissant,* "founded on spontaneous changes always going on in the body." This may be followed by a *saison expectante;* and this alternation may continue, in degree, till recovery or death.

This view promises little, but understood and pursued is full of satisfactory results; much more than stratagem, to obliterate maniacal ideas, and effect complete mental revolution, which is generally defeated by the sufferer's suspicions. Some to be sure are

frightened into senses as well as out of them. A gentleman insane three years recovered reason permanently, a straw bed taking fire in the room he was confined in.

Visits should be confined to the persons they are made to. A whole company of patients are often put in an uproar at the sight of a stranger.

"Nonne supra omnem furorem, supra omnem insaniam, reddunt insanissimos!"

Visits are to be made only with great caution. I think never but with patient's earnest solicitation; then they may be promised as conditions of continued previous self-control. They should be short; the visitors should be taught the conversation and conduct to observe.

Should the visit do hurt, it should not be repeated till the patient is much better.

Asylums more readily relieve strangers, than those whose friends live near.

Asylums should secure their subjects from objects possibly injurious. Bereaved parents generally support with fortitude their loss, except the sight of children brings painful recollections;

mistoque insania luctu.

Even in small asylums, scarce a visitor can present the sight of whom may not excite, in the active imagination of some patient, ideas connected with the origin of his sufferings, and consequent food for their continuance and aggravation.

A system of visiting assenting to the anxious *judgment* of friends transfers responsibility to them, and relieves the Institution in unfavourable events. Curiosity and self-gratification are opposed to enlightened readiness to serve suffering friends.

Best treatment of insanity needs combination of circumstances seldom to be effected but in asylums. Experienced physicians do not expect to complete domestic management of cases which do not end soon, but to have to relinquish them, after perplexities, discouragements and imputed inability. The same happens sometimes in less distressing disease, needing not half the continued attention and cost.

Asylums here are so few; their faithful management so full of responsibility, fatigue and danger; needing such patience, resolution and forbearance; presenting such distressing and disgusting scenes, few follow such objects. These may judiciously enjoy the means of observation asylums give. Others may see the asylum, not the patients. (27. bb.)

Those who show propensity to suicide should be restrained by a strait jacket or other means; or their bedding should consist wholly of straw.

So much less painful to sufferers is judicious restraint than indulgence of extravagance beyond their control, they sometimes beg to be submitted to restraint, to supply want of self control, and reclaim their freedom, when they feel relieved from the maniacal impulse.

(o.) Seclusion occasions many little wants, to be improved to exercise self-control. Abuse of privileges should be immediately followed by privation of them. (17 m. and 18 q.)

Fear is to interrupt maniacal ideas, and allay excitement. Other means are preferable, if as efficient.

To correct various extravagances, and general excitement, the *douche* (see L' alienation mentale par Pinel. 2. ed. 329.) and the rotatory swing are efficient.

In furious patients the calm and passiveness of seasickness may be effected by fixing them upright in a covered boat, ropes from the boat to each shore agitating it to any required degree.

Patient's discharge should be regulated by the institution. Under most cautious management relapses occur, and besides individual hurt, injure the asylum. "Flaws of the soul like wounds of the body are in danger of breaking open again."

Friends of patients may be fined for removing them against the advice of the Institution. It would be a check, and not abused in a respectable establishment.

If applications for admission exceed accommodations, patients should be preferred who will serve most the asylum's finances, till it has every accommodation for its most successful conduct. Then applicant's claims may be estimated by the probable aid they may expect from arrangements *peculiar to asylums*. These give such relief to patients and friends, a question should be, in fixing rates of remuneration—how much can the patient pay ?

In restorations, the asylum may reasonably and not unprecedently ask grateful donations proportioned to the means of the relieved.

There are many sufferers whose admission would relieve their friends. But these institutions are "to relieve insanity." Modifications to accommodate

friends, or for other objects however useful, lay foundation for perversion. Asylums may give external direction and aid.

Every destitute sufferer should be supported by his relations. Their deficiency should be supplied by his birth place; if he is a stranger, by the state. If these combined are insufficient for his expenses, the asylum's charity may supply the deficiency. Should it be called to aid its patrons or their dependents, their degree of patronage should be considered. (2 Sam. 9. 1—8.)

The Medical Superintendent should have the best understanding of every subject of the details of the management of the asylum; they essentially affect patients. He should be able to act promptly in every emergency; in failure of the attendants, he should remedy the past, and prevent mischief. Nothing useful to the asylum should escape his notice. It has a right to expect from him better-informed judgment on every subject connected with it, than from any one else. He is therefore responsible for every measure, and for the conduct of all employed. He is to remove the real or imaginary grievances of the patients. If he is not acknowledged in the asylum the best judge of every thing relating to them, with full powers to use his judgment, their complaints will be smothered by underlings, who will try to establish,---madmen are not to be believed.

He should be acquainted with asylums generally, know their structure in detail, what is, and what should be. He is inefficient if he cannot readily apply his knowledge to the wants of his place.

Patients who generally cause but little trouble, not unfrequently experience most severe paroxysms, almost periodically, or on unusual occurrences, or even when nothing appears to which they seem attributable. Mrs. ***** had in four months two uninterrupted raving and muttering deliriums. The first occurred on return from a walk, lasted a week, and threatened immediate fatality. She refused food and clothes. The second lasted four days. I staid much with her, keeping by me a glass of best wine-whey. At moments *when her delirium was so wandering her attention did not rest even on the pressing subject* of her delusion or disease, *inappetency of food.* I put the whey to her lips, she inadvertently swallowed; this was repeated as occasion presented, till her paroxysm subsided.*

Only a small proportion of insane persons show *permanent severe* excitement. Such cases as Mrs. *****'s, and many others need singly, at periods, the patient and undivided attention of a person of the fullest knowledge of such cases, to qualify him for trying to alleviate such pressing evils, and for devising means of preventing immediately threatening ones.

* Had she died, her friends would have received but little satisfaction from knowing that pleasant food had been put before her at regular intervals; or that her struggles against food were overcome by coercion. The violent efforts of a long paroxysm are often fatal alone, however successful single efforts may be to subdue, by coercion, disposition to fasting.

Cases like Mrs. *****'s seem exceptions from those in which, in inappetency, the system is offended

To such cases general directions are inadequate. Circumstances, combined as in those in Mrs. *****'s case may not recur. The treatment is suggested, at the moment, by ever varying circumstances, which cannot be foreseen, some of which, though unnoticed by an inexperienced observer, seem to involve the sufferer's safety, and attract the notice of the ready medical attendant. Even he, after many fatigues and perils, will often fail of success. But from his concentrated and unembarrassed exertions only are we to expect happy issues under such pressing and recurring difficulties.

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by food, as by a foreign uncongenial body. They seem analogous to the common cases of slight exhaustion after exertion ; no food is craved, yet revival follows a mildly stimulating draught.

The *general* exhaustion after even short violent exertions without recruiting food is such, that sudden death not unfrequently occurs even at the moment of such exertion, and even in very strong persons if they are raving.

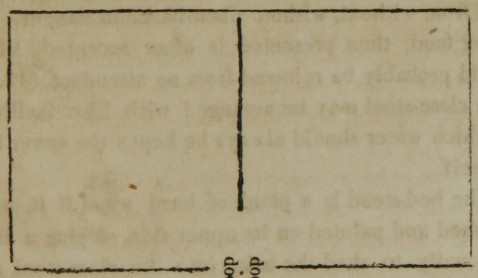
Inordinate action is generally followed by corresponding reaction. If the action be as great as the vital forces are capable of, reaction is prevented.—Furious insanity must be fatal, unless the excitement can be so modified, that it reach not its utmost limits, nor be followed by reaction beyond the sustaining powers.

The circumstantial diary of such a medical superintendent would furnish materials for the best treatise on mind and its diseases.

All employed should notice every thing presented to them concerning the asylum's interests. Neither from favour or fear should they conceal misconduct of associates or patients; but so expose them as to prevent mischief. (bb.) Well-directed, strict *surveillance* will not be objected to by faithful officers.

In building asylums it is generally best to confine expenditure to present wants, with reference to probable ultimate arrangements. Experience gradually develops particular wants more fully than consideration, however useful, of other remote institutions. Unfinished form is unimportant, compared with inconvenience, labour and expense of premature arrangements.

For lunatics disposed to attack attendants, or who must be kept very still, or seem disposed to suicide, I have used with advantage a double apartment.



An opening (28. v.) shows in which room the sufferer is; one room may be cleaned without disturbance or danger; opening the door of which shuts communication with the other. Closing the intermediate passage may form two single rooms, for the general class of lunatics, they need not exceed 7 ft. square and 7½ high. (28. w. and x.) It was advised the rooms in New Bethlem should be 7 ft. by 8.

Windows 3 ft. by 18 in. (w.) reach the ceiling, opening above for ventilation; preventing escape, without appearance of confinement; sash-ropes hid; windows of those who break them guarded by strong wire lattice or convex grating.

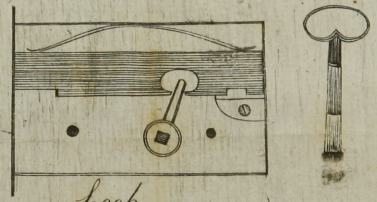
(t.) To those excited at day-light, apparently by stimulus of light, it must be admitted gradually.

(x.) Side of the room next the passage, may end 4½ inches from the ceiling, for ventilation and warming from the passage (29. y.), the opening can be shut, when necessary, by a sash of wood It is very difficult to combine ventilation and heating with security from each other's noise. (17. n.)

(v.) In this side may be fixed a half cone inverted, of hard wood or stone, turning on its long axis, its base excavated to form a bowl, and plate for conveying food from without, without disturbance or danger. Inviting food, thus presented is often accepted, which would probably be rejected from an attendant. (18. v.)

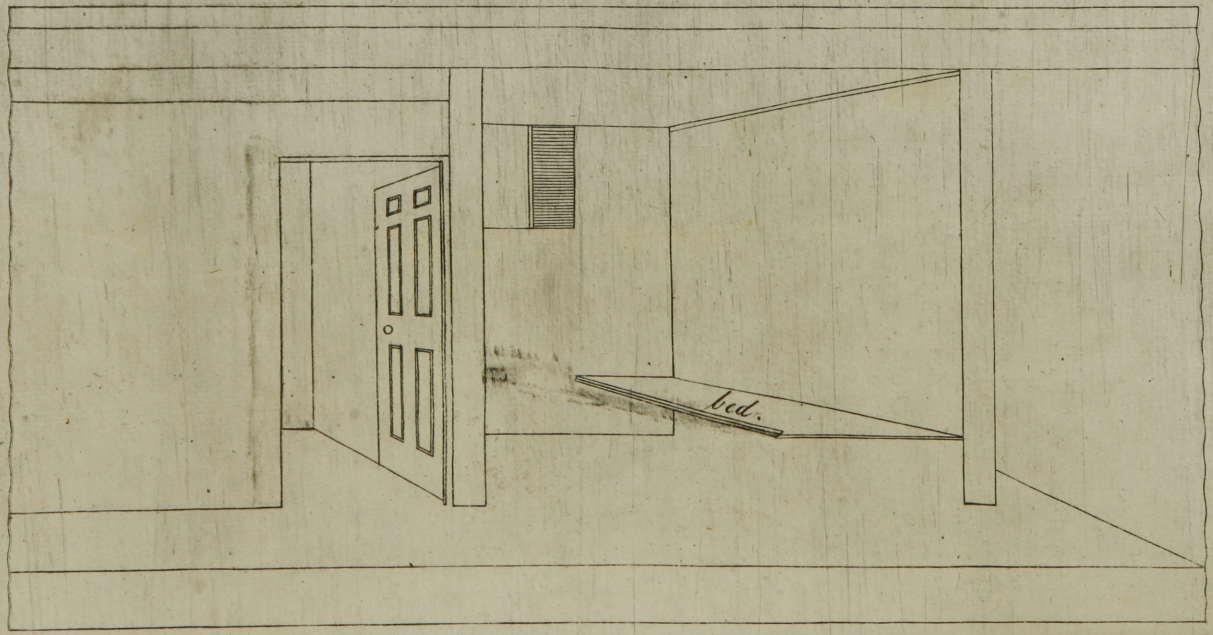
A close-stool may be arranged with like facilities, in which water should always be kept: the cover falls of itself.

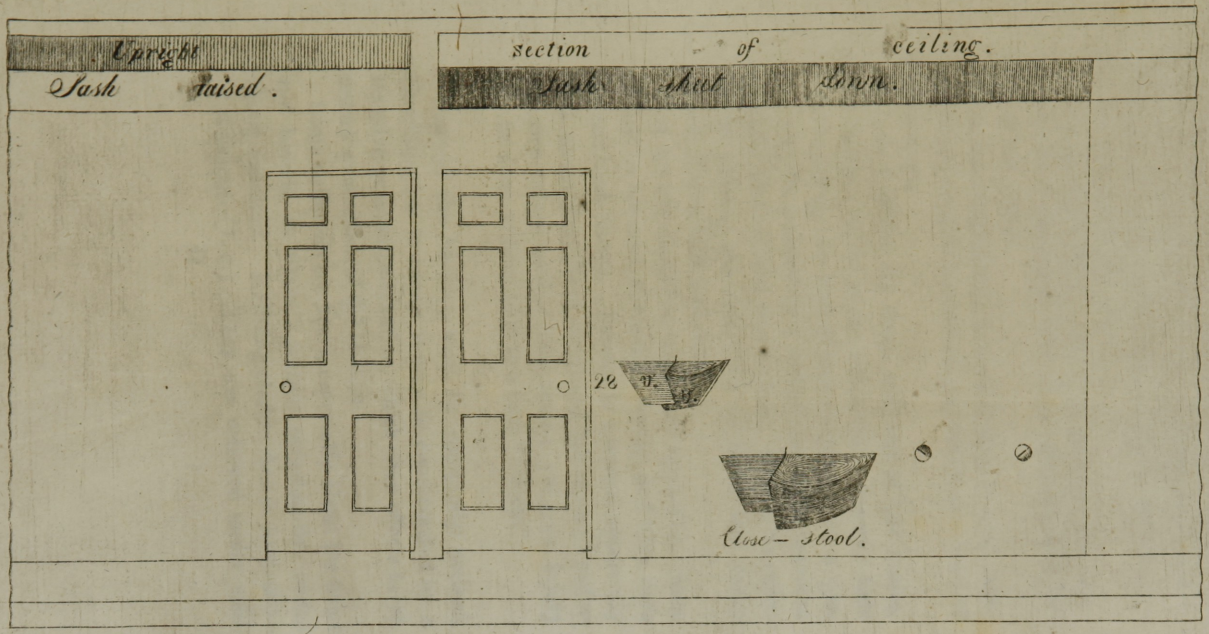
The bed-stead is a plank of hard wood 3 ft. wide, polished and painted on its upper side, sloping a little diagonally to shed the urine into the close-stool, sup-



Lock.

Inside.





Front on corridor.

"In the double apartment, health, cleanliness and ventilation are secured without personal restraint. After much reflection, this was the only plan I could devise for a malignant, ferocious, violent, mischievous man; subsequent consideration satisfies me it is the only one that ought to be adopted for such men. It gives me considerable satisfaction that Dr. Parkman has adopted this mild, efficient plan, and given a drawing of it."

Letter to the Governors of Bethlem-hospital, by J. Haslam, M. D. London.

ported by ledges in two opposite sides of the room, and serves as a seat; moveable for cleaning and drying, and fixed by two screws without, which prevent its use as a means of violence.

Where patients sleep on the floor, they are less comfortable, more impressed with their situation, and the room is less clean.

Door-fastenings should be such as may be used easily, without noise, that patients may not be reminded of confinement.

(y.) A building for these sufferers, of two stories, quite distinct, for the sexes, entrances at opposite ends of the building, two tiers of rooms separated by a passage, may be warmed by a locked stove with funnel so extensive that no heat may be lost. I know no objection to placing one story two or three feet under ground, if well built and situated.

The warmth should be such, none can suffer. Some will not be covered, yet suffer silently, and have their toes and heels frozen. Persons in a trance, apparently dead, on recovery have expressed full sense of suffering from means used to rouse them; yet great injury may be done without pain to a limb "asleep."

State of the bladder must be constantly noticed. Unwillingness to empty it may be counteracted by a laxative or emetico-laxative, which often effects involuntary evacuation of the bladder.

Some suffer severe heats, especially about the head and bowels, as "sane" persons occasionally, under strong emotions. Refusing clothes then is instinctive or judicious. (7. e.) They are relieved under cold,

and the free use of acid and gently laxative drink. Keeping the head shaved relieves it.

In England, if a lunatic kills a man, he is chained to the floor for life, that murderous propensity may not again be indulged. For such, these rooms are adapted, rendering intercourse with any one unnecessary.

Insanity which hurts not a patient's happiness, but increases it, should be treated cautiously, perhaps let alone. (note aa) Removing a delusion may make him less happy or more insane. Innocent ideas and employments exclude others, and sufferings which attend many cases of apparent insensibility.

> Indulgent heaven
> Sent *to us* kind delusion, through the paths
> Of rugged life to lead us patient on.

Many families have members becoming dissipated, extravagant, deluded. Immediate seclusion from objects exciting and maintaining such extravagances is most likely to remove them, to prevent painful consequences. The knowledge of an establishment, where, as soon as their paroxysms appear, this numerous class could be received, would have a preventive effect on them. (note dd.) I have visited four institutions for this purpose, I know histories of many, which show their utility.

To females of this sort, convents have afforded wholesome discipline and seclusion, and freed their friends from evils they could not bear or remedy.

A young patient presented a dreadful series of maniacal extravagance for six months. He recovered

under medical and moral treatment. For a long time before his maniacal state, he exhibited almost every fault without any thing recommendatory. He lately wrote to his friends—"I lost my reason long before it was known to any of you. Those moments were bitter. Whatever I may have done amiss ought not to condemn me."

"So often have I found some of the family of persons of extreme dissipation at some period insane, I seldom pass judgment of them, till I am sure they are moral agents." When it is doubtful, it is shameful to leave them to the dangers of self-direction.

To what subject can be applied more forcibly "prevention better than cure!" Dr. Rush used to begin one of his lectures,—"Gentlemen, I rise from my seat to beseech you---arrest disease in its early stages!" Histories of most cases make it seem they might have been prevented or mitigated by judicious early management.

Many persons, thinking themselves predisposed to gout, rheumatism, consumption, &c. use habitual caution, and avoid them. Precaution is more applicable to insanity, the evil to be dreaded much greater, the threatening symptoms as evident, if not to the deluded sufferer, to the unbiassed observation of others. (note ee.)

Est animi medecina, philosophia: omnibusque opibus, viribus, ut nobismetipsi nobis mederi possimus, elaborandum est.

NOTES.

(a.) Hor. Sat. 1. 2. 96.
2. 3. 189. 221. 44.
1. 4. 25.
2. 3. 64. 78. 94. 104—122.

"The ruling passion, be it what it will,
The ruling passion conquers reason still.

(b) *An est quicquam similius insaniæ quam ira? quam Ennius initium dixit insaniæ.*

Omnis animi perturbatio non multum differt ab amentiâ.

Anger and fury, though they strengthen the sinews of the body, relax those of the mind, and render its efforts impotent.

(h.) *Oculum non curabis sine toto capite,*
Nec caput sine toto corpore,
Nec totum corpus sine animâ.

Εοιχε τα της ψυχης παθη παντα ειναι μετα σωματος.

(And Armstrong's Art of Health, b. 4.)

(hh.) Love, hope and joy,
Hate, fear and grief,
These mix'd with art, and to due bounds confin'd,
Make and maintain the balance of the mind,
Then Judgment sits clear sighted, and surveys
The chain of Reason with unerring gaze.
But good or bad to one extreme betray
Th' unbalanc'd mind, and snatch the man away.

(j.) Extravagant love is not pleasure, but disquietude with most irregular emotions, peculiarly calculated to disorder the understanding.

Amare simul & sapere ipsi Jovi non datur.

(And Plaut. Mercat.)

(k.) Happy he, who knows the world early enough to make it his bubble, when most youths are the bubbles of the world. They grow wiser too late, ashamed and vexed at having been bubbles so long.

(kk.) *Nec quæ circumstent te deinde pericula cernis Demens!*
Genus & proavos, & quæ non fecimus ipsi, vix ea nostra voco.
Quisque suæ fortunæ faber.

(kkk.) What vain preeminence is thine?
Each sense impair'd by gluttony and wine.
Thou art the beast, except thy soaring mind
Aspires to pleasures of immortal kind!

(kkkk.) Passions, though selfish, if their means be fair,
List under reason, and deserve her care;
Those, that imparted, court a nobler aim,
Exalt their kind, and take some virtue's name.

Bliss is the same
In who obtain defence, or who defend,
In him who is, or him who finds a friend.

Who does a kindness is not THEREFORE kind,
He's blest in what *he* takes, and what *he* gives.

(l.) *Omnibus veris falsa quædam adjuncta, tanta similitudine, ut in iis nulla insit certa judicandi & assentiendi nota, ex quo existit et illud,* MULTA ESSE PROBABILIA.
Nil admirari.
Il est bon de voir les hommes à découvert.

Envy—a frenzy we dare not own.
Dejected while another's blest.
(And Ov. Met.)

Of 245 lunatics at one time in an asylum, a great majority contracted their disease in convents.

The author of "Anatomy of Melancholy" lived a silent, sedentary, solitary life, penned up most part in his study in Christchurch College, Oxford. He composed the book to relieve his melancholy. On his monument is

Hic jacet Democritus junior
Cui vitam dedit & mortem
Melancholia.

The great passions are solitary; to transport them into the desert is to give them empire.

Solitude and idleness remotely cause and foster many passions, and make us reflect the more on their causes the less we are interrupted by other sensations.

Indolence—a sort of suicide; the man is destroyed, though the brute may survive.

Studia adolescentiam alunt, senectutem oblectant, secundas res ornant, adversis perfugium et solatium præbent, delectant domi, non impediunt foris, pernoctant nobiscum, peregrinantur, rusticantur.

Si tempus in studia conferas, omne vitæ fastidium effugeris, nec noctem fieri optabis tædio lucis; nec tibi gravis eris, nec aliis supervacuus.

(And Shaftsbury, v. 2. 160.—Armstrong, b. 4.)

Is improved or uncultivated state of mind most conducive to insanity? As the mind is expanded, is the surface of impression extended?

Lunatics, who for some years avoid conversation and seek solitude, acquiring no ideas, time effacing those formerly received, lapse nearly into idiotism. (cc.)

(aa.) *Potest utilis esse insania.*
Pol me occidistis amici,
Non servastis, ait, cui sic extorta voluptas,
Et demtus per vim mentis gratissimus error.
(And Armstrong, b. 4.—Somerville's Lunatic.)

(dd.) Chesterfield writes to his son.—I order H. to carry you to a place I have named to him, on the first symptom in you of drinking, gaming, idleness or disobedience.

(ee.) *Prævisum est lævius, quod fuit ante, malum.*

Dr. Young walking with Dean Swift, (who gave a third of his income to the lunatic asylum, Dublin,) and some others a mile from Dublin, suddenly missed Swift, who had staid behind. He found him at a distance, gazing at the top of a lofty elm, whose head had been blasted. He pointed Young to it, saying, "I shall be like that tree; I shall die at the top first!"

Extract from Mr. B's. diary.——Oct. 31. I pray I may be prepared not so much for death as for loss of memory. The repetition of these fits must at length reduce me to idiocy."

MASSACHUSETTS LUNATIC ASYLUM,

a mile from Boston, on a gravelly eminence, commanding an extensive amphitheatre of prospect, comprises 20 acres, highly cultivated, bounded on one side by a stream of Charles river.

A foot bridge, belonging to the estate, completes its direct communication with Boston.

A pier allows vessels to approach of 40 tons.

The main building is 75 ft. by 45, partition walls of brick. Sixty feet from each front end of it, and joined to it by piazzas, brick buildings are erecting, one for each sex, 3 stories, 76 ft. by 40, each story having a gallery, a day room, and lodging rooms, heated by air-pipes from the cellar.

In a London paper we read the three following coincidences of suicides.—'Nov. 3, Sir S. R. 3 days after his wife's death destroyed himself inthe same way as did his predecessor as leader of the Opposition in the House of Commons.' The Courier, Nov. 4, contains the inquest. The coronerseems to express himself prematurely and too fully; it is for the jury to make the verdict.—The editor, in the next page of the paper, makes some judicious remarks.—In the inquest on M. M. de Castro, in the London papers, Dec. 5, 1818, and in Boston D. Advertiser, Jan. 28, the coroner speaks too freely; the verdict seems just.—It has been proposed, that bodies dying by their own hands should be dissected.

'Mr. William Elliot made a very conspicuous figure at the late election in Westminster, in espousing Mr. Hunt's interests, and afterwards in publickly renouncing further connexion with him.

He had been constantly harassed by demands for the price of some posting bills, for which he became responsible in furtherance of H's election. Not being able to liquidate the debt, he had been arrested. His wife's death seemed to affect him much. The last few days of his life he was much depressed in spirits, and complained particularly of a violent pain in the head. Nov. 4, at noon, his pulse was high, he spoke incoherently, said he felt disposed to throw himself out at the window; requesting, at the same time, he might not be left alone. He cut his throat, in the afternoon, with a razor, at his lodgings, 36 Paternoster Row.

John Penney, formerly a respectable trader of Chapel street, had of late lived alone at Edmonton; was confined, Oct. 12, on a peace-warrant obtained by his wife. Nov. 4, afternoon, he called where she lived in Chapel street. On being refused, he cut his throat at the door, badly, but from timely aid, not fatally.

Many suicides committed soon after the French Marshal killed himself by leaping from a window of a third floor, were effected in a similar way.

Mr. Creech hung himself, after making and printing a translation of some of the works of Lucretius, who killed himself.

B. in conversation late at night with a neighbour, asked "what verdict he should advise generally in cases of suicide?" The answer was,

'generally, malicious suicide.' In a few hours, B. cut his throat, not fatally. He has since tried to drown himself.

* * told me that, looking down from the top of the London Monument, the idea of a certain personal trouble and of its possible consequences presented itself forcibly, and he was on the point of leaping down.

Lady ——, whose governess attempted suicide, told me 'in an unhappy state of mind, I once entered a farm-house; finding only an old woman, I asked her, with apparent indifference, if they kept pistols in the house? Pointing to a huge fowling piece, she asked if I meant such a thing as that? This so amused me, as to divert me from the occasion of my inquiry.'

Republished in Cooper's Med. Jurisprud.

CAPT. James Purrinton, of Augusta, District of Maine, a rich, independent farmer, of steady, domestic habits, dark complexion, grave countenance, reserved in company, never looked in the face of persons he addressed, obstinate in his opinions, though he frequently changed his religious ones voluntarily, died a decided believer in universal salvation, often expressed anticipation of the moment when his family would be happy, and sometimes how happy he should be if they should die at once. He was very avaricious, elated or depressed, as his affairs were prosperous or adverse. August 1805, he moved to a new farm, which he

rapidly improved.—He seemed happy till a few weeks of his death. The uncommon drought depressed him greatly, lest his family should suffer for want of bread, and his cattle starve.—Sunday, July 6, 1806, Mrs. P. and the eldest daughter being at church, the second daughter saw him writing a letter. Seeing he had been overlooked, he attempted to hide it. She asked him what he had been writing? he said 'nothing,' and asked for his butcher-knife, saying he wanted to sharpen it. Having made it very sharp, he stood before the glass, and *seemed preparing to cut his throat.* His daughter, terrified, cried 'what are you doing?' he calmly said 'nothing,' and laid the knife away. This was told to his wife; she searched for the letter, and *found it* July 7th.* At dinner-time he found her sitting in the barn weeping; she disclosed the cause; he said he did 'not intend suicide but he had a presentiment his death was near.' Toward the close of July 8, he ground the axe;

* *Dear Brother*—These lines is to let you know I am going a long journey; sell what I have, and put it to interest, and my boys to trades or to sea. I cannot see my family's distress. Put Nathaniel to uncle Purrinton, to a tanner's trade; James to school, till sufficient to tend a store; Benjamin to a blacksmith's trade, or what you think best. Give them learning, if it takes all. Divide what is left, I am no more.

J. PURRINTON.

* *July*, 1806.

when the family went to bed, he was reading the Bible; it was found open on the table at Ezekiel, chapter ix. July 9, at 2 A. M. his oldest son alarmed the neighbours; they found Capt. P. lying on his face, his two sons aged 5 and 8 in bed, their throats cut; the razor on a table by his side, the axe near; in the next room, Mrs. P. aged 44, in bed, her head almost severed; near her, on the floor, a daughter murdered, 10 years old: in the other room, in bed, a daughter, aged 19, most dreadfully butchered; the second aged 15, most desperately wounded, reclining her head on the infant, eighteen months old, its throat cut. The eldest son was wounded, when Capt. P. attacked and dreadfully mangled the 2d, 12 years old, who attempted to escape; Capt. P. did not speak a word.

Verdict—Murder and Felonious Suicide.

D. A. Phillips, of Marblehead, since July 3, 1818, said all his connexions were his enemies, and wanted to poison him; became jealous of his wife, suspected his father, brother, &c. Once he asked to see his clergyman alone; fastened the door and led him to a closet: the clergyman was on his guard, and held P.'s right hand. Phillips murdered his wife, October 12, 1816. Verdict—Insanity. Yet he is permitted to live at his father's.

Hadfield, who shot at the King, knocked a fellow patient in Bedlam, over the form; he died immediately.

In these three case, the periods are distinct, in which restriction was called for. With insane persons showing propensity to do great injury, efficient personal restraint is the only infallible preventive. While insanity continues, their mischievous disposition may be considered existing, to be called into action by unforeseen circumstances, and probably not to be suppressed by motives which actuate other men. Sometimes this disposition appears in early stages of the disease and does not reappear, though the disease continue for years.

An insane man, in this state, was confined several years, for setting fire to a house. The last part of the time, his food was brought to him by the keeper's little daughter, as he seemed harmless, and fond of her. At length, without apparent provocation, he gave a fatal blow on her head with a stick of wood.

A person habitually excited or depressed, to whom strict seclusion seems seldom indispensable, according to the common notion, often seems to act under the impression that he is considered a madman and less accountable ; he commits outrages, apparently without manical impulse ; the injured party, from mistaken views of the aggressor's mental infirmity, fails to urge proper measures of security ; in time, under exciting causes, new outrage is committed. A rape has been repeated by an elderly man, father of a large family, no satisfaction being likely to accrue to the parties outraged, by disclosure of their distress.

DELIRIUM.

DELIRIUM. The sensations are not in relation with external objects. Ideas furnished by imagination intrude themselves in crowds, so their analogy and difference cannot be seen. The sufferer takes a windmill for a man, a hole for a precipice, clouds for cavalry. Unable to command his attention, he is the sport of hallucination, unites incongruous ideas, adopts determinations and language contrary to his and society's usage. Sometimes he sees his delusion as soon as it is pointed out to him. Sometimes every thing around him strengthens it. If delirium is stronger than the senses' ordinary influence, he is not easily undeceived; becomes irritable. In the forms of delirium called mania, loquacity, carphology, somnambulism, it shows itself in the organs of motion, which are at rest in the form of ecstasy.----Every organ can act to produce delirium. It often follows great excitement of the passions. From acquaintance with all diseases in which delirium appears, we are to seek the cause of its varieties, and the principles of cure. Under the least febrile action, some people are delirious and most dying people.

Febrile Delirium.

There are few diseases, in some cases of which it does not appear, proportioned to the severity of the other symptoms. It often follows great wakefulness, sense of weight over the stomach, anxiety, great sensibility of hearing and sight, vertigo, headach, sparkling eyes, ferocious look, trem our of the tongue, gnashing of the teeth, total occupa-

tion with subjects on which the sufferer is unaccustomed to think, sudden loss of memory. Change in gesture, sort of discourse, manners, habits, character, affections, point out a first degree of it. Gay delirium is least formidable: if the sufferer neglects his preservation, throws aside food and medicine, his state is grievous. He commits suicide, oftener than is commonly believed, like a maniac. The general appearance, and determinations of delirious people are often very like those of dying. Fevers of a bad character sometimes leave after them a chronic delirium, which predisposes to insanity. Great flow of ideas sometimes attends acute disease; things long forgotten are recollected; a wonderful force of imagination raises the dying man above his own intelligence, gives him the tone of inspiration; his understanding, especially if he be young and emaciated, acquires unaccustomed force and energy; he astonishes the hearers by discourse of which he was thought incapable.

INSANITY.

INSANITY, at its beginning, often resembles febrile delirium; see too Georget, de la folie, p. 237, 505. Intellectual disorder may be referred to that of the attention, to want of equilibrium between it and sensations, between the ideas and remembrances. The cause of the errours of insane people is they cannot fix, direct their attention. If an agreeable sensation fixes the maniac's* at-

* Circumstances under which disease appears modify it, presenting many examples, having conformities which seem to draw them together, to form divisions and give room for names to them; the names facilitate discourse on the subject.

tention, a sudden one the *monomaniac's*, a violent commotion that of the victim of *demence*, reason at once follows, as long as the attention can be controlled and supported, i. e. till the impression becomes familiar or weak.

Previous to insanity some changes almost always occur in the physical functions and, long before, in the habits, tastes and passions. From perfect calmness men pass, by insensible degrees, to violent passion, thence to furious mania or deep melancholy. Insane people, till quite restored, are ungrateful for care taken of them, think their disease has been misunderstood, that they are thwarted, because their excesses are not indulged. Not understanding what is said to them, they become impatient, generally misinterpret it. Hence suspicion, marked on their physiognomy, and increased by necessary restraint. They hate those who were most dear to them, fly from, speak ill of, abuse them, lose confidence in those by whom before their disease, their ideas and conduct had been influenced ; some take their relations and friends for strangers and enemies, think themselves at home when they are far off, and the reverse. When aware of their condition, unless they recover soon, they are very difficult of management. Return to the moral affections within just bounds, tears of sensibility, desire to pour out their heart, be with their family, resume their habits, form a sure sign of recovery, much more than mere diminution of delirium.

The features of insane people bear the marks of sufferance. Some insane people cannot control their propensity to silence, to talking, walking, running for many days ; scarcely stop for food : cannot distinguish words and syllables in books, the letters seem blended. Some insane people stare at the sun and devour their excrement ;

they seem incurable. Insanity takes the character of the moral affection or passion which occupied the sufferer before the disease broke out; preserves the character of the cause which produced it, especially if the cause acted suddenly, or strongly.

Some insane people pass three months in melancholy, then three in mania, then four more or less in demence, and so on. Some insanities are quotidian, tertian, quartern, appear weekly, monthly, quarterly, half-yearly, yearly, every 2d, 3d, 4th year, at the same season, presenting the same causes, precursors, character, duration. Insanity is generally irregular in these points.

Cardinal de Retz says 'every thing has its decisive moment, it is the perfection of conduct to know and seize this moment; who misses it may not again meet or perceive it.' All physicians since Hippocrates, who have described epilepsy and insanity, have pointed out, in all forms except idiotism and chronic senile demence, certain changes, *crises*, viz. some evacuation, suppuration, fever, cutaneous or moral affection, &c., rarely perfect, for insanity often attacks feeble people; its course is often changed by the treatment. Cure of insanity is uncertain unless such change has appeared; see too Journ. gen. de med. 1814; Foderé, du délire, I, 530.; Georget, 202, 207. Some insane people grow fat, and delirium subsides at the same time; if not, bodily health evinces incurability of delirium or tendence to demence. Insanity is not hopeless, so long as it is attended with bodily ailment. Insanity, specially melancholy, often ends under vomition, or purgation, sometimes of worms. Many insane people make efforts as if they would weep, yet do not; their paroxysms often end in tears; see too Parry's pathology, 1, 326; Hill, on Insanity, 165, 326. Insanity often

ends under return of perspiration; this fact suggests use of the bath 77 to 88°; warm dress, and air, specially in melancholy: under great determination of blood to the head, cold should be applied to it. Insanity sometimes ends in hypochondria, hysterics, chorea. At Salpêtrière, half of those who die are palsied; of 267 who died 37 were apoplectic:

1804---'13, 2804 entered, of whom
382 died, the 1st. year,
227 . . 2d. ,,
181 . . 8 years after;
799 were more than 50 years old, imbecile or idiots, epileptic, palsied, or pretenders;
2005, including 292, relapsed or insane a 2d. or 3d. time, subjected to cure; of whom
604 recovered the 1st. year,
502 . . . 2d. "
86 . . . 3d "
41 . . . 7 following yrs.

General time of cure of curable patients is little less than one year. In 1-20 of those who recover, the slightest causes, inquietude, emotion, endanger return of insanity. Some, after recovery, though very reasonable, cannot act the part they used to act, even in their own concerns.

Before puberty insanity is very rare. It sometimes appears during rapid growth. A girl became insane at her first menstruation, recovered at its cessation, at forty-two years of age. See too Lieutaud, Hist. Anat. Med. I, Obs. 1369. In youth, insanity is more acute, presents more sensible crisis; in adults, becomes exasperated, fix-

ed, concentrated, complicated with abdominal affection, termi nates in piles; later, is complicated with palsy, apoplexy; its cure more uncertain.

It prevails most between the ages of 25 and 35. Of insane men 1-15 became so before the age of 20; of women more than 1-6. More women than men become insane before the age of 25 and after 50. Insanity in women is almost always combined with hysterics, more concealed than in men. Women speak reluctantly of their situation, try to dissemble to themselves and others. Men are more readily cured and suffer fewer relapses. Insane women are almost always excited under menstruation: immediately after it has been abundant, insanity is often aggravated. Immediately after one, two, or three bleedings, mere sadness often passes to mania and fury. See too Pinel, de l' alienation, 2 ed. 318; Hill, 285---290, 338; Dublin hos. Reports, 128; Ferriar's med. hist. II, 123.

Of 300 rich insane Parisians insanity was attributed in 150 to hereditary disposition. Such persons' cure is more uncertain and difficult, and relapse more likely than in others. Insanity seems transmitted through mothers a third oftener than through fathers; in children it appears in caprice, irregularity; they should be in situations unlike those in which the parents became insane.

Children accustomed to follow their propensities, unrestrained, are unfit to meet life's vicissitudes. More pains are taken to educate the mind than the heart; the abuse of the arts of pleasing, unbridled taste for romance, dress and frivolity are here to be considered. People who abandon themselves to the impetuosity of imagination are very like insane people.

Almost all intense students, who have become insane, have been addicted to masturbation; it seems more destructive to men than to women. Insane people often give themselves up to it; maniacs least of all; it prevents cure and is followed by stupid brutishness, consumption and death. Drunkenness, debauchery, disorderly, careless habits degrade reason, tend to insanity, and are sometimes its first symptoms. In Salpêtrière, the Parisian asylum of 1200 poor insane women, of which Dr. Esquirol, from whom most of these remarks emanate, has the immediate med. superintendence, 1-20 of these patients have been prostitutes; having abandoned themselves to all excess, they fall into demence, sometimes with palsy.

Of 351, whose insanity was attributed to physical causes,	
,, . .	in 14, to mercury,
,, . .	8 . syphilis.
	In Dr. E's private asylum, of 107,
,, . .	18 to m.
,, . .	1 . s.
	In Bicêtre, asylum for insane men, of 1010,
,, . .	157 to consequences of cerebral fever, of apoplexy,
,, . .	118 to epilepsy,
,, . .	106 . drunkenness,
,, . .	21 . masturbation,
,, . .	37 . love.

In Salpêtrière, the admissions in nine years, from 1806 to 1814, were, in the several months, Jan. 162, 173, 187, 196, 243, 251, 265, 239, 206, 197, 198, 191 Dec. this proportion is specially true of mania, and in intensity. Under

continued heat, and great atmospheric commotion, insane people generally are more excited; under continued cold, more calm.

Marriage, as a remedy for predisposition to insanity, seems less favourable than has been thought; sometimes the mischief is increased: occupation of mind by the measures preparatory to marriage probably embraces most of its advantages: see too Foderé, I, 391--397.

The subject of visits to insane people requires great judgment applied to each case. Sequestration or isolation consists in separation of an insane person from home, from his servants, friends and habits, and putting him in places and among people strange to him, to give new direction to his ideas and affections, and to prevent the irritation he is likely to experience from the inattention, to his unreasonable desires, of his household to whose obedience he has been accustomed. Separation from his friends is likely to correct his wrong ideas of them, he is more likely to appreciate the kindness of strangers. Sight of other insane people is likely to convince him of his disease. Return to his family should be preceded by a state intermediate between that of sequestration and of his former habits; see too Hill, 324. Monomaniacs from ambition, love, pride, some melancholics, specially those inclined to suicide, should be sequestrated. Dr. Willis sometimes merely changed his patients' furniture and attendants.

Notwithstanding the most experienced attention, it is sometimes very difficult to decide on the character of the disease and consequently on the propriety of sequestration; it is then prudent to wait; from the delay no grievous inconvenience arises, much may result from precipi-

tance. In the first month of insanity, specially mania, there are manifest remission and very many cures; except under circumstances manifestly unfavourable to delay, is it not prudent to delay sequestration thus long, lest the sufferer be confirmed in the idea that he is insane and considered so, thus confirming his disease and obstructing his relief? Sometimes maniacal extravagance has contagious effect, specially on recent insanity; See too Pinel, 243. Insane people often seem deeply impressed by horror of confinement with others insane. Specially in a house devoted to insane people, will not insanity be aggravated, when the disease is partial, not connected with the sufferer's habits, domestic affections or particular objects; if he is very susceptible, considerably intelligent, does not dislike his home or friends, if his fears and disquiet are not kept up by the objects among which he lives or by a strong passion, or if he has long lucid intervals? Some insane people, having fruitlessly passed years in such houses, have travelled with advantage, accompanied by strangers. The number of aged persons in such houses whose mind has become enfeebled, disgraces their family, who ought to watch over their infirmity.

The residence of people labouring under demence must be determined by their circumstances of domestic convenience rather than of the disease. See too Foderé, II, 202; Hill, 214, 219, 223, 283, 323, 380; Hainsdorf's note, in Reid, on nervous affections, 2d.ed. 439.

Patients who are turbulent, who perseveringly refuse work, food or medicine prescribed, may be subjected to the douche, e. g. the patient being in a chair, or bath-tub which has a wooden cover with a notch for the neck, 3 feet

above is a stopcock of 4, 6, 12 lines' diameter, for dropping or pouring on the head from a reservoir and tube of leather, cold water, from some seconds to 3 minutes. The sudden application often disconcerts the patient, occupies the attention, and excludes, at least temporarily, the maniacal idea. Nausea, vomition, heart-burning, paleness, yellowness, coldness of the head followed by heat ensue. Often, under one application, a furious patient becomes calm and compliant, headach ceases. The douche should not be used after meals nor under costiveness. The douche and the rotatory swing are often objects of apprehension and may be held out accordingly. Use of the swing is sometimes followed by faintness, vomition, purgation.

Of 746, under 50 years of age, admitted in Salpêtrière, 1811,-12,-13,-14,

92	became insane, after childbirth, or during or after lactation,
16 . . .	1st---4th day after delivery,
21 . . .	5th---15th . . .
17 . . .	15---60 . . . the extreme limit of the lochial flux,
19 . . .	during lactation, 2d,-12th. mon.
19 . . .	immediately after weaning;

8	were fatuous,
25 .	melancholy or partially maniac,
49 .	maniac;

22 .	aged 20---25,
41 . .	30---35,
11 . .	35---40,
2 . .	43;

55 recovered,
38 . before 7th month,
6 died in the first 5 years,
46 of the cases were attributed to moral causes,
14 . . . . . physical .
10 . . . . . cold.

Neither bleeding nor pregnancy promises relief. See too Trans. Col. Phys. Lond. VI, 291; Francis' Denman's midwifery, 594, l. 24.

MANIA.

MANIA. Permanent delirium relative to all sorts of objects, with exaltation of the vital forces, quick pulse. Its origin is in disorder of the understanding, followed by that of the moral affections, and determinations. A man, who just now seemed to have his faculties fully, suddenly forgets all about him, even himself. A woman, the image of candour, mild, modest, timid, who speaks but kind, generous words, is a good daughter, wife, mother, suddenly becomes audacious, ferocious, obscene, blasphemous, her nakedness defies observation, she threatens her father, strikes her husband, cuts her children's throats: insensible carelessness, loss of remembrance follow, every thing melts away in demence; no more thought; she drags along a stupid material life without desires or regrets, sinks by slow degrees to the grave. The maniac is in the midst of error; drawn along by sensations and ideas, numerous, fugitive, without order or connexion; insteadof directing the other faculties, the attention is overpowered by them, he cannot fix it on each object and idea to receive their impression, hear and follow reasonings; confounds times, most distant places, strangest persons; from momentary impulse, goes toward an object, does not reach

it, turns from a rapid course, suddenly stops, seems deeply occupied with some design; suddenly sets off again, sings, hollows; his countenance expresses admiration and joy, he weeps, laughs, dances, speaks softly, then loudly, passes most rapidly from most affectionate expressions to injury, uses most incoherent, voluble, stunning language, nothing can check it, a language of his own; repeats, for manyhours, the same word, phrase, musical note; talks to himself as to a third person, makes a thousand insignificant, ridiculous gestures; his desires know no limit but force, to satisfy them, all means suit him, he sees not their danger or advantage; dashes, or leaps over obstacles; impatient of confinement, sets fire to his room, or leaps from a window, perhaps thinking it a door, or himself in a lower story; bears heaviest weights, breaks strongest bonds, overthrows many men who try to confine him; thinks his strength supernatural, invincible; becomes more furious, if one or two persons try to restrain him; is calm, timid, if surrounded by many.

A paroxysm may last years; if it ceases suddenly, another may be expected. When it ceases, he seems waked from a dream, as if an obstacle, between him and the world, had dropped from his eyes; he is exhausted, speaks or moves but little, seeks solitude: when he has become reasonable, tells what he has seen, heard, felt, which, in delirium, he seemed not to have perceived; his motives, determinations: often his remembrances do not appear till full health, or many months after presumed cure.

Some maniacs speak and write with ease, are remarkable for striking expressions, deep thoughts, ingenious associations; take the swollen tone of vanity, keep aloof, seem to abjure all idea of religion, are excited, irrita-

ted by every thing; cunning, liars, quarrelsome, discontent with, and complain of every body and thing; delight in misconstruing best intentions, exciting animosity, are ever ready to justify themselves.

Some, before mania begins, become active, eager, jealous, restless, impatient, amorous, indolent, indifferent, quit business and domestic concerns, give into extravagant speculation; the anxiety and advice of friendship irritate them by degrees to the height of mania, or to murder the adviser; they think they are sick, have presentiment of severe disease. Some people, subject to habitual indisposition, which has disappeared suddenly, think themselves at the height of health, seem to feel a happiness they cannot describe, tell it to every body; think nature embellished, every thing easy, themselves raised to greatest dignity, in higher regions where they shall dwell for ever; they become gay maniacs. Hours, days or months before mania breaks out, some people seem deprived of all sensation and ideas, stay where they are put, must be dressed, their food be carried to their mouth. Many, immediately before a paroxysm, have grievous headach, fancy a foreign body is in their head, which leads them to beat it against a wall, even fatally Sometimes mania begins with convulsions.

In or before many paroxysms, some say they feel a hot fluid circulating in their vessels; they choose to lie on the floor, cannot bear any clothes, delight in melting handfuls of snow on their bodies, break the ice and throw themselves into the water, expose their body, particularly their head, under a fountain; beg for a cold douche. A maniac became furious at night, howled most frightfully;

at 2 A. M. had a douche; during it he seemed delighted and grateful; slept wonderfully till dawn. From greater motion maniacs generate more heat than other men, under severe cold are more agitated. Most maniacs eat voraciously; when so delirious as to be ignorant of their wants and what is meant by offer of food, refuse it; such delirium lasts not dangerously long. Maniacs are subject to obstinate costiveness; what is worse, profuse diarrhœa; sleeplessness, for days, weeks, months. Their features become wrinkled, turned towards the nose; head high, hair bristling; face red, particularly the cheek-bones, or pale; eyes red, sparkling, fixed toward the sky or wandering. Some are more calm, morning and evening; remission is often very regular every two days: 1-3 of cases are intermittent. Some maniacs become exceedingly emaciated, mania does not begin to subside till they are in a very low state, they are many months in recovering from it, as soon as they seem completely cured physically and intellectually, a new paroxysm appears.

Ist. period of mania presents heat in the head and bowels, pain at the stomach, disgust at food, thirst, internal agitation, wandering uneasiness, dreams, alternate gayety and sadness, sometimes transient delirium; affection for friends continues.---2d. symptoms increased, moral affections perverted, some acts of violence; after a time, more calmness, paroxysms rarer, more attention to external impressions---3d. moral affections waked, features less convulsed, emaciation diminished, sleep prolonged, the sufferer aware of his condition.

In youth mania appears in all its forms. If it or melancholy breaks out, after sixty years of age, it is in robust, hale people. It is more frequent and violent in men

Women are more blustrous, talkative, clamorous. Sanguine, nervous, plethoric, strong, people, of ardent imagination seem most liable to it, and to Ist.form of monomania; some who have been subject to hemorrhage, somnambulism, hysteric symptoms, epilepsy. Of 132 women in Salpêtrière whose mania was attributed to physical causes, it was attributed

to hereditary predisposition, in	88,
. disordered menstruation, ...	27,
. critical period	12.
Of 183, whose mania was attribnted to moral causes, it was attributed to domestic crosses, loss of friends, ill conduct of husband or child . . .	62,
reverse of fortune, misery	25,
disappointed love, ...	53,
fright	36.

No form of insanity is so readily cured as mania, so short of duration, or so little fatal. Of 1200 maniacs, mostly women, but 30 died of mania simply. The diseases which most frequently prove fatal to maniacs are brain-fever, apoplexy, consumption, sometimes exhaustion from agitation and excess of delirium, even to syncope; the sufferers lie abed, repel those who approach, their limbs are cold, sometimes purple; they die, specially if exposed to cold, in a few days.

Mania is complicated with palsy and scurvy, epilepsy fatally, cutaneous affections, severe fevers. In hysterical mania, amorous ideas extend themselves to all objects fitted to excite them. Mortality 1 to 25.

Maniacs' rooms should be quiet, retired, shady. Maniacs should be confined only so far as to prevent them

from doing mischief to themselves or others; and, when calm enough, should be employed.

Some maniacs become melancholy under remembrance of their delirium, think they are no longer good for any thing, and objects of contempt. Some, restored to society, do not acquire perfect health for a year or two, continue very susceptible, are ashamed of the condition in which they have been, dread the first interview with their friends. Very few are willing to speak of their disease or see those who took care of them. These considerations are sometimes followed by melancholy, mania, suicide.

MONOMANIA.

MONOMANIA. Permanent delirium, confined to one object or a few. The sufferers are pursued, night and day, by the same ideas and affections, seem allured but by a particular object, metaphysical, speculative, ascetic, to which they give themselves with great ardour, profound meditation; sleep little. People acutely, simply monomaniac have entire understanding on every thing beyond the sphere of their delirium, seem very reasonable till an external impression suddenly wakes it, know how to restrain its expression or dissemble. The source of monomania is in disorder of the moral affections, which react on the understanding. Sometimes they are

I. exalted, gay, excited, expansive. The sufferers laugh, sing, dance, talk inexhaustibly, are bold, rash; nothing seems to obstruct their functions, they think themselves gods, nobles, learned, distinguished for their discoveries and inventions; poets, orators, whose productions

must be heard, under pain of their anger; they order, with dignity and protection, those around them, distribute riches to people they meet, pretend to communicate with heaven, to have a celestial mission, show but little or extravagant affection for their dearest friends, pity their ignorance, think them unworthy to share their happiness; are very susceptible, even furious under restraint, irascible, especially at approach of menstruation. Some, for the least cause, or without cause are led to passion, fury, seize a deadly weapon, knock down the first person they meet; hurt, destroy themselves. Aware of their condition, they deplore it, warn bystanders to beware, or to prevent them from doing harm. Are they not at this moment lucid? They say they feel inexpressible difficulty in the exercise of their reason, something within, of which they cannot give an account, preceded by heat from the bowels to the head, or burning heat with pulsation within the skull. Some say a false sensation or reasoning determined them to act. They present all the signs of a passion arrived to delirium. Volition only is disordered. Often hallucination alone seems to cause their delirium, it is then hard of cure, One heard an internal voice repeat 'kill thyself;' he killed himself, thinking he could not escape a superior power.

Monomaniacs eat much, but sometimes support hunger with mortal obstinacy; have frequent pains in the bowels, sometimes costiveness; full, hard, strong pulse, warm skin.

Almost always they have experienced disappointments before their disease. This form is more common than

mania, a d in adults; less durable, ends more favourably. Mortality 1 : 16.

Melancholy is a disease of mature age; the Second form of monomania, answering to λυπημανια; chronic, partial delirium, excited or supported by a sad, debilitating, oppressive, concentrated passion. Its course is less energetic, acute, rapid, than the Ist form; lasts longer, oftener ends unfavourably. Melancholics associate false ideas, think them true, reason justly on them.

Melancholy presents two degress well marked. In one, the most simple and common things seem, to the sufferers, new, singular, designed to torment, hurt them; under cold, rain, wind, noise, silence they shudder with pain and fright; if any thing displeases them, they repel it obstinately; if their food does not suit them, they nauseate, vomit; if they have any thing to regret, they are in despair; if any reverse, they think all lost. Every thing, is exaggerated in their feeling, thinking and acting. —In the other degree, objects seem to them enveloped in a thick cloud or black veil; they create ridiculous chimeras, associate ideas and things the most unlike; entertain presentiments, are dispirited in the midst of all enjoyments.

On objects not relating to the passion which characterizes the delirium they reason and act rightly. It is impossible to imagine the force and subtlety of their reasoning to justify their prepossessions and anxieties; they can seldom be convinced, never persuaded. Said three of them, 'I understand what you say, you are right, but I cannot believe you.'---'I understand your reasoning;

were I convinced, I should be cured.'---' An insurmountable power has seized my reason, I can no longer direct it.' A woman saw her child overthrown by a horse, she could not be persuaded the child was alive, though she saw it in health. Some acknowledge, with mortification and despair, that they are unreasonable, yet their passion constantly returns them invincibly to the same ideas. They are restless, often start from sleep with dreams about the object of their delirium.

The prodigal becomes avaricious, the warrior timid, pusillanimous, the laborious will not work; libertines accuse themselves with grief and repentance, fearing heaven's vengeance. All are jealous, on their guard against whatever is said or done before them; speak little, or in monosyllables; their actions are uniform; if they move, it is slowly, with apprehension as if to avoid danger; or quickly, ever in the same direction, as if they were deeply occupied; keep obstinate silence; a few are blabbers; seek solitude that their imagination and affections may exercise and exalt themselves; uninterruptedly; some will not quit bed, squat on the floor, seem to delight in braving every thing which can destroy their organization; throw aside all food, pass 13, 20, 40 days without eating, though hungry, fearing poison or disgrace, or injury to their friends, or seeking death; others eat with frightful voracity, yet grow lean and feeble; wound their hands, fingers' ends, tear off their nails.

Some, overcome by a passion or delirium, otherwise enjoying entire reason, determined by some motives more or less plausible to themselves, e. g. to remove them from life's troubles, or to prevent separation, intending

suicide; murder even objects most dear to them, with calmness and apparent tranquillity: are not afterwards moved or disquieted; are more calm than before, sometimes seem pleased, go and declare their crime to the police, speak of it to people whom they meet, wait to be arrested, beg to suffer capital punishment.

The pulse is generally slow, feeble, tremulous, thumping, very hard; skin dry, earthy, burning, extremities cold, bathed in sweat; urine watery or thick, some hold it many days: complexion yellow, brown, blackish, very red, pale, nose deeply red, physiognomy wrinkled, uneasy, muscles of the face convulsively tense, eyes fixed towards the earth or to a distance, hollow, sometimes full of fire.

There are very few melancholics whose delirium is not exasperated every two days; many have a strongly marked remission in the evening and after meals, others are exasperated at the beginning of the day, and at evening.

People of melancholic temperament are tall, have black hair and eyes; slender, strongly marked muscles; narrow, constricted breast; are well fitted to cultivate the arts and sciences, have but little memory, strong ideas, vast conceptions. Men of genius, good or bad, often exhibit this temperament. Luxury, dissipation, bodily pain, music, poetry, hazardous speculations seem to predispose to melancholy.

Of 482 melancholics, the disease was attributed in
110 to hereditary influence,
25 . suppressed menstruation,
40 . the critical period,
6 . masturbation,
19 . abuse of wine,

62 . domestic crosses, loss of friends, ill conduct of husband or child,
48 . reverse of fortune, ~~jealousy~~, misery,
19 . fright,
18 . anger.

Melancholics sink almost always under chronic disease, assert they have no pain. Of 176 who died, 62 died under phthisis, chronic pleurisy, it specially attacks silent melancholics; 24 under marasmus, slow nervous fever at evening.

The transverse colon often is found oblique or perpendicular; its left end toward the pubis, sometimes totally relaxed, forming a curve whose middle loses itself in the hypogastrium. This may help to explain the hypogastric pain, rumbling of the stomach, so common in melancholy, and costiveness, which sometimes lasts weeks and months. The hepatic system predominates.

Melancholics' habitation should be well lighted; they should be forced to live much in the open air.

[Cheerfulness irritates melancholy people, the gayest scenes please them but transiently, or depress them by contrast with their situation. I have often conducted a melancholic from them to asylums of misfortune, which convinced her that she was not 'the most wretched in the world.' This measure is adviseable in melancholy disposed to suicide. The knowledge that we have many companions in misfortune resigns us to it; many people are unhappy, who would not be so, did they know others' griefs. For three days a melancholic, at the sound of music, became furious, because, he afterwards said, he

thonght people were amusing themselves while he was suffering. See too Biblioth, med. lxxiv, 369.

To almost every body, at some time, idea of suicide presents itself, of leaping down, of drowning himself, when he chances to be on an eminence, at a window, on a quay, bridge or vessel. Sight of a river, firearms, poison has more than once awakened a propensity to suicide: people subject to it should be kept from objects likely to excite it. The king of England proposed one day to shave *himself:* Dr. Willis feared to hesitate in assenting, lest the king should think himself suspected of an intention of suicide, and thus get an idea of it. Dr. W. sent for the razors; in the mean time, engaged the king about some papers on the table; the razors were put on the same table, he attended to his papers, which encourged W. to think suicide was not intended. The king, having shaved himself, returned to the papers; the razors were not removed immediately, lest he should think it was feared he would make bad use of them.] These remarks, published in Boston, 1818, have been useful. A hypochondriacal melancholy person asked me to let him shave himself, I knew he intended suicide, he had made his will; feeling secure, from my knowledge of his character, I let him shave himself. When he had done, seeing me calm, he cried, 'how well you understand me!' &c. From that moment, I had all his confidence.

Paris, Sept. 1820. *Falret, M. D. P.*

Of 119 suicides effected in and near Boston,

13 were by maidens,

11 . . married women;

32	. .	drowning,
29	. .	hanging,
22	. .	shooting,
22	. .	poison,
14	. .	stabbing.

NYMPHOMANIA; or UTERINE FURY. A melancholic delirium of women; their actions are unrestrained, by obscene language and gesture they solicit men to their favours. It is a disorder of the reproductive organs, which reacts on the intellect. It is promoted under an idle, sedentary, luxurious life, exposure to lascivious sights, conversation and music; avoidance of which seems necessary for cure. Amputation of the clitoris is generally inefficient; most of the Egyptian women and many in the neighbouring countries undergo this sort of circumcision. See too Journ. de physiol. août, 1822; or Lond. med. repos. xviii, 359.

NOSTALGIA.

NOSTALGIA. Despair under separation from one's country, from the object of one's first sensations; it overcomes all other affections, and is sometimes followed by suicide. Mountaineers, who descend into cities, are most liable to nostalgia.

Hypochondria often follows bodily pain. No people present more fear of dying, and desire of freedom from present evils than hypochondriacs. They talk much of disgust of life, of desire of suicide, and of death, ask it of people; attempt suicide, rarely with courage enough, defer or

abandon it from slightest motives or pretext, to gratify their real or supposed foes, to clear themselves from fancied reproach ; from regard for friends and religion. Hypochondria and hysteria often degenerate into insanity and, in many cases, are its first degree.

EPILEPSY.

EPILEPSY, generally comes on with a cry ; the sufferer falls convulsed ; the hair bristles ; the forehead is wrinkled ; eyes project, are inflamed, generally shut, fixed, or rapidly convulsed, sometimes tremble continually and quickly. The face swells, becomes distorted, red, livid, black ; the lips project, lengthen, froth ; the jaws are fixed together, or parted almost to dislocation ; the tongue extends out of the mouth, is wounded by the teeth, these break with gnashing. The voice is but groans and sighs, as of people under strangulation, sometimes howling. Some sufferers say strange, extravagant things The vessels of the neck and head seem ready to burst The head rotates to each side, and back and forth, or is fixed at one of these points. The sufferer, suddenly thrown down, rises to fall again, or remains in general tetanus, makes with the greatest readiness, every possible motion, developes his muscles to their utmost. Closure of the thumb is very frequent. Some sufferers kill themselves with blows. The pulse, at first small becomes frequent, hard, unequal, imperceptible, convulsive ; respiration, eructation, vomition, emission of urine and sperm, involuntary stool, profuse sweat, blood from the nose, eyes, and ears, follow.

After the fit, the countenance expresses surprise, the sufferers are sad, bashful, very susceptible; restorative sleep generally follows; some are pale and languish many hours and even days.

The exercise of thought is re-established immediately, with many sufferers; with others, after some hours or days; with a few, never. Some fits are followed or attended by blindest fury, most dangerous mania, lasting from a few hours to eight days; the sufferers, having no intelligence, nothing intimidates them. Generally, the intellect is gradually weakened, memory and imagination lost, the sensations have not their usual vivacity, incurable demence follows.

Of 289 epileptic women in Salpêtrière, 80 are maniac, 56 imbecile, or in demence. Epilepsy complicated with insanity is not cured, and is soon fatal; consequent to anger, it is transient; to fright or chagrin, it is harder of cure.

Some sufferers experience but the forerunners of a fit, vertigo, stunning noise, general feverish chillness, then stiffness, or convulsion of a limb, of the head or lips, with instantaneous loss of sensation, then resume conversation where it was interrupted. Some only shake the head or limbs, clinch the hands, run till they fall, or lose consciousness. Such affections appear in people who afterwards suffer complete fits.

Epilepsy is more frequent in women after 7 years of age, than in men, and in melancholic temperaments; most frequent, mild, and curable in infants; may be confounded with common convulsion. When

they have a dry, stubborn cough, pain in the belly without diarrhœa, become rickety, have swelled testicles, hands emaciated, arms impotent, legs feeble and limping, are frightened, weep, yawn, rub their forehead, existence of epilepsy is to be suspected.

Those attacked soon after birth are seldom cured, specially if not before puberty. Those attacked between 3 and 10 years are cured, if seasonably attended to. Those a little before puberty are cured when that is completed.

The fits last from some seconds to six hours, (see too Lallemand, sur l'encephale, 72, 122;) generally from 5 to 20 minutes, return at various intervals; some in sleep, these sufferers' beds should be low, or like a box. Some fits alternate in intensity. Sometimes there are many together, then health, then many together; some without warning, preceded by heaviness, frightful dreams, irritability, pain, nausea, faintness, cold, fancied sensation of disagreeable odours, of a vapour at some part, this extends itself; when it reaches the brain, the sufferer becomes unconscious. That part should be blistered.

Epilepsy sometimes ends under re-establishment of suppressed hemorrhage or eruption, full dejections, cessation of menstruation; sometimes epilepsy is then aggravated. Menstrual disorder sometimes follows the fit, according to its severity. The sufferers are slothful, much inclined to coition, many to masturbation; epilepsy sometimes follows coition, after it epilepsy is aggravated. Pregnant women, becoming epileptic, are in great danger. When the fits are frequent and violent, death is to be feared in the consequent debility. Sight of a fit is sometimes followed by epilepsy in a healthy person. People, subject

to epilepsy, should avoid determination of blood to the head. Disorder of the digestive organs, plethora, suppressed perspiration should be relieved, the skin irritated if the disease principally affects the head, or is not confined to any part.

In the fit, nothing is to be done, but to prevent the sufferer from doing mischief. The treatment stated in Mansfield, on epilepsy, p. 85, has been used satisfactorily in two very severe cases, in Boston.

MOTES. No imperfection of sight is more common than appearance of dark motes, of various shape, at different distances, of no tangible existence, not preventing but incommoding sight of the smallest objects. The eye, in motion to bring them into its axis, gives them apparent motion, accordingly. Specks on the cornea do not occasion them. After removal of a cataract, a white particle, as large as a small pin's head, moved continually up and down unperceived by the patient, near the pupil's centre.

The preceding 12 pages are in N.E. med. jour. & Lon. phys. Dy.

DELIRIUM CONSEQUENT TO INTEMPERANCE.

* *, æt. 30, has been very intemperate these twelve years; sometimes voracious, sometimes takes scarcely any food for four days. April 8, 10 P. M. had two discharges from his bowels; had none for four days before. April 9, 10 A. M. left work, visited some friends, talked of religion, was found praying and kneeling in an empty house next one from which a funeral was moving; he was brought home by two friends. I visit him at 7 P. M.; he holds the bible open, talks of religion, seems disposed to be abstracted from surrounding objects; goes to his chamber, apparently to avoid my inquiry; his wife offers him drink, he dashes the vessel to the ground. His irritability seeming aggravated by attempts to soothe, solicit and advise him; he attributing his movements to the 'irresistible orders of the Spirit,'* I confine his limbs, to guard against possible mischief and to administer remedies most advantageously. His frequent spitting and whitish tongue seem to indicate a foul stomach; I give him tartrite of antimony, twenty-five grains, and a quart-glyster of warm water. His fury threatens to exhaust him: the family will attribute it to the treatment; they know not how he would have been without it. He vomits fetid matter thrice in five hours; sleeps half an hour; wakes boisterous; has a fit; is calmer. April 10, 6 A. M. receives a pint-glyster containing sulphate of soda, 2 oz. 8 A. M. has a discharge from his bowels; consents to take food; begs to have freedom of his limbs; does not abuse it; comes down stairs; his mind is not quite sane. He has two discharges from his bowels; no more delirium or medical treatment. *See Dic. des Scien. Med. tome* 26, *p.* 251—5. During his disease his skin was moist and warm, his habit of stuttering was suspended; *see Spurzheim on Insanity, p.* 85; *Rush on the mind, p.* 253, *two lines from the bottom.* He returned to his work, as a tinman, which he often interrupted by intemperance. In July, fancying his fellow-boarders would kill him, he left home at midnight, in distress; soon after, twice tried to drown himself. His country-friends took him home, and keep him at his trade under their energetic care.

His mother was insane and her two brothers; a third died with disease of his bowels, which confined him eighteen days, during which he was insane; the son of a fourth is insane.

Near Edinburgh is an institution for drunkards, maintained by their own cost or labour, till discipline and industry seem to suspend their vicious propensity. Every community needs such an institution. It may be separate, or a section of a house for insanity, or of a bridewell.

On large use of opium in such cases a remark may be made analogous to that, page 11, two lines from bottom.—Some persons, in the beginning of insanity, fear to shut their eyes, which correct confused ideas and horrid phantoms. * J. Beaumont published his case, 1705. "Five spirits came and said they would kill me if I told of their being with me. I made a man sit with me four nights. A spirit laid on the bed by me and said 'if I slept they would kill me.' Fourth night I could hardly keep awake."