ART. VII. *Observations on Madness and Melancholy, including practical Remarks on those Diseases, together with Cases; and an Account of the morbid Appearances on Dissection.* By John Haslam, late of Pembroke Hall, Cambridge; Member of the Royal College of Surgeons, and Apothecary to Bethlem Hospital. The Second Edition. 8vo. pp. 352. London: Callow. 1809.

Pinel's Treatise on Insanity. By Dr. Davis. 8vo. Sheffield. 1806.

Cox's Practical Observations on Insanity. Second Edition. 8vo. Lond. 1806.

Arnold on the Management of the Insane. 8vo. Lond. 1809.

IT would be difficult to find, in the whole range of medical science, a subject more interesting at first sight, or less satisfactory on further consideration, than the philosophical investigation of the causes and symptoms of insanity. Few persons have passed through life, without experiencing, at certain moments, some affections of the mind, which approach very near to the character of true mania: and if the Stoics were right in asserting, that every fool is insane, it must be granted that a great majority of mankind has ample reason to be curious, with regard to every thing connected with the theory of madness. The dreams of the poet, the fables of the mythologist, and the fictions of the romancer, may all be considered as subordinate varieties of the wanderings of an imagination, freed from the restraint of a conformity with dull matter of fact. Vanity, that abundant source of mental delight, self-satisfaction, and fancied consciousness of unlimited power, bestow, in the hours of a pleasurable delirium, feelings of bliss apparently much more exalted than any which fall to the lot of sober reason: and on the other hand, anxiety, self-condemnation, and bodily pain, seem to inflict severer pangs on the victim of maniacal depression, than can be produced by the most studied aggravations of artificial torture. With all this variety of pleasure and pain, of hope and despair, of wild ravings and pathetic lamentations, of ridiculous conceits and presumptuous schemes, the superficial reader of historical works on insanity is universally affected and amused; but the more profound reasoner, and the more scientific investigator, is by no means equally edified by the minute detail of particular cases; and he regrets to find, that in a subject unavoidably involving the most refined considerations, both of a medical and of a metaphysical nature, the imperfections of both these sciences should be felt in their utmost extent.

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At the very outset of our inquiries respecting insanity, we meet with an insuperable difficulty with regard to the correct definition of the term: and there is reason to apprehend that the difficulty does not so much depend on the imperfection of our knowledge, as on the intimate nature of the subject. Health of mind, like health of body, is an indefinite expression; and it must in many cases be left to the discretion of a conscientious physician, to decide on the soundness of his patient's mind, when no absolute rule can be laid down, by which we can determine the character of the precise state, which is to be considered as constituting a sound mind: and the difficulty is sometimes increased by the natural propensity to eccentricity, which is observable in some persons, whom there is also reason to think predisposed to attacks of real insanity. Fortunately, however, it happens more commonly, that the deviation from a healthy state of the intellect, where it exists in such a degree as to require any legal interference, is sufficiently obvious to remove every doubt; and it has even been observed by a modern author, that maniacs in general, when not immediately under the influence of the disease, are particularly estimable for their moral qualities. We find, in bodily diseases, corresponding examples, both of an imperceptible gradation between health and sickness, and of an abrupt transition from one to the other: and there are probably some variations of intellect equally gradual, and equally extensive, with the variations of bodily weight or of muscular strength; and other instances, again, in which a depravation of the intellectual powers is as positive and decided, as a dislocation, or the loss of a limb.

Notwithstanding that it may be difficult or impossible to lay down a correct and absolute criterion, by which the existence of mania can be ascertained from the morbid affections of the mind, yet there is no doubt but that in many cases there exists a positive bodily disease, either of structure or of action, which is the proximate cause of insanity, and there is no reason to think that the disease is ever purely mental. In almost all cases of the dissection of those who have died insane, some marks of disease have been found, either in the brain or in the neighbouring parts: and since many morbid affections may exist during life, which are not of such a nature as to leave visible traces after death, it may fairly be inferred, that some material disease of the brain itself is the universal cause of mania. The appearances upon dissection have also been almost always such as to demonstrate that there has been a morbid distension of the blood-vessels of the head: and it appears to be much simpler and safer to conclude, that

that such a distension, either general or partial, is the immediate cause of insanity, than to suppose, with a late author, that the fault is in the actions of the minute arteries, which are conceived to secrete some unknown nervous fluid: for by such a supposition, besides the gratuitous assumption, we gain little more, than by saying that the peculiar functions of the brain are disturbed.

Besides the evidence of dissections, it appears to be possible to deduce a conclusion nearly similar, from a chain of reasoning altogether different; although in the present state of the medical sciences we cannot be supposed to consider any theory of this kind as perfectly demonstrable. We know that compression of the brain produces a state nearly resembling sleep: this has been proved by actual experiments on persons who had lost a part of the cranium, and in whom a pressure on the part of the brain, which remained covered only by the integuments, produced a temporary insensibility; while the functions of the circulation and respiration were continued without interruption. A similar effect is observable in apoplexy, where there is often an extravasation in some part of the brain: not that the effusion of blood appears to be the immediate cause of the apoplexy, since the apoplectic symptoms often occur without any perceptible effusion; and since in other cases they are relieved while the effusion remains: but the effusion is rather to be considered as an indication of the state of repletion, which probably produces the immediate symptoms by a general or partial compression of the brain. We are therefore justified in assigning a compression of the brain as the most probable cause of sleep: and the only way in which we can suppose this compression to be effected, is by the distension of the arteries of the brain, or of some of its parts. This distension, or relaxation, may easily occur spontaneously, when the system is in a certain degree exhausted, and may cease as soon as any strong impression rouses the powers of the system into activity. There are obviously many degrees, and perhaps various kinds of sleep, which may very probably be derived from the more or less complete relaxation of all or of a certain part of the blood-vessels of the head, producing differing degrees and kinds of compression. Thus we have either perfect and sound sleep, or dreaming, or somnambulism, in its different degrees; and in all these states a strong impression of any kind removes the temporary relaxation of the arteries, and restores the mind to the possession of its full energy. But if the arteries were permanently fixed in their relaxed state, without the power of being contracted by the awakening cause, sound sleep would be apoplexy, and somnambulism insanity, without any

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shadow of difference that we can discover. And the description of a day dream, by which a great tragedian of antiquity has characterised the imbecility of age, is not more poetical than strictly correct. It is obvious that the morbid alterations of the state of distension of the vessels of the brain may be much more diversified than the more healthy relaxations which happen in perfect or even in imperfect sleep; but there is a sufficient analogy, to induce us to attribute these effects to causes of the same kind, if not to causes perfectly identical. And although local irritations, for instance, minute ossifications or tumours, may appear to occasion maniacal symptoms, yet as these cases are comparatively few, that is, not more than one in eight or ten of the whole number which have been examined, we may be allowed to assert that they probably act in the first instance by exciting either inflammation, or some other morbid state of the blood-vessels of the head; indications of which have indeed usually been found in the same dissections.

These opinions appear to be still further confirmed by the consideration of the nature of the causes, which are most active in inducing and in relieving the disease. The reasoning faculties, which seem to affect the cerebral nerves alone, have probably little or no immediate influence on insanity, except as either adding vigour to the mind by their moderate exercise, and enabling it to resist the diseases of the body, or as weakening the nervous system by excess of fatigue. But the passions may be expected to be extremely active in exciting, and not wholly ineffectual in curing the disease: since the violent passions appear to increase and the depressing passions to diminish the powers of the circulation in general, and both to affect particularly the state of the blood-vessels in the head. Passion, in a physiological sense, may be defined an affection of the nervous system, communicated from the brain to the sympathetic or visceral nerves, which govern the involuntary motions; and indicated in general by the acceleration or retardation of the motion of the heart. This definition is of much more importance to our present view of the subject, than the more usual acceptation of the term as implying 'a violent commotion of the mind,' or the etymological and metaphysical description of an affection rather passive than active, in which the will is less uncontrouled than in the ordinary tranquil state of cool reflection; the powers of the body, as well as those of the mind, being in some measure led away by an impulse apparently irresistible. It has been observed that those persons, whose professions require the exercise of the imagination, and encourage the indulgence of the passions,

passions, for example, artists of various descriptions, are much the most liable to madness; while there is scarcely a single instance of a mathematician of eminence having been afflicted with a similar calamity. The symptoms of mania are usually aggravated by the horizontal posture, which increases the determination of blood to the head, and the patients never voluntarily remain in this situation while they are under the influence of a paroxysm. The frequent benefit which is obtained from evacuations of all kinds, and especially from local bleeding, in such cases as are curable by medicine, may also be considered as affording additional evidence of the general nature of the proximate cause of the disease.

The distinction of the different kinds of insanity is a matter of no less delicacy than the definition of insanity itself; for these varieties pass into each other still more frequently and more imperceptibly than insanity passes into health. Hence it happens that nosologists not only disagree materially in their subdivisions of mental diseases into genera and species, but most of their characters are so constructed as to be incapable of comparison with those of other systematical authors: and the same kind of confusion has arisen, as if, in botany, some classifications were derived from the flowers, others from the fruit, others from the leaves, and others again from the roots. In botany, however, the perfect description of the plant would identify it wherever it might happen to be placed by the caprice of the system; but in the arrangement of diseases of the intellect, the association of symptoms is by no means so constant, that we can recognise the similarity of the species under the different views which the methods of nosologists have led them to take of it. It appears to be impossible to consider insanity as constituting more than one well-defined genus; nor is it by any means certain, that sufficiently characteristic distinctions can be laid down, for enabling us to subdivide it methodically into any number of distinct species. Some kind of subdivision ought however to be attempted; and it matters little whether we call the subordinate descriptions of the disease species or varieties: that division must be best, which is most marked in nature, and which seems to afford the most important indications for directing the method of treatment.

Dr. Arnold divides the genus insanity into two principal heads, ideal and notional insanity. His ideal insanity is a disease of the perceptions, the patient forming false imaginations respecting the surrounding objects, or respecting his own person. In notional insanity, the perceptions are natural, but the judgment forms erroneous

roneous or unreasonable notions of the relations of things. Under these two heads he arranges thirteen different species, which are not very easy to be correctly distinguished. Dr. Crichton divides the order of mental diseases into three genera: delirium, or general derangement; hallucinatio, or partial illusion; and amentia, or imbecility; and of each of these genera he also makes a variety of species, but they scarcely appear to be more naturally distinct than those of Dr. Arnold. We apprehend that Mr. Pinel's division of insanity, although by no means unexceptionable, will be best calculated for affording our readers a general idea of the forms which the disease commonly assumes; and it will enable us, without too great prolixity, to illustrate the respective varieties, by appropriate cases. Dr. Arnold's work, Mr. Pinel seems to consider as a 'burthensome compilation, or a multiplication of scholastic divisions, more calculated to retard than to advance the progress of science;' and Dr. Crichton's two volumes, as founded 'merely on the authority of some observations drained from a German journal; together with ingenious dissertations on the doctrines of modern physiologists, and a view of the moral and physical effects of the human passions.' These censures appear to us to be somewhat too severe; nor is it certain, that the work, in which they are contained, possesses much stronger claims than these treatises, to the merit either of novelty, or of practical importance: but we are perfectly ready to allow, that its author has presented the public with some very interesting cases.

The *melancholia* of Pinel is an insanity, or loss of understanding, without propensity to violence; confined to one subject, while the faculties in general remain unimpaired with respect to other subjects; and the illusion may be either pleasurable or painful. *Mania without delirium*, is a perversion of the active powers and propensities, without loss of understanding. *Mania with delirium* is a general perversion of the understanding, as well as of the dispositions, with increased nervous excitement. *Dementia* is marked by a rapid succession of incoherent ideas, with perpetual activity and extravagance, with abolition of the judgment, or the power of comparing ideas, and with diminished sensibility. *Idiotism* is distinguished by a general obliteration of the intellectual and active powers.

The term melancholia, in its nosological sense, is not synonymous with melancholy, but implies simply the limitation of the illusion to one subject, whether attended by elevation or by depression of spirits: and the subject of the illusion remains sometimes unchanged for twenty or thirty years. 'Lunatic asylums,' says Mr. Pinel, p. 143

143 of the English edition, 'afford numerous instances of these opposite extremes. The steward of a gentleman of fortune lost his property by the revolution: and for his attachment to the old regime he was committed to prison, where he was detained for some months. Overwhelmed by apprehensions for his life, which he perpetually harboured, and which the violence of the times was too much calculated to excite, he at length became insane. In that situation he was transmitted to the hospital of Bicêtre, where he soon complimented himself with the title and prerogatives of the king of France. A simple timorous man made use of some expressions of dissatisfaction with the government, in the second year of the republic: he was threatened with the guillotine: the consequences were, that he lost his sleep, was exceedingly perplexed, and forsook his ordinary employment. Soon after, he was confined in the Asylum de Bicêtre: the idea of his ignominious death perpetually haunted him, and he daily solicited the execution of the decree which he fancied to have been passed against him. A young man, who had lost his reason amid the pangs of disappointed love, was influenced by so powerful an illusion, that he mistook every female visitor for his dear Mary Adeleine, the object of his unfortunate attachment. To hear his tender and impassioned addresses to every fair stranger that he met with, was calculated to soften the hardest heart.' The delirium was here confined to one subject, though certainly not to one object. In another instance the illusion was much more limited. 'A commissary, one day, visited the hospital of Bicêtre, for the purpose of dismissing such of its tenants as were supposed to be cured. Among others, he put some questions to an old vine-dresser, who replied to him with great propriety and coherence. Upon which the officer prepared the legal instrument for his discharge, and, according to custom, gave it him to sign: but what was his surprise, when he saw the old man sign himself CHRIST, and indulge in all the reveries suggested by that delirium!'

The mania without delirium, a disease rather of the disposition than of the intellects, is well illustrated by the following history. 'At a period of the revolution, which it is to be wished could be effaced from the annals of our history, a case of mania without delirium gave rise to an extraordinary scene at the Asylum of Bicêtre. The brigands, after the massacre of the prisons, broke like madmen into the hospital, under pretence of emancipating certain victims of the old tyranny, whom it had endeavoured to confound with the maniacal residents at that house. They proceeded in arms from cell to cell, interrogating the prisoners, and passing by such of them as were manifestly insane. A maniac, bound in chains, arrested their attention by the most bitter complaints, which he preferred with apparent justice and rationality. 'Is it not shameful,' said he, 'that I should be bound in chains and confounded with madmen?' He defied them to accuse him of any act of impropriety or extra-

vagance. 'It is an instance of the most flagrant injustice.' He conjured the strangers to put an end to such oppression, and to become his liberators. His complaints excited, among the armed mob, loud murmurs and imprecations against the governor of the hospital. They immediately sent for that gentleman, and, with their sabres at his breast, demanded an explanation of his conduct. When he attempted to justify himself, they imposed silence upon him. To no purpose did he adduce, from his own experience, similar instances of maniacs, who were free from delirium, but at the same time extremely dangerous from their outrageous passions. They answered him only with abuse: and had it not been for the courage of his wife, who protected him with her own person, he would have been sacrificed to their fury. They commanded him to release the maniac, whom they led in triumph, with reiterated shouts of 'Vive la Republique.' The sight of so many armed men, their loud and confused shouts, and their faces flushed with wine, roused the madman's fury. He seized, with a vigorous grasp, the sabre of his next neighbour, brandished it about with great violence, and wounded several of his liberators. Had he not been promptly mastered, he would soon have avenged the cause of outraged humanity. The savage mob then thought proper to lead him back to his cell, and with shame and reluctance yielded to the voice of justice and experience.' In three cases of this species the patients had biennial paroxysms, each lasting six months. One instance is related, in which the disease appeared to be cured, and the patient had remained quiet for four years, when he suddenly formed a design of immolating all his companions as an expiatory sacrifice to heaven, and actually executed his intentions on two of them, after he had failed in an attempt on the life of the governor. In his former paroxysms this maniac had stiled himself the fourth person of the Trinity.

The third species, or mania with delirium, is perhaps the most common, and the most genuine species of insanity. It may either be continued or intermittent, and when intermittent, it is the most curable of any of the species. 'I was frequently followed,' says Mr. Pinel, 'at the Bicêtre by a general, who said that he had been just fighting an important battle, and had left fifty thousand men dead on the field. At my side was a monarch, who talked of nothing but his subjects and his provinces. In another place was the prophet Mahomet in person, denouncing vengeance in the name of the Almighty. A little further was a sovereign of the universe, who could, with a breath, annihilate the world. Many of them seemed to be occupied by a multiplicity of objects, which were present to their imagination. They gesticulated, declaimed, and vociferated incessantly, without appearing to see or to hear any thing that passed. Others, under illusive influence, saw objects in forms and colours which they did not really possess. Under the influence of an illusion of that kind, was a maniac, who mistook for a legion of devils

vils every assemblage of people that he saw. Another maniac tore his clothes to tatters, and scattered the straw, on which he lay, under the apprehension that it was a heap of twisted serpents.' It is sometimes difficult to say, whether a particular case ought to be referred to this species or to melancholia, the unity of the subject of illusion not admitting a very clear definition; this ambiguity may be exemplified by an instance which has been related to us as having lately occurred in the Infirmary at Edinburgh. The patient perfectly recognised the friends who visited him, and retained in most respects the use of all his faculties; but like the Athenian, who firmly believed that every ship which sailed from the Piræus was his own private property, and freighted with his own merchandize, this maniac imagined that the Infirmary was his palace, and all its inhabitants his faithful and attentive servants. He would invite his acquaintance to partake of the pleasures of his table, telling them that he had the best cooks in the world, and that he fared most sumptuously: at the same time he used to observe, that there was something very unaccountable in the made dishes that were sent up to him, for though they were to all appearances exquisite in their kind, they seemed to him to have a very singular flavour of porridge. In fact his taste appeared to be the only sense that was free from the general illusion. The case of the watchmaker mentioned by Pinel, who insisted that he had been guillotined, and that another head had afterwards, by mistake, been placed on his shoulders instead of his own, and then imagined that he had discovered the perpetual motion, presents a variety of the same intermediate description.—'Look at these teeth,' he would say: 'mine were exceedingly handsome; these are rotten and decayed: my mouth was sound and healthy; this is foul and diseased. How different is this hair from that of my own head!' But there is reason to suspect a little invention in the account which an ingenious maniac is sometimes tempted to give of his sensations: there seems, for example, to have been something like affectation in the madman who pretended that dead animals retained their feeling, and would not eat meat from humanity; and in him who professed to be a great surgeon, and stole a wooden leg in order to place it under him, and to hatch it into a living one.

An instance of the dementia, or incoherent insanity, is exhibited in a case which is thus related by Mr. Pinel, p. 163. 'His motions, his ideas, his broken sentences, his confused and momentary glimpses of mental affection appeared to present a perfect image of chaos. He came up to me, looked at me, and overwhelmed me with a torrent of words, without order or connexion. In a moment he turned to another person, whom in his turn he deafened with his unmeaning babble, or threatened, with an evanescent look of anger: but, as incapable of determined and continued excitement of the feelings as of a just connexion of ideas, his emotions were the effects

of a momentary effervescence, which was immediately succeeded by a calm. If he went into a room, he quickly displaced or overturned the furniture, without manifesting any direct intention. Scarcely could one look off, before he would be at a considerable distance, exercising his versatile mobility in some other way. He was quiet only when food was presented to him. He rested, even at night, but for a few moments.' The mania which sometimes occurs after parturition appears to be generally of this kind.

We shall now proceed to give some account of the contents of the work which we have undertaken to criticize. The former edition of Mr. Haslam's observations was published in 1798; it was read with universal interest, and we are not disposed to deny that the present work, which extends to more than twice as many pages is at least equally entertaining: the reader is led from one part of it to another with a sort of impatience approaching to that which is felt in the perusal of a romance. But it may be questioned whether the value of the work in a medical point of view is by any means increased in the same proportion with its bulk.

The first chapter is entitled Definition; but apparently in the sense in which the last chapter of Rasselas is stiled a Conclusion. On the definitions proposed by other authors, Mr. Haslam makes several very just remarks, and even that which he had himself laid down in his former edition, he has tacitly withdrawn. In some of the additions which Mr. Haslam has made to the re-publication of his work, he seems to have been considerably influenced by the grammatical and metaphysical opinions of Mr. Horne Tooke. 'Metaphysicians,' he says, p. 8. 'pretty generally agree, that the human mind possesses certain faculties and powers; as imagination, judgment, reason, and memory;' but, 'as far as I have observed, it does not possess all those powers and faculties, with which the pride of man has thought fit to invest it.—If mind were actually capable of the operations attributed to it, it would necessarily have been able to create a language expressive of them. But the fact is otherwise. The language, which characterises mind and its operations, has been borrowed from external objects; for mind has no language peculiar to itself.'

Does it then follow, because we often use figurative language in describing the operations of the mind, that these operations have actually no existence in nature? In the instances, adduced by Mr. Haslam, of the contrition and sorrow which are commonly said to be felt after committing an offence, does it follow, because

because contrition originally signified rubbing together, and sorrow once meant soreness of the body, that we therefore neither do nor ought to feel distress of mind for our faults, and repentance of soul for our crimes?

The whole grammatical system of Mr. Tooke, ingenious and important as it is in some respects, appears to us to be involved throughout in one fundamental error; that he has entirely confounded the etymological part of grammar with the exegetical. Because he has shown how a word came to be employed in a particular sense a thousand years ago, he would infer that he has given a newer and truer explanation of its present sense than ever was discovered before; and in doing this, he has confounded two things which are often perfectly distinct.

We must therefore beg leave to assert, notwithstanding the opinions of Mr. Tooke and Mr. Haslam, that 'reasoning' is really something more than reckoning, whatever 'ratio' in Latin, or 'rathjo' in Gothic, may once have meant. And that, notwithstanding the 'etymology of imagination, reflection, combination, and abstraction,' *terms* 'which have arisen from physical objects,' the *ideas* conveyed by these terms are *not* 'independent of any operation which the mind has elaborated:' that imagination has a real meaning totally separate from contemplating the effects of a mirror, that reflection implies something different from merely tracing back our footsteps, that combination does not necessarily denote the 'amalgamation' of two material objects into one, and that abstraction is perfectly distinct from the manual operation of cutting simples or gathering fruit.

But to return to the subject more immediately before us. It appears from Mr. Haslam's observations, that there is seldom reason to suppose that sensations wholly new are introduced into the mind of a maniac by the disease, or that the immediate operations of the senses are perverted: all the illusions being false combinations of former ideas, with the additional persuasion of their actual existence. Thus, when a madman asserts that he has seen the devil, he describes him as a black man with a long tail; the ideas having previously existed in the mind, but being morbidly converted into perceptions. This agrees also very much with what happens in sleep: and as in sleep, so in madness, the judgment seems to be generally sound although exercised upon false grounds, and sometimes feeble from an unavoidable want of attention. Mr. Haslam observes, that most of the illusions of dreams relate to visible objects, while in those of mania the ear seems to be most af-

fected: this distinction is however by no means constantly true, and may be considered as in some measure accidental. The division of insanity into mania and melancholia our author thinks as unimportant in practice as it is difficult in theory.

The second chapter relates to the symptoms of the disease: An attack whether of periodical or of continued insanity is often preceded by pain in the head, throbbing of its arteries, and giddiness; sometimes also by a peculiar sensation in the intestines; but all who are subject to the disease agree that they become confused, from the sudden and rapid intrusion of unconnected thoughts. The incoherence which is observable in the words of many madmen, has been attributed by some authors merely to the rapidity with which the train of their ideas passes before the mind; but we are inclined to think that much of the apparent rapidity often depends on a want of connexion. The recollection of a distant scene, and of a particular moment of time, does certainly occur in some cases to a mind not otherwise diseased, without any association of ideas that can possibly be traced, except a certain peculiarity of internal feeling, which was perhaps also experienced at the time and place so recalled to mind; and the same affection occurring in a more marked degree, would approach very near to the incoherence of dementia, which does not therefore require us to suppose that the train of ideas is in reality more rapid than usual; although, in some cases, it is not at all improbable that there is such an acceleration.

After a correct and elegant description of the usual symptoms of mania, p. 41, Mr. Haslam observes, that 'madmen do not always continue in the same furious or depressed state: the maniacal paroxysm abates of its violence, and some beams of hope occasionally cheer the despondency of the melancholic patients. We have in the hospital some unfortunate persons who are obliged to be secured the greater part of their time, but who now and then become calm, and to a certain degree rational: upon such occasions they are allowed a greater range, and are admitted to associate with the others.'

Mr. Pinel informs us, that of 200 maniacs at the Bicêtre, 52 had periodical paroxysms at irregular times, and 6 at regular; the disease recurring in one instance every other day, in the rest of the six mostly every year or every two years.

Those who recover their senses are often surprised when they are informed of the length of time which has elapsed during their illness, while they appear to themselves to have had only a short

short dream: in general few of the images which have passed through their minds remain imprinted on their memory, although some maniacs are able to give a tolerably collected account of what they have felt during their indisposition: to these the time must probably have appeared longer. Sometimes the traces of later sensations have been wholly erased from the mind, while earlier impressions have retained all their vigour: A maniac has fancied himself still a child, or has forgotten a language or an art which he had lately learnt; and after his recovery has been obliged to learn again to write. This remark reminds us of a case of an injury of the head recorded by Mr. Abernethy; it happened to a foreigner twenty-seven years of age, who spoke English perfectly well; but during his illness he could only answer in French, and said he was but sixteen years old. Mr. Haslam has never found that maniacs in general are less liable to suffer from cold than other persons; on the contrary, they are very subject to mortifications when exposed to cold in any considerable degree. He describes a particular species of insanity as sometimes occurring about the time of puberty, especially in those who have possessed a good capacity and a lively disposition, and in females more frequently than in males; they become by degrees listless and inactive, their faculties are gradually obliterated, until at last they are complete and incurable idiots.

The third chapter of Mr. Haslam's work may be considered as the principal foundation of the whole superstructure; it contains a relation of thirty-seven cases, in which the brain was examined after death; and of these eight have been added in the second edition. In no one of the cases described were the brain and its membranes perfectly free from the appearance of disease: in almost all, the membranes either bore marks of former inflammation, or were actually much distended by a congestion of blood: in thirteen, there was an effusion of water between the membranes; in nine, the consistence of the brain was firmer than in the natural state; in seven softer; but in twenty not perceptibly altered. In ten cases or more, a peculiar looseness of the scalp was observed, an appearance which seems to have escaped the notice of former authors; it was sometimes perceptible even during the life of the patient. This may perhaps be considered as one of the consequences of inflammation, and as resembling the detachment of the cuticle by the application of a blister, or the separation of the hoof of a horse from the parts with which it is naturally connected; a

circumstance which is said to be often the consequence of an inflammatory affection, and the cause of the horse becoming foundered. The other symptoms which Mr. Haslam has recorded, agree very nearly with the observations which have been made on a much larger scale by former authors. Thus Mr. Greding relates, that the pia mater was thickened or otherwise diseased in 86 cases out of 100; there was water between the membranes in 120 cases out of 216, and in 118 of the same number the consistence of the brain appeared to be softer than in its natural state. Mr. Pinel's observations on the absence of any marked difference in the appearances of the brain in mania and in some other diseases, by no means stand in direct opposition to the assertion, that something morbid is commonly discoverable in all these affections.

The symptoms of many of the cases related by our author were extremely interesting, both in a medical and metaphysical point of view. In the 14th, the patient exhibited a singular specimen of a determination to maintain his own opinion; he insisted that he had no mouth, and when compelled by force to swallow, declared that a wound had been made in his throat through which the food had been introduced. Another author has related a history of a madman who was persuaded that he could not pass through the door of his room, and when he had been dragged through it in order to convince him of his error, he asserted that the flesh had been torn from his bones in the operation, and died in a few days under the impression. The 22d case presents us with an example of the deepest cunning, and the greatest temporary self-command in a maniac who was endeavouring to obtain a release; the 28th, of madness in a literary form in the person of an usher, who stiled himself a relation of Anacreon; the 29th and 37th cases, of an insanity, of which the character was a universal love of mischief; and the 31st, of a fatal hectic, which seemed to supervene in consequence of a disappointment of maniacal revenge. In the 33d case, the patient was completely in his senses during his confinement, and was therefore more than once permitted to return to his wife and family; but, in a few hours after he came home he felt himself uneasy, and fancied that he was bewitched at all points, the devil and his imps having taken possession of the best places in his house. He resolved that he would never again return home; but during eight years that he remained at Bethlem, neither his actions nor his conversation discovered the least insanity. He was perfectly aware that his intellects were disordered

ordered whenever he returned to his family; but his wife and children frequently visited him, and he always received them with great affection. The 35th case is that of a schoolmaster, who had destroyed the person under whose cure he was placed at Manchester; his own account of this transaction deserves to be transcribed, p. 169.

"The man whom I stabbed richly deserved it. He behaved to me with great violence and cruelty, he degraded my nature as a human being, he tied me down, handcuffed me, and confined my hands much higher than my head with a leathern thong; he stretched me on a bed of torture. After some days he released me. I gave him warning, for I told his wife I would have justice of him. On her communicating this to him, he came to me in a furious passion, threw me down, dragged me through the court-yard, thumped on my breast, and confined me in a dark and damp cell. Not liking this situation, I was induced to play the hypocrite. I pretended extreme sorrow for having threatened him, and by an affectation of repentance prevailed on him to release me. For several days I paid him great attention, and lent him every assistance. He seemed much pleased with the flattery, and became very friendly in his behaviour towards me. Going one day into the kitchen where his wife was busied, I saw a knife; this was too great a temptation to be resisted; I concealed it, and carried it about me. For some time afterwards the same friendly intercourse was maintained between us; but as he was one day unlocking his garden door, I seized the opportunity, and plunged the knife up to the hilt in his back." He always mentioned this circumstance with peculiar triumph, and his countenance, the most cunning and malignant I ever beheld, became highly animated at the conclusion of the story. During the time he was in Bethlem Hospital, he most ingeniously formed a stiletto out of a mop-nail; it was an elaborate contrivance, and had probably been the work of several months. It was rendered extremely sharp and polished by whetting on a small pebble; it was fixed into a handle, and had a wooden sheath made from the mop-stick. This instrument he carried in his left breeches pocket, his right hand grasping the hilt. As I always found him in that posture when I visited him, I suspected he had some concealed implement of mischief, and therefore employed a convalescent patient to watch him through the key hole of his door. This person saw him with the weapon, and also ascertaining the distance at which he could use it. The instrument was taken from him by surprise. When he found he was prevented from executing his purpose, he roared out the most horrid imprecations; he cursed the Almighty for creating him, and more especially for having given him the form of a human being, and he wished to go to hell, that he might not be disgraced by an association with the Deity.'

The

The next case is a very interesting account of a basket and mat-maker, who employed a number of his companions in his service, but not being so perfect a moralist as Mr. Pinel's patients, cheated his workmen by all possible means, till he had acquired a considerable sum of money, which he lost all at once to an insane soldier at cards; the soldier for fear of being obliged to make restitution, eloped in the night: the manufacturer was afterwards rivalled and outdone in his art by a partnership consisting of the well-known Hatfield and a cobler; and in a quarrel which arose on the occasion, he fell down apoplectic, while exerting all his force to strike his opponent.

In the fourth chapter, Mr. Haslam relates some cases of insane children: such occurrences are not very frequent, except in the form of idiotism; and even in these instances the disease approached considerably to that character. In one of them, the child had been extremely indulged from his infancy. His countenance was decidedly 'maniacal;' a term which the author professes himself unable correctly to explain. But would not the permanent expression of any passion, without a cause, give a truly maniacal character to the countenance? In general, the elevation of the eyebrows, as if from the contraction of the scalp, seems to be the most observable feature. Mr. Haslam appears not to be aware that a smile is always produced by the action of the zygematic muscles, with a more or less marked contraction of the orbicularis palpebrarum.

Among the physical causes of madness, Mr. Haslam enumerates, in his fifth chapter, intoxication, blows, fever, the use of mercury, suppressed eruptions and discharges, hereditary disposition, and paralytic affections: among the moral causes, grief, ungratified desire, religious terror, disappointed pride, fright, anger, the habitual indulgence of any passion whatever, and any sudden and violent affection. He combats the once prevailing idea of a connection between lunacy and the motions of the moon; not having been able to discover any such connection by the most accurate observations; although he thinks it very possible that in women the paroxysms may sometimes have a monthly period; and that the restlessness of maniacs in general may occasionally be increased by the admission of the light of the full moon. He imagines that the term lucid interval originated from the idea of the lunar influence; but we do not see the necessity of this conclusion. Mr. Pinel informs us, that of 113 maniacs, 34 were attacked by the disease in consequence of domestic misfortunes, 30 from the events of the revolution, 25 from fanaticism, and 24 from disappointments in love.

Mr.

Mr. Haslam very properly objects to the insertion of mental labour in the catalogue of the usual causes of insanity: but we see no reason to doubt, that the fatigue occasioned by intense thought, which certainly often produces head-ach, may also sometimes become the exciting cause of a maniacal attack, where there is a predisposition in the constitution. Boerhaave tells us, that unremitting attention to a single subject, for a whole day, once kept him without sleep for six weeks; and such a state must in some respects approach very near to mania. But, as we have already observed, habitual application, when not excessive, by streugthening the mind, seems to render it much less liable to disease. A pernicious effect may however often arise from a too rapid succession of various pursuits; for instance, from a superficial attention to an ill-digested course of reading: this appears to have happened in a case here related at length; we have also seen another instance nearly similar, in which a multiplicity of studies, too closely pursued, without sufficient exertion of the judgment, has bewildered a mind amply stored with various funds of knowledge, but too little regulated by the dictates of solid reason and common sense. The hereditary transmission of a tendency to maniacal affections is established by our author on the most indisputable evidence.

The sixth chapter treats of the prognosis, or of the probable event of the disease. It appears that, in forty-six years, 4042 men, and 4832 women, have been admitted into Bethlem hospital: of the men, 1155 have recovered, of the women, 1402. The usual time of trial is a year: and the instances of recovery after this period are very rare. Those, who have already suffered more than a year from the disease, are not admitted into the hospital. The proportion of cures is nearly the same, as has been observed, on a much smaller scale, in the hospital of Charenton.

In a period of ten years, $\frac{2}{3}$ of those, who were admitted between the ages of 10 and 20, were discharged cured; of those who were between 20 and 30, about $\frac{2}{5}$; of those between 30 and 40, who were the most numerous, $\frac{1}{3}$; between 40 and 50, nearly $\frac{1}{4}$; between 50 and 60, $\frac{1}{6}$; between 60 and 70, $\frac{1}{8}$: so that the probability of a cure appears to decrease regularly, as the age of the patient increases.

Mr. Haslam insists very strongly on the improbability, that so great a proportion as nine out of ten maniacs should ever be dismissed cured, by the most successful practitioner; and he considers the assertion of the Rev. Dr. Willis as 'bold, unprecedented, and

and marvellous.' But most of Dr. Willis's patients were probably in a very different state from the great majority of those, who are admitted to the hospital of Bethlem: an asylum which is regarded, by the public in general, with an eye of dread and aversion, as the last resource in a case which is become almost hopeless. Instead of one third of the whole number admitted, which is the proportion of cures at Bethlem and at Charenton, Dr. Arnold declares that in his own private establishment, and in the Leicester Lunatic Asylum, two thirds of those who are admitted are cured. In all probability, if Dr. Willis had kept a very accurate register of his patients, his account would have varied considerably less from that of other medical men: but allowing him to have been only a little more successful than Dr. Arnold, the recovery of many more than half of his patients might naturally make him sanguine on the subject; and it must be remembered, that, in the important cure which produced the discussion, the event fully justified his opinion, unsupported as it was by the sentiments of most of his colleagues.

It is remarkable that furious insanity is much more curable than melancholy madness. Of 100 violent maniacs, 62 were cured; but of the same number of melancholic patients, only 27. The frequent alternation of these states is observed to be an unfavourable circumstance: although a paroxysm of furious mania, in a young person, has sometimes, according to other authors, been beneficial in a case of chronic idiotism. Imbecility, gradually approaching, is generally incurable. Mental diseases, arising from moral causes, are commonly more obstinate than those which are produced by physical causes: probably, however, a constitutional tendency to the disease may be more concerned, when it appears to be derived from a moral cause only. Apoplexy and palsy are very often fatal to maniacs. Palsy is also not uncommonly the cause of insanity; and such cases are almost entirely hopeless. Insanity complicated or alternating with epilepsy is seldom curable. The difficulty of relieving religious madness is acknowledged by all authors: and Mr. Haslam observes, that by far the greater number of the cases of this kind, which have come under his notice, have been derived from methodism in its various forms. It is in fact perfectly obvious, that those sects, which are most accustomed to call up all the human passions, to assist in the propagation of their doctrines, must be the most exposed to the inconveniences which result from the too violent operation of those passions. The small-pox has generally been fatal, when it has attacked a person under the influence of furious mania.

The

The important subject of management is discussed in the seventh chapter. The skill of the English, in this respect, Mr. Haslam supposes to have been sometimes overrated: at least, he denies them the possession of any secret, which enables them to exert a magic influence by the awfulness of a stern look. He observes, however, that the superintendant must necessarily acquire an ascendency over the patient by firmness and authority: and that when he has misbehaved, immediate confinement must be directed. The punishment ought to be public, and to be inflicted by such a force, as may be amply sufficient to overcome all resistance: for maniacs, however furious, almost always submit to a decided and striking superiority.

Corporal punishment, our author observes, has sometimes been included in the description of the coercion, which is to be applied to maniacs: and on the inhumanity and absurdity of this practice he expatiates at large. We do not mean to defend it; and we believe it is never employed at present by any respectable practitioners; but we must observe, that its 'inhumanity' depends only on its 'absurdity.' If it were decidedly beneficial in any degree, we cannot conceive that it would be more inhuman to beat a patient, than to bleed, blister, or cauterize him. Mr. Haslam asks—p. 289.

'Would any rational practitioner, in case of phrenitis, or in the delirium of fever, order his patient to be scourged? He would rather suppose that the brain, or its membranes, were inflamed, and that the incoherence of discourse, and violence of action, were produced by such local disease. It has been shown by the preceding dissections, that the contents of the cranium, in all the instances that have occurred to me, have been in a morbid state. It should, therefore, be the object of the practitioner, to remove such disease, rather than irritate and torment the sufferer. Coercion should only be considered as a protecting and salutary restraint.'

To these remarks we reply, that our author has fully allowed the efficacy of moral causes, in producing and continuing the disease; and this being granted, it follows of necessity that moral causes may be effectual in palliating it, since they may at least counteract or remove those circumstances, which would tend to promote its continuance; and it is at least a probable consequence, that moral causes must sometimes be capable of procuring it: nor is this reasoning by any means at variance with the results of experience. The moral causes of the disease are in general the active passions tending to produce a change in the circulation, and in particular a determination to the head: it

may

may therefore be inferred, that the depressing passions must have the most immediate effect in counteracting some of the causes of the worst kinds of the disease. Consequently coercion, as productive of fear, is *not* to be considered *only* 'as a protecting and salutary restraint,' but as a powerful and a principal agent in the medical treatment of the disease. We doubt not that good effects have often been produced, even by the severity which Mr. Haslam deprecates as inhuman: it is however extremely probable, that blows would in general rather tend to irritate the vindictive spirit of a maniac, than to subdue his violence, and humble his pride; and might prompt him to entertain secret designs of revenge, instead of inspiring him with the esteem and awe, which he ought, for his own benefit, to feel. These sentiments, our author observes, are most effectually impressed by gentleness and kindness; avoiding all deceit, but strictly inflicting every threatened punishment. This mode of treatment has succeeded so well, that in fourteen years he has never been struck, nor personally insulted, by a madman, though he has always gone round alone, and mixed indiscriminately with his patients.

In common cases, the straight waistcoat affords the most convenient mode of coercion; but in warm weather it too often increases the irritation and restlessness of the patient. In cases of great fury and violence, he should be kept in a dark room, confined by one leg, with metallic manacles on his wrists; the skin being less liable to be injured by the friction of polished metal than by that of linen or cotton. In Bethlem hospital, no attempt is made to repress the cries of the patients; the means which are sometimes employed elsewhere, for this purpose, being considered as cruel and unnecessary.

To reason with madmen on the subject of their illusions, appears to be almost always useless, and often prejudicial. If any such attempt were made, it ought perhaps to be indirect, though powerful, rather leading them imperceptibly into palpable absurdity, than directly contradicting them. When the patient is insensible of his situation, it is often of advantage to keep him in ignorance of it. It may sometimes be of service to divert the mind from the morbid trains of thought which engage it, especially in breaking through the vicious associations of ideas, which are preserved by habit, when the bodily disease has been in great measure removed. For it appears to be a matter of observation, that the advantages derived from any attempts of this kind have, in general, been in cases of convalescents. Mr. Haslam here mentioned

mentioned some devices suggested by Dr. Cox, for deceiving and frightening maniacs into health: the greatest objection to the plan, would perhaps be the difficulty of finding persons so mad as to be imposed on by the methods described; and at the same time so much in their senses, as to afford any chance of being benefited by them. Mr. Pinel has related a case, in which a melancholy lunatic was permanently deterred from his purpose of suicide, by the alarm of being attacked by robbers, on the bridge from which he was going to precipitate himself.

The local circumstances of the patients in Bethlem hospital do not appear to have afforded the author an opportunity of making experiments on the effects of exercise and diversified employment, which, in the hands of some other practitioners, are said to have been occasionally beneficial.

The diet of insane persons should be light, and easy of digestion, but not too low, especially while a course of evacuant medicines is pursued. Mr. Haslam observes, that, to his knowledge, 'no experiments have yet been instituted respecting the diet of insane persons: they have never been compelled to live entirely on farinaceous substances.' But he seems to have overlooked Mr. Pinel's statement of the very complete trial that was afforded to the system of starving, during the French revolution. The allowance of bread, at the hospitals, was gradually reduced, in the course of three months, from a pound and a half a day, to six ounces, with a little biscuit; and the soup before allowed was withdrawn: the consequence of this system was an immense mortality; numbers being carried off by colliquative diarrhœas and dysenteries, without any improvement in the maniacal symptoms, that was particularly noticed.

Mr. Haslam objects, in very strong terms, to Dr. Cox's suggestion respecting the benefit which may be derived in some maniacal cases from the effect of continued intoxication. But we must confess that we see nothing either wholly incredible in Dr. Cox's assertions, or inadmissible in his reasoning. In the acknowledged scantiness of the fact, on which we are enabled to found our medical reasoning, it is fair to carry analogy to the utmost possible extent, in order that it may serve us as a clue to experiment, by means of which some new facts may be established: and we agree with Dr. Cox in believing, that 'if any considerable commotion, any violent new action can be excited in maniacal complains, by whatever means, the mental derangement is often considerably relieved, if not permanently removed.' We cannot, however, promise ourselves that, in the present instance, much advantage will be derived from the method suggested;

gested; and we regret that Dr. Cox has not enlarged more on the particular cases, in which a beneficial effect appeared to be produced by so bold a practice.

On the subject of the management of the insane—Dr. Arnold has lately published a small pamphlet, the great merit of which seems to be the insertion of the words, humane and kind treatment, in the title page. The directions are nearly the same with those which are contained in this chapter of Mr. Haslam's work, with the addition of a few comments and illustrations; and we are sorry to observe that the learned author does not announce his intended work, on the medical treatment of insanity, as in a state of forwardness. Dr. Arnold's rules relate to the safety of the patient and of his friends, to the necessity of controul, to the propriety of acquiring authority, to soothing the mind of the patient, to gaining his confidence, to enforcing his obedience, to exacting proper exercise, to the importance of amusements, to the removal of the patient from his own house, the restriction of his intercourse with his friends, and the total prevention of the visits of strangers, to the proper assortment of cases of different natures, and the separation of the sexes, and, lastly, to the choice of a mixed and simple diet. He observes that those maniacs, who refuse to eat, are occasionally induced to follow the example of others whom they see eating, and will sometimes take their food of their own accord, when it is left as if by accident in their rooms. But Mr. Haslam seems to find no particular difficulty in administering food, as well as medicine, by force, when it is obstinately refused, which happens not unfrequently.

The last chapter of the work relates to the remedies proper to be administered for the cure of insanity, and in particular to bleeding, purging, vomiting, camphor, bathing, blistering, and narcotics. The several merits of these modes of cure are discussed, without any minute distinctions of the cases in which they are to be employed.

Mr. Pinel has observed, with respect to the utility of medical treatment in general, that no benefit is to be expected from it except in cases of regular intermittent insanity, religious melancholy, and delirium with an obliteration of judgment: none of these species ever yielding to moral remedies, any more than mania without delirium. Turbulent mania, and irregular periodical insanity, he has found the most curable by moral means.

In plethoric habits, and in recent cases, bleeding appears to be the most beneficial of all remedies, both in the maniacal and in the melancholic form of the disease. Cupping is the most efficacious

efficacious mode of bleeding; the head being previously shaved, from 8 to 16 ounces may be taken from it, as often as may be necessary. The blood has very seldom a buff coat, even when drawn by venesection. Mr. Pinel never bleeds during the fit, but sometimes, in order to prevent its approach when it is expected.

For the administration of medicines to obstinate maniacs, as well as for forcing food on those who refuse it, Mr. Haslam employs a strong flat oval ring, with a handle. The head being placed between the knees of the operator, the patient blinded and properly secured, an opportunity is watched, when he opens his mouth to speak, and the instrument is thrust in, and allows the food or medicine to be introduced without difficulty. A sternutatory of any kind always forces the mouth open, in spite of the patient's determination to keep it shut.

Cathartic medicines are considered as indispensably necessary, in almost all cases of insanity. Moderate pugatives are generally found sufficient for affecting the bowels: for instance, from one to two ounces of infusion of senna, and as many drachms of tincture of jalap, and syrup of buckthorn. Sometimes, however, the insensibility is so great, that two drachms of jalap may be required for a dose: in such cases there is generally some febrile affection; and, after the operation of more active medicines, it may be necessary to keep the bowels in order by frequent doses of infusion of senna, with tartrate of potats, tincture of jalap, and a little tartarized antimony. Maniacs do not appear to be peculiarly liable to costiveness, any further than as it may be produced by their mode of life: but Mr. Pinel seems to think that in France the case is otherwise. Diarrhœas, to which the patients are sometimes liable, are generally relieved by the pilula hydrargyri, with mild purgatives—frequently however the diarrhœa has appeared to be beneficial. Mr. Pinel observes, that a few drachms of sulfate of magnesia, in a vegetable decoction, will often prevent a paroxysm of periodical insanity. Dr. Ferriar appears to have cured mania, by giving tartarized antimony, in such doses as to produce a purgative effect.

Of emetics, Mr. Haslam is disposed to think very unfavourably. He says that in many instances, and in some, when blood-letting had been previously employed, paralytic affections have within a few hours supervened on the exhibition of emetics. They have been given for six weeks together without any other medicines; but where there was no other indisposition besides insanity, Mr. Haslam has never seen any benefit derived from their use, except occasionally in facilitating the management of

a violent maniac. He informs us also that emetics are not held in high estimation by the physician of St. Luke's hospital. He seems to be highly offended with Dr. Cox's want of deference to his authority on this subject, and concludes his paragraph with a reflection, not of the most liberal nature. Dr. Cox is still completely at issue with Mr. Haslam with respect to the efficacy and safety of emetics 'in almost every case of derangement,' although he confesses that their utility appears to militate against his own opinion of the proximate cause of the disease, as consisting in a congestion of blood in the vessels of the head.

We must again remark, that the cases, which usually come under Mr. Haslam's care, are probably by no means precisely of the same description with many of those which occur in private practice. The symptoms of insanity may often be intimately connected with hypochondriasis, which is properly a species of dyspepsia; and we have no doubt, that the very usual practice, of giving one or more emetics at the commencement of the disease, is sufficiently founded on experience to authorize its continuance. We confess, however, that even in such cases, the benefit is not always decided: in one particular instance, we recollect having ordered an emetic where there were only some slight symptoms of melancholy; the emetic was taken in the middle of the day, but at night the patient destroyed herself. In cases of more genuine mania, Mr. Haslam's testimony respecting the use of emetics appears to be more weighty than that of Dr. Cox.

From the administration of camphor, our author has not derived any material advantage; but he does not appear to have given it with vinegar, in the manner recommended by Dr. Laughter, who mentions nine cases of cures performed by it.

Cold bathing seems to have produced paralytic affections in some plethoric habits: the shower bath is however less liable to this objection, and it may occasionally be useful, after the employment of sufficient evacuations. Dr. R. Willis thinks that warm baths are often beneficial, but cold bathing less frequently: although we apprehend that Dr. Willis cannot be said wholly to have 'disregarded cold bathing as a remedy for insanity.'

Blisters on the head have not been found advantageous, except in phrenitical cases; but they are often extremely serviceable when applied to the inside of the legs. Setons have been tried without success; although Dr. Ferriar found a seton useful in a case of mania, which was attributed to a repelled eruption.

Opium

Opium has almost always aggravated the disease when violent; and even when it has procured an interval of sleep, the patient, after awaking, has been still more furious. 'Other, and perhaps whimsical modes of treating this disorder have been mentioned: whirling or spinning a madman round on a pivot has been gravely proposed, and music has been extolled, with a considerable glow of imagination, by the same gentleman.' The whimsical method of 'spinning a madman,' or the introduction of a rotatory swing, was suggested by the late Dr. Darwin; and whether it deserved so very supercilious a remark as Mr. Haslam has bestowed on it, we shall leave our readers to judge for themselves from Dr. Cox's report. We know nothing of Dr. Cox's private merit; but we do not think it fair, without positive evidence, to suppose him capable of decidedly misrepresenting simple facts.

A man, aged 34, became insane, and almost immoveable, in consequence of a series of repeated disappointments and losses.

'His whole system was steeled against impressions, and he must have sunk to the grave, but for the address of his attendants. All the more common means had failed, and he obstinately resisted medicine: I therefore judged him a fair case for the swing, in which he was placed, two hours after he had taken a pint of thick water gruel and new milk: pulse 80, breathing 20; had had no alvine evacuation for six days, nor made any water for the last 24 hours; skin dry, but cool, eyelids half closed, the face vacant and of a murky hue: he made some resistance to being placed in the chair, but when properly seated and secured, he was at first turned round very gently, and after a few revolutions, he appeared to experience some unpleasant sensations; his attention was roused, and he made some violent but unavailing struggles; the motion being increased, he became pale, and begged the operation might be discontinued, promising compliance with my wishes as to food, medicine, &c. I therefore directed his immediate liberation; he complained of giddiness, nausea, seemed exhausted, and had nearly fainted; being laid on a bed, I found his pulse 60, the inspirations 15, the expression of features changed, the extremities and superficies cold: he soon fell into a profound sleep, which continued three hours; but on waking, I found him in mind and body just as before the swing was employed; all his promises were forgotten, and he refused both food and physic. Next day the swing was repeated as before, when similar effects were soon excited, and by increasing the velocity, the nausea advanced to vomiting, when the swing was suddenly stopped, very unexpectedly to the patient, who appeared roused and alarmed, intreated to be relieved, and repeated his former promise. I again complied, and he was taken out of the swing in the most helpless state imaginable,

was put to bed, where he soon fell asleep, and did not awake for six hours, when he reluctantly acquiesced in my proposal to take a mercurial purgative, a very small dose of which procured some copious alvine evacuations, though he had before taken three times the quantity in disguise without effect, and he now began on a light nutritious regimen, with gentle exercise in the open air; but his former mental peculiarities soon after returning, the swing was prepared, and the necessary steps taken for its employment; but rather than repeat the ride in the whirligig, as he termed it, he submitted entirely to my wishes, and, with some occasional returns of obstinacy, and disinclination to persist in the remedies I prescribed, I had the pleasure to see him gradually improve, till he advanced to perfect reason.'

In several other cases, Dr. Cox found this singular remedy of great advantage, and in no one prejudicial. We do not mean to bestow unlimited approbation on the practice; but if vomiting is ever useful, vertigo may easily be still more so; and as a mode of coercion, and a mild substitute for bodily severity, the swing seems amply to deserve the attention of those who are intrusted with the care of maniacal patients.

With respect to the power of music in insanity, we are by no means so sanguine as Dr. Cox; he relates one case, in which great benefit was obtained, in the cure of a soldier, by the music of a fife; but the fife evidently produced its effect by breaking through the train of his disordered ideas, and introducing new associations, from the recollection of past scenes, in which he was warmly interested.

Of digitalis, and of tonics, Mr. Haslam does not appear to have had any experience, although these remedies have their respective advocates among practitioners. Digitalis has sometimes been supposed to operate merely by the violence of the general commotion which it excites in the system, without any more specific effect: tonics are occasionally beneficial, even when there are symptoms of violent action, if the constitution has been much debilitated. In the case already mentioned, where the disease was attributed by Dr. Willis to weighty business, severe exercise, and too great abstemiousness, the bark, after a little calomel and another cathartic, appeared to be productive of very decided advantage.