

power to do something in his profession. The first attack of aphasia was transient, and, I believe, due to pressure.

In the attack that left him permanently aphasic, a large clot destroyed an important part of his frontal convolutions, rather cutting off the connection with the "Island of Reil" than injuring it.

The dementia, I suppose, is to be considered rather as the result of general degeneration than of a spreading of inflammatory processes from local centres of degeneration.

---

*Morison Lectures on Insanity for 1877.\**—By JOHN SIBBALD, M.D., F.R.C.P.E., Deputy Commissioner in Lunacy for Scotland.

#### LECTURE III.—INSANITY IN MODERN TIMES.

We have attempted in the previous lectures to obtain some idea of the way in which insanity was regarded, and the manner in which the insane were treated up to the beginning of the eighteenth century. We have found that a large number of those who would now be regarded as insane had been, up to this time, either disregarded altogether, or looked upon as exercising supernatural powers of evil, or as inspired with beliefs which were dangerous to the State. Three circumstances seem to have been the chief influences that tended to prevent persons labouring under mental disease from being treated with the consideration due to that affliction, or often with any feeling that they were worthy of sympathy or requiring to be cared for. These were pointed out to be (1) the character of the social system in ancient times—powerfully affected as it was in every detail by the existence of slavery; (2) the political exigencies of communities both in ancient and mediæval times—so seldom in prolonged possession either of the external peace, or of the internal tranquility necessary for the development of philanthropy in a government or a sense of social duty in a people; and (3) the superstitious ideas arising from ignorance—under which abnormalities of mental condition were attributed to self-induced possession by the devil or to other criminal conduct or supernatural association. In the beginning of the eighteenth century, however, these conditions had either been abolished

\* These Lectures were delivered before the Royal College of Physicians of Edinburgh.

or had perceptibly diminished in power and importance. Slavery no longer existed in Western Europe; civil administration appeared to have developed into stronger and more stable forms; and owing to the diffusion of knowledge that followed the invention of printing, the grosser kinds of superstition were rapidly dying out.

Under the changed conditions of the new epoch we accordingly find that a large number of persons whose condition or fate had formerly been disregarded, became objects of humane consideration, and that many others who had formerly been regarded only with feelings of hatred or terror, were now being recognised as deserving and requiring both active sympathy and protective care. Two classes of people, therefore—one previously disregarded, and the other persecuted, and neither of which had been counted among the insane requiring care and treatment—were now recognised as objects of philanthropic regard, and as requiring to be provided for in a special manner. There arose a demand for places where these persons could be disposed of; and this was met by the establishment of a considerable number of asylums in various parts of the country, some being public institutions, but the larger number being provided by private enterprise.

But at first the practical effect of the enlightenment of public sentiment was more a negative than a positive change in public action. The demented vagabonds were no longer to be hanged, and the maniacal witches were no longer to be burnt; but short of the disuse of such intentional cruelty, the reformation at first made little progress. No public measure was adopted in this country for dealing comprehensively with the question till the year 1828, or it may, perhaps, be more accurately said, till the year 1845, when the Act was passed under which the present lunacy administration in England is carried on. The "Vagrant Act," passed in 1744, showed, indeed, that the community was becoming conscious that it was the duty of the State to deal with the matter in some way. By one of the sections of that Act, two Justices of the Peace were authorised to issue a warrant for the arrest of any person furiously mad, or so far mentally disordered as to be dangerous if left at large. He was then to be locked up in a secure place, and if it was found necessary, he was to be chained and confined in his own parish. The prevalent view of insanity still was, that the term could only be properly applied to such a con-

dition as rendered a person dangerous to others ; and the necessity for combating the danger on behalf of the rest of the community was regarded as so important that every other consideration sank into insignificance. It was still the general idea of society which seems to have been expressed by Justice Tracy, when in 1723 he compared a "madman" to "a brute or a wild beast." This date may, however, be accepted as marking in the history of our own country the perceptible rise of broader and juster views. It was about this time that it began to be recognised that among the members of the abnormal class which had now to be regarded as insane, there were a large number who could not properly be left at large, and yet who were in no way brutish or wild.

And here it is well that we should recall to our minds for a moment what was the kind of provision made at that time for the care and treatment of those insane persons who could not be left at large. We cannot obtain complete descriptions of the condition of asylums generally during last century, but we have evidence enough that they were mere prisons, and prisons of the most loathsome character. This is shown in the Report of a Committee of the House of Commons which sat in 1763. The disclosures which it contained led ten years afterwards to the passing of an imperfect measure intended to reform the administration of asylums ; and this Act constituted the only authoritative regulator of the treatment of the insane till 1828, though it proved altogether inadequate to prevent the continuance of the most frightful abuses.

We may obtain inferentially some idea of the state of things which had to be dealt with during last century by looking at the facts disclosed in the evidence taken by the Committee of the House of Commons on Madhouses, and reported to the House in the year 1815. Prominent among much that was calculated to awaken feelings of horror and of shame was the picture which is there presented of the Asylum at York. It had been known for many years to those who took the trouble to make careful inquiry, that the condition of the inmates of that institution was one of extreme wretchedness. Representations had been made to the Committee of Management, asking for inquiry and reform. But these had been met with indignant denials that any abuses existed ; and persons of the highest station came forward to certify to the excellence of the administration of the establishment.

At last public feeling was roused to a degree sufficient to obtain in January, 1814, the appointment by the Court of Governors of a Committee of Inquiry. An important obstacle was, however, interposed to the carrying out of any complete investigation. A few days after the appointment of the committee the asylum was in flames, having, as was believed at the time, been set fire to for the purpose of frustrating inquiry. And there can be little doubt, that as the pitiless fire ran along the walls of those miserable chambers it wiped out the tangible vestiges of many a deed as pitiless as itself, and incalculably more terrible, from the prolonged suffering that it had occasioned. Four, at least, of the inmates were admitted to have perished in the fire, and the investigation by the committee failed to show whether this admission represented the whole truth as to the number of the victims of the conflagration. In spite, however, of all attempts to prevent investigation, sufficient evidence was obtained to show that the administration of the establishment had been a disgrace to the age, and to the people that had suffered it to exist. Those who had, amid much obloquy and against powerful opposition, ascertained the facts which had forced on the inquiry, were able to afford ample proof of much that the officials attempted to conceal; and many a damning admission was wrung from the unwilling lips of the officials themselves. Proof was obtained that many of the inmates had been kept huddled together in apartments miserably small for the number of inmates, and affording no means of providing for the requirements of decency or cleanliness. In one filthy cell, twelve feet long by less than eight feet wide, 13 women slept, or passed the time which ought to have been allotted to sleep. Many patients were half-starved. Many died, of the date of whose death no record had been kept, and the cause of whose death might have been suspected, but could not be discovered. In the year 1813, according to the records of the institution, 11 inmates had died. On inquiry it was found that 24 had actually died during that year; and it was ascertained that numbers of inmates who had died from unknown, or, perhaps, too well-known causes, were systematically represented in the annual statements as having been cured. The use of chains and heavy irons seems to have been frequent. The committee of management, who had so angrily asserted the excellence of the treatment which the inmates received, were shown to have been ignorant, not only of the whole doings

of the officers, but even of the existence of parts of the building in which patients were constantly confined. "The physician had for many years past been the sole physician, sole visitor, and sole committee, and had the whole management of the institution."\* This physician, the steward, and the matron were all found to have fraudulently appropriated to their own use large portions of the funds that were paid for the maintenance of the patients. The steward burnt his books rather than allow them to be submitted to the committee.

One would willingly refrain from giving, in detail, a record such as this, which must excite feelings of burning indignation and shame. But it is necessary that we should fully recognise the character of the institutions to which persons regarded as insane were consigned, if we would form a clear conception of the degree of mental disorder that must have been reached by patients in whose cases such treatment was possible. Before leaving this subject therefore, let us look for a moment at the state of things in the Royal Hospital of Bethlem, an institution claiming at the time to be so circumstanced as to be properly exempt from any supervision by the State, and which had been held up to the admiration of France, in 1787, by Soulavie, in a pamphlet translated by the King's chaplain. The following extract, from the evidence of Mr. Wakefield, before the Parliamentary Committee already mentioned, will indicate how far that institution deserved the exemption which it claimed:—

"On Monday, the 2nd of May," says Mr. Wakefield, "we revisited the Hospital, introduced by Robert Calvert, Esq., a governor, and accompanied by Charles Callis Western, Esq., Member of Parliament for Essex, and four other gentlemen." (The first visit had been on 25th April, 1814.) "At this visit, attended by the Steward of the Hospital, and likewise by a female keeper, we first proceeded to visit the women's galleries; one of the side rooms contained about ten patients, each chained by one arm or leg to the wall; the chain allowing them merely to stand up by the bench or form fixed to the wall, or to sit down upon it. The nakedness of each patient was covered by a blanket-gown only; the blanket-gown is a blanket formed something like a dressing-gown, with nothing to fasten it with in front; this constituted the whole covering; the feet even were naked. One female in this side-room, thus chained, was an object remarkably striking; she mentioned

\* Evidence of Mr. Godfrey Higgins, before the Committee on Madhouses, 1815.

her maiden and married names, and stated that she had been a teacher of languages; the keepers described her as a very accomplished lady, mistress of many languages, and they corroborated her account of herself. The Committee can hardly imagine a human being in a more degraded and brutalising condition than that in which I found this female, who held a coherent conversation with us, and was, of course, fully sensible of the mental and bodily condition of those wretched beings, who, equally without clothing, were closely chained to the same wall with herself. Unaware of the necessities of nature, some of them, though they contained life, appeared totally inanimate and unconscious of existence.”\*

“In the men’s wing,” writes Dr. Conolly, in his abstract of the evidence, “six patients in the side-room were chained close to the wall, five were handcuffed, and one was locked to the wall by the right arm as well as by the right leg. Except the blanket-gown these men had no clothing; the room had the appearance of a dog-kennel. Chains were universally substituted for the strait-waistcoat. Those who were not cleanly, and all who were disinclined to get up, were allowed to lie in bed; in what state may be imagined. In one cell they found a patient, a representation of whose condition is preserved in a plate published in Esquirol’s work. Not much to the honour of our English treatment. This patient’s name was Norris. He had been a powerful and violent man. Having on one occasion resented what he considered some improper treatment by his keeper, he was fastened by a long chain which was ingeniously passed through a wall into the next room, where the victorious keeper, out of the patient’s reach, could drag the unfortunate man close to the wall whenever he pleased. To prevent this sort of outrage, poor Norris muffled the chain with straw, but the savage inclinations of the keeper were either checked by no superintending eye, or the officers of the asylum partook of his cruelty and his fears; for now a new and refined torture for the patient was invented, in the shape of an ingenious apparatus of iron.”†

“A stout iron ring,” as Mr. Wakefield describes it, “was rivetted round his neck, from which a stout chain passed to a ring made to slide upwards or downwards on an upright massive iron bar, more than six feet high, inserted into the wall. Round his body a strong iron bar about two inches wide was rivetted; on each side of the bar was a circular

\* Evidence of Mr. Wakefield, before the Committee on Madhouses, 1815.

† “Treatment of the Insane,” by Dr. Conolly.

projection which, being fastened to and enclosing each of his arms, pinioned them close to his sides."\* "The effect of this apparatus was, that the patient could indeed raise himself up so as to stand against the wall, but could not stir one foot from it, could not walk one step, and could not even lie down except on his back; and in this thralldom he had lived for twelve years. During much of that time he is reported to have been rational in his conversation. But, for him, in all those twelve years, there had been no variety of any kind; no refreshing change; no relief; no fresh air; no exercise; no sight of fields or gardens, or earth or heaven. Each miserable day was like another, and each night. At length release came, which he only lived about a year to enjoy."† It is painful to have to add that this long-continued cruelty had the recorded approbation of the committee of management, the medical officers, and of all the authorities of the hospital.

Such was the state of asylums in Britain. In Germany they were no better. "One is seized with horror," says Franck,‡ "on entering these refuges of misfortune and affliction; one hears nothing there but cries of despair. It is frightful to be assailed by the miserable creatures, clothed in rags, and disgusting with filth; while others are prevented from approaching, by chains and ropes and the brutal treatment of the keepers." In France the Salpêtrière and the Bicêtre were almost the only establishments to which the same sad description would not apply. The cells, dens, or cages in which they were kept, writes Esquirol in 1818, "were everywhere horrible: without air, without light, damp, narrow, paved like the street, often below the level of the ground, and sometimes underground. Chains, filth, and a supply of the coarsest food, often insufficient in quantity to support life!"§ Such throughout Europe, till within the last fifty years, was, with an exception, probably, for a short period in Italy, usually regarded as an appropriate provision for the class of persons to whose condition the term insanity was then commonly applied.

But even so far back as the beginning of the eighteenth century, as I have already explained, the seeds of coming improvement had been sown. The feeling of terror, which had in ruder and more superstitious times overwhelmed every

\* Evidence of Mr. Wakefield.

† Dr. Conolly, *op. cit.*

‡ Quoted by Esquirol, "*Maladies Mentales*," chap. xv.

§ *Loc. cit.*

other sentiment that might have been excited by the presence of a lunatic, was now beginning in the minds of cultivated persons such as Addison to be replaced by a feeling of compassionate consideration. The philanthropic reflections excited in his mind by the spectacle of Moll White were the expression of a feeling that must have been shared by many others. But it is important to observe that the first effect of this feeling was to increase the number of persons regarded as insane rather than to improve their treatment. A large number of persons came to be regarded as insane whose mental overthrow was much less complete than had been thought necessary to make them so regarded a hundred years before. In the earlier period it had been only those who had passed into a condition which suggested Tracey's "wild beast" comparison, that were regarded as insane. In the later period such persons were beginning to be treated as lunatic as harboured perverse delusions or showed outrageous eccentricity of conduct. *In the earlier period, therefore,* by the time a person came to be regarded as fit to be sent to an asylum, the feelings of affection with which he had been regarded by those naturally bound to him had been blunted or perhaps destroyed. *In the later period* a considerable number of patients must have been in a condition that in no way prevented them from being followed into the cells of the asylum by the unstified affection of their friends.

We should fail, however, to fully comprehend the change that was taking place in the position of what relates to insanity, if we omitted to keep in view that during the latter half of last century social organisation generally was undergoing rapid improvement, and acquiring year by year greater and greater stability. As a consequence of this, the humane sentiment of society becoming more and more developed, began to exhibit strength sufficient to exercise a powerful influence on every department of civil administration. It was in 1774 that Howard began to direct public attention to the abuses in the administration of prisons. And it is impossible to believe that his efforts could have produced their happy result if public feeling had not arrived at a condition which made it willing to respond sympathetically to his appeal. When, therefore, we take into consideration the condition of asylums as they then were, and the fact that a number, continually increasing, of persons in whom their friends were deeply interested, were being placed in them, it is evident that some attempt to ameliorate the condition of the insane could not be long



delayed. The first important step was taken in 1791. It was in that year that a female member of the Society of Friends was placed in the York Lunatic Asylum, whose terrible condition has been already alluded to. Her family, residing at a considerable distance, requested some of their acquaintance in York to visit her. The visits of these friends were objected to by the superintendent of the asylum; and in a few weeks after, the unhappy patient died. This circumstance was regarded as a confirmation of suspicions which had for some time existed. This feeling was believed by William Tuke to be so well founded that he resolved upon the establishment of an institution where members of the Society to which the patient and he himself belonged might receive judicious and humane treatment. In 1792, Tuke formally proposed his project; and in 1796, the Retreat near York, now so famous in the history of insanity, "was opened for the reception of patients, and commenced its career of usefulness and importance." It was almost at the same moment, in 1792, that Cousin, Thouret, and Cabanis, being the administrators of the hospitals of Paris, appointed to be physician to the Bicêtre the illustrious Pinel, who there immediately released no less than eighty patients who had been kept in chains; and after subjecting them to milder and more humane treatment had the satisfaction of sending many of them in a state of sanity back to the outer world.

Tuke and Pinel thus became the heroes of one portion of the struggle which was taking place between barbarism and civilisation—between darkness and light. And it in no way dims the glory which surrounds their names that we recognise the movement which they led as having become inevitable. Such systems as that of asylum administration which had grown up under the adverse influences of the middle ages were everywhere showing themselves unfitted for the requirements of modern life; and encumbered as they were with abuses that shocked the cultivated conscience of the community, their reformation or reorganisation must sooner or later have been undertaken. But those who were the first to probe the vices of the old administration, and to feel the necessity for their extirpation, must have been among the noblest spirits of the age; and none have deserved better than Pinel and Tuke to be placed high in the bead-roll of those whom mankind should ever delight to honour.

The reform in the treatment of the insane which they so worthily began was destined, however, to proceed only by slow degrees. We have already seen how political embarrassments and social disturbance could prevent the rise of philanthropic feeling in the community, and it is perhaps more than a mere coincidence that during the stormy period between the years 1792 and 1815, the reform of asylum administration made little progress. The political convulsions which followed the outbreak of the French revolution shook every State in Europe to its foundation; and the almost incessant wars which blazed over the whole continent and threatened to extend to our own shores, seriously damped the interest that had been excited in works of public benevolence. At first it seemed as if the results of a century of social development were to be completely sacrificed. "The Habeas Corpus Act was suspended; a bill against seditious assemblies restricted the liberty of public meeting, and a wider scope was given to the Statute of Treasons. Prosecution after prosecution was directed against the Press; the sermons of some dissenting ministers were indicted as seditious; and the conventions of sympathisers with France were roughly broken up. The worst excesses of the panic were witnessed in Scotland, where young Whigs whose only offence was an advocacy of Parliamentary reform were sentenced to transportation, and where a brutal judge openly expressed his regret that the practice of torture in seditious cases should have fallen into disuse."\*

After the first panic had passed off, the public feeling of the country did not immediately regain the elevation from which it had been rudely thrown. But even during those years of conflict with which the name of the first Napoleon has become inseparably associated, the philanthropic element in public sentiment did not altogether die out. The attention of Parliament was directed to legislation for the benefit of the insane in the year 1813, two years before the re-establishment of peace. During this year and the following, two unsuccessful attempts were made to pass an act for the better regulation of asylums; and in 1814, a Committee of the House of Commons was appointed to enquire into the condition of these institutions. The report of that Committee, as we have already seen, disclosed the existence of most terrible abuses; but every bill for their reformation was rejec-

\* Green's "History of the English People," p. 785.

ted, till the gathering force of public opinion at last carried through the Act of 1828. This measure was brought forward by Mr. Gordon and Lord Ashley, and was a very important and beneficent enactment. It was an earnest, though imperfect, attempt to carry out the excellent principles which received fuller development in the Lunacy Act of 1845. The statute of 1845 is that under which the treatment of the insane in England is at present regulated; and for it the country is mainly indebted to the indefatigable efforts of Lord Ashley, who, now Earl of Shaftesbury, presides over the administration which it is his glory to have established. A measure of the same kind was enacted for Scotland in 1857, and laws of similar character have come into force also in France, Germany, and other civilised countries. We may now, indeed, regard it as an established principle of all enlightened legislation, that it is the duty of the State to protect, and if need be, to succour all those whose mental condition renders them helpless or unfit to conduct themselves according to the requirements of public order. Henceforward, the secret horrors of the loathsome cell with its ponderous chains, and the irresponsible savage with his terrifying whip have been abolished, and their place is taken by the cheerfully-decorated asylum, furnished to serve as a comfortable home or fully-appointed hospital, carefully inspected by Government officials, and directed by officers carefully selected and held fully responsible. Henceforward, though occasional instances of neglect or harsh treatment may, or perhaps must occur, they cannot but be exceptional, and in direct opposition to the general spirit of the system.

We have seen that one of the circumstances which acted most powerfully in creating the irresistible demand for the improvement of asylums was the broader conception of the nature of insanity which advancing civilisation had generated in the public mind. Asylums, bad though they were, had been the only places to which the insane could be sent, and it followed that as soon as the inmates began to consist in a considerable proportion of persons suffering from the less violent forms of mental disorder, the uselessness and cruelty of the treatment to which they were subjected became greatly more obvious. But the history of the popular idea of insanity entered a new phase after the improvement of asylums had been effected. The existence of the improved institutions had a powerful influence on public opinion. The broadened view of insanity had caused the improvement of

asylums; the improved asylums were now in their turn to cause a further broadening of the view of insanity. It soon became apparent that asylums under the improved administration afforded suitable provision for many persons who had not previously been considered fit inmates for such establishments. Formerly, asylums had only been thought of as places to which persons might be sent who were troublesome or dangerous to the public. Now they came to be looked upon more as hospitals for the treatment of mental disease. Instead of being places to which no one would be sent except when the interests of others made such a step imperative, they had become places to which many would be sent in the belief that *their own* interests would thus be best promoted. It is not difficult to understand, how, under these altered conditions, a large number of persons came to be sent to asylums whose degree of mental disorder was far short of what would have been thought necessary at a former period to justify their being branded with the then opprobrious name of lunatic. The revolution in public sentiment which thus took place was both considerable and important; and that it was likely to occasion an extension of the limits of the popular idea of insanity will be at once apparent. That such an increased comprehensiveness of signification has actually been given to it must be within the personal knowledge of most of those whom I now address.

I must now ask your attention to a circumstance which must be taken into consideration if we would fully understand the idea of insanity as it exists at present in the public mind. That circumstance is the rapidly increasing complexity of organisation in our modern social state. Mr. Spencer, in his work on Sociology, finds an analogy between the organization of animals and that of political bodies. He compares the ruder states of society to the simpler zoological organisms which consist of almost homogeneous elements; and the highly civilised states he compares to the higher animals with their complex anatomies. With every advance in the scale of development, a correspondingly higher quality is attained in the performance of the several functions of the organism; and this results from the increased differentiation of the elements into organs, and from the more delicate adaptation of the structural machinery to the function to be performed. I believe that there is here a profound and instructive analogy, which admits, as Mr. Spencer has shown, of being followed into considerable detail. And in no direc-

tion does the analogy appear more complete than in the direct proportion which intolerance of incongruous matter seems to bear to the degree of development of the organism. The contrast between the indifference which is displayed by the tissues of the amoeba or polyp to the nature of what may become involved in them, and the sensitive intolerance of any abnormal matter which is shown by the irritable tissues of the human body, is not more remarkable than the difference between the effect of an abnormal element existing in a primitive and rudely organised community, and the effect of a similar abnormality when placed in a community whose civilisation is advanced and highly developed. Abnormalities of conduct that might be borne without difficulty in a district where the population is sparse and pastoral, and might even be compatible there with a capacity for useful work, cannot be tolerated in a busy city full of the complex operations of a highly developed commerce. Persons whose eccentricities of conduct would scarcely have interfered with public order or private comfort, as they were understood in the time of Queen Anne, would be felt to be intolerable in the present state of society under Queen Victoria. In the former period they would have continued members of the household in which they were born ; at present they would be regarded as insane and sent to an asylum.

But there is a collateral aspect of the relation of modern life to the mental constitution of the individual, which is also of considerable importance. The intellectual element enters so much into the labours of the present day, that persons suffering from feebleness or perversion of mind have much more difficulty in finding useful employment than was the case in the days of our fathers, when avocations were simpler and less intellectual. This is, therefore, a factor, whose influence must be recognised in the problem with which we have to deal. In London, in Edinburgh, and in every other locality where commerce, manufactures, and all forms of industry have undergone great and rapid development, there must necessarily from the comparatively high standard of capacity that is required be a much larger number now than formerly of persons who are incapacitated by their mental condition from earning a livelihood, or from taking their places in any way as useful members of society. Such persons require to be regarded now as abnormal elements in the working mass ; and as such they are extruded from it. A considerable proportion of these also come to be included in the number of persons now regarded as insane.

We have now traced, though very imperfectly, the progress of the popular conception of insanity as it has been carried along the current of European history. We saw it at first dimly as it grew among the classic influences of ancient Greece and Rome. We caught transient glimpses of it amid the darkness and storms of the middle ages. And following it in its course during the more tranquil modern epoch, we have seen how the increase of enlightenment and the advance of civilisation have permitted it to reach the position which it at present occupies.

The method that we have adopted was to ascertain as far as possible what class of persons were, during the periods we have examined, treated as more or less irresponsible, or who on account of mental abnormality were looked on as requiring to be dealt with in an exceptional manner. And if the inquiry has been satisfactorily carried out, we have found that the number and character of such persons has differed at different epochs and in different localities, according to *the political circumstances of states, the moral and intellectual condition of peoples, and the social organisation of communities.*

We thus arrive at the conclusion that the idea of insanity in its popular and practical significance is essentially relative; that in some circumstances it includes certain mental conditions which in other circumstances it does not include; that in some states of society certain persons would be regarded as insane who would not be so regarded in other states of society.

We have found that in recent times the idea has amongst ourselves acquired a greatly increased comprehensiveness, and that this seems to be chiefly due to the following circumstances:—

1.—Political: freedom from danger to the State either by attack of enemies from without, or from seditious tumult at home.

2.—Moral and Intellectual: decrease of superstition and religious intolerance among the people, and growth of the philanthropic sentiment; and—

3.—Social: the extinction of slavery, the increased density of population in many districts, and the high development and complexity of our industrial and commercial organisation.

The question now suggests itself:—In what does insanity, in the popular and practical sense, consist at present? And whether we succeed in making the answers to this question definite we must at least endeavour to make it intelligent.

But it must, above all, be, if possible, accurate; and the short time now at our disposal obliges us to dispose of the matter in as few words as possible. Let us then keep distinctly before our minds the special object of the inquiry. It is not what condition *ought* to be regarded as insanity, or what persons *ought* to be treated as insane, that we are expected to indicate, but what conditions *are at present* regarded by the public as constituting insanity, and what persons *are in actual fact* treated as insane.

So long as a man shows himself capable of managing his own affairs, and conducts himself in an orderly manner, neither injuring nor threatening to injure himself or others, we may be sure that he will not be regarded as insane by society. Let his mental condition be what it may, we are safe in affirming that so long as he shows ordinary capacity and conducts himself with ordinary propriety he will be no lunatic in public estimation. This does not imply, of course, that every one who does *not* come within this description is regarded as insane. Many incapable persons are incapable merely by reason of bodily infirmity, and many who conduct themselves improperly are properly regarded as vicious or criminal. These kinds of incapable and disorderly persons are obviously to be excluded from the number of those regarded as insane. There are cases of incapables, however, in which the question whether an individual is to be regarded as insane, or his incapacity is to be attributed to bodily infirmity, will depend on circumstances independent of the mere physical or mental state of the patient. It frequently, for example, depends on the kind of provision that is available for beneficial treatment, whether a person is kept at home or placed in an hospital as a paralytic, or sent to an asylum as labouring under dementia. And in such cases it will only be when asylum treatment is resorted to, that the patient will be classed as a lunatic, either formally or in ordinary conversation. That such considerations have an appreciable effect upon the number of persons statistically regarded as insane, is perhaps well known to all who have been brought specially into contact with the treatment of insanity. But I may note, as an illustration of this and cognate facts, four of the five causes which Dr. Clouston, who may be regarded as likely to have the subject forced upon his attention from points of view somewhat different from those with which I am most familiar, gives as producing the increase in the number of the patients

sent during recent years to asylums. I quote them from the Report read at the meeting of contributors to the Royal Edinburgh Asylum, on the 26th of last month:—"Short transient cases," he says, "especially those due to bouts of alcoholic excess, are now sent in greater numbers than formerly. Cases of slighter mental disturbance, the result of old age, of paralytic attacks, of bodily diseases affecting the brain and of general breaking down of the bodily powers, that formerly would not have been reckoned as insanity at all, are now sent to the asylum to be nursed and cared for. The country is richer and the parochial officers hesitate much less about charging the rates with the cost of providing for an insane person in an asylum. The capitation grant of four shillings a patient from the Imperial exchequer greatly aids the last reason." He remarks, in support of this, "that the number of broken down cases sent here," *i.e.*, to Morningside, "this year was more marked than had been the case before."

We have also to take into consideration that the kind of capacity which is required to enable a poor man to manage his own affairs is different from that which a rich man must possess. In the case of the poor man, it consists almost entirely in being able to earn sufficient to support himself and those dependent on him. In the case of the rich man, it often consists chiefly in being able to spend his money judiciously. And it is evident that a man may be able to do one of these duties who is wholly unable to perform the other. It therefore depends so far upon his degree of wealth or poverty whether a man is to be regarded as insane. Difference of locality may also be an important element in determining the question of capacity. In the case of a poor man, he may be found capable of supporting himself in a locality where the ordinary means of earning a livelihood are the simpler avocations characteristic of remote rural or insular districts; while a man of similar capacity resident in a town would starve if left to subsist on his own earnings. The effect of this difference is, that the man if resident in the country would be counted by society as sane, while the same man if resident in the town would have to receive parochial aid on account of mental incapacity, and would thus be constituted a pauper lunatic. In the case of a rich man, the question of capacity or incapacity will often depend even upon a circumstance apparently so extrinsic as the character of the friends with

\* April 26th, 1877.



whom he is associated. If he is fortunate in having judicious friends who influence him fairly, he may manage his property in a most satisfactory manner ; while another man no more gifted, but subjected to unfair and injudicious influence, may require to be placed under legal control and be regarded as a lunatic.

Of the large class of incapables between the extremes of wealth and poverty, the question of insanity is very largely determined by the conduct of friends and relatives. Every one must be able to call to mind instances where there is a member of a family who has a certain amount of weakness or eccentricity, but who passes through boyhood, looked on as a lad with odd tastes, and not clever, and who lives through manhood, known as the brother or the uncle who never took a very active part in business, but was the children's favourite, and had the affection of all. In many such cases, the idea of applying the epithet imbecile or lunatic would perhaps never be suggested. But suppose such a person to be destitute of kindly relatives, or still worse to have unkindly relatives, and the history becomes sadly altered. The incapacity and the eccentricity become much more obvious. Left to choose his own course of life, the unfortunate man becomes involved in countless difficulties, probably comes to be placed under legal guardianship, perhaps ultimately finding refuge in an asylum ; and in that event the statistics of lunacy come to be affected by his being tabulated in the public records as one of the insane.

It must be evident that an analogous series of considerations may affect the determination of the question of insanity even in regard to many of those who are dangerous to themselves or others. This is most obvious in the case of mental disorders of short duration. The transient delirium which is symptomatic of various acute diseases, is not of itself sufficient to constitute insanity, as the term is popularly understood, though it may undoubtedly be a manifestation of extreme disorder of the mental functions of the brain. But a person suffering from such an affection may become technically a lunatic, if it be found necessary to place him in an asylum in order to obtain the treatment required. The delirium of meningitis may thus be regarded either as insanity, or not as insanity, according to circumstances independent of the nature of the mental disorder. The same may be said of delirium tremens, puerperal mania, mania à potû, and what has been

called mania transitoria. Similar circumstances affect many of the more chronic conditions of mental perversion. But enough has been said to show that practically the fact of a man becoming a lunatic from a public point of view, depends greatly on whether the nature of his surroundings makes it necessary that he should be treated as one. And this again depends as much on the nature of the surroundings as on the condition of the individual himself. And, paradoxical as it may seem, in some cases it may be said with truth that the decision of the question whether a particular individual is or is not to be counted as a lunatic from the social point of view, depends more on the mental condition of his friends than on his own.

If then we were to attempt to reply in one sentence to the question, What condition does society regard as insanity? we should say, it is any mental abnormality recognised as a result of disease or defective development which renders an individual in the particular circumstances in which he is placed either dangerous to, or a disturber of order in, the community, or incapable of performing the duties required of him in his position. The amount of abnormality here implied, will vary according to the time and place in which the individual lives, the duties he may be called upon to perform, and the condition of the community by which he is surrounded.

---

*Spurious Hydrophobia in Man.* By W. LAUDER LINDSAY, M.D.,  
F.R.S.E., Physician to the Murray Royal Institution,  
Perth.

There is probably no disease to which human flesh is heir that attracts, every now and again, such a degree of public attention—that begets such a keenness of personal dread—that so frequently forms the subject of sensational narrative or comment in the public press—that causes to be exhibited so disgraceful an amount and kind of ignorance, superstition, credulity, and cruelty—as hydrophobia. Even cholera is not so formidable a disorder in the public esteem. Its cramps are not always present; and when they are, they are not comparable with the convulsions of hydrophobia. Nor is there any terrifying mental disorder in the case of cholera; whereas, in hydrophobia the *morbid mental phenomena* are more prominent, serious, and impressive than the motor