

us, and whose duties in general are admirably performed. It must be remembered, however, that before the institution of the Board of Lunacy it was not understood as it now is—mainly in consequence of these visitations—how much can be done for the amelioration of the condition of the insane poor, and for securing their easy management, by attention to matters which Lord Kinnaird appears to regard as trifles.

“My reason and my excuse for writing to your Lordship is the desire to let you know how I personally feel under the charges brought against us by Lord Kinnaird. I have the authority of my colleague, Dr. Paterson, to state that he concurs in every word of this letter, and feels entirely as I do in reference to these unfounded and injurious charges.

“It is unnecessary for me to say anything to you in defence of my superiors in office, who have been attacked in this letter as much as the deputy-commissioners have been. I am perfectly certain that our able and indefatigable, but unpaid, chairman, and the other commissioners, paid and unpaid, may challenge comparison as public officials with any in the empire. Our annual reports, which are written by Sir James Coxe, are universally admitted to be documents of the highest value, which have advanced the knowledge of lunacy, and have influenced opinion as to the care and treatment of the insane, both at home and abroad.

“With great respect, I am, my Lord, your faithful and obedient servant,

ARTHUR MITCHELL.

Deputy-Commissioner in Lunacy.

“To the Right Hon. the Lord Justice Clerk.”

DR. CONOLLY.*

THIS book contains some account of the life of a man to whom it was given to accomplish a great work of wisdom and benevolence, and to see the fruits of his labours. A “long and pleasant friendship with Conolly,” and a “natural desire to do justice to his memory,” have induced Sir James Clarke to place on record the chief incidents of his public career; but in this record the history of the individual is rendered subordinate to that of the reforms which he brought about. A few brief pages tell all that is told of his parentage, of his birth-place, of his early years, and of his practice as a physician at Chichester, Stratford-upon-Avon, London, and Warwick. The narrative may almost be said to commence with his appointment as Resident Physician to the Lunatic Asylum at Hanwell, and thenceforward we obtain only glimpses of Conolly as a man. We have little or nothing of his domestic life; his marriage is barely mentioned; the cause and manner of his death are told in half-a dozen lines. We have, it is true, an occasional tribute to the unfailing kindness and the exquisite urbanity that charmed all who came into contact with him, and that went so far to account for his great personal influence over the insane. We have a few—too few—of his unstudied compositions in the shape of familiar letters—letters that display character and modes of thought; letters of the kind that confer value upon so many biographies, and that, in the future, it will be so little the custom to write. But the book is devoted in the main to the history of the great change that he wrought at Hanwell, and of the still greater change that he wrought indirectly, both in the medical profession and in the public, with regard not only to the treatment, but to the estimation of insanity. Of this change there could be no better evidence than the fact that all Europe has lately been moved to indignation by the discovery of an insane nun, who had been for years immured in dirt and darkness in the cell of a convent at Cracow. In 1839, when Conolly went to Hanwell, such a discovery would have excited no remark. At that time, and

* “A Memoir of John Conolly, M.D., D.C.L.; comprising a sketch of the treatment of the Insane in Europe and America.” By Sir James Clark, Bart., K.C.B., M.D., F.R.S., Physician in Ordinary to the Queen. London: Murray, 1869.

even subsequently, cases like hers were not uncommon in English villages and lone farmhouses, and the presence of such prisoners, whether kept for hire or of kindred to their gaolers, was thought to be the concern only of the latter. A belief was widely prevalent that insanity was a kind of mysterious curse or visitation, and that it was liable to display itself, without warning or manifest cause, in the relatives and descendants of those upon whom it fell. A known lunatic in a family became a serious hindrance to the worldly prosperity of its other members, interfered with their prospects of marriage, and prevented them from obtaining situations of trust. Insanity was regarded as a misfortune to be concealed; and concealment was too often obtained by the close incarceration of the unhappy victims. Their recovery was not expected, and was hardly even wished for. In private houses they were frequently kept in chains, and filth, and darkness, and semi-starvation, until death released them from their sufferings, and the survivors from a dreaded and detested burden. In private asylums their treatment has again and again been made the subject of fictions which mostly fall short of facts. In public asylums, under the charge of men of average humanity and of reputed science, the principles that now govern such institutions had never been recognised. In the words of Dr. Conolly himself, spoken in acknowledgment of a public testimonial presented to him:—

Nothing is more extraordinary in medical history than the fact that the Greek physicians have been imitated in the treatment of lunatics down almost to the present day. The prescriptions of Celsus, of force to subdue the ferocity and the violence of lunatics, had been followed nearly to the end of the last century, Hoffman, the most voluminous writer among the physicians of the last century, showed what the practice throughout his time was. The patient was to be dealt with quietly when he was passive, and when he was violent he was to be scolded and beaten. Dr. Corry, in the same period, laid it down that fear was the principle to proceed upon in treating the insane, that the readiest method of producing fear was punishment, and that the readiest punishment was stripes. Stripes, however, were but one form, and the slightest, of cruelty; in the old asylums the most terrible engines of torture to carry out the theory of punishment were resorted to. The inventions to give pain were marvellous. There were chairs of restraint, in which the patient could not move limb or body; and whirling chairs, in which the unfortunate lunatic was whirled round at the rate of a hundred gyrations a minute. The foreign physicians, and in particular the Germans, went even further, and contemplated tortures by forcing illusions; for instance, suggesting a means of drawing the lunatic up to the top of a high tower and plunging him down suddenly, as he would suppose, to a deep cavern, which was to be all the better if it could be fitted with serpents; and again expatiating upon the advantage to be derived from walking a patient across a room, and making him suddenly tumble into a cistern in which he would be nearly drowned. These dreadful things had continued until after 1790. . . . In the asylums the lunatics were kept in a state of partial famine, chained, covered with filth, but half clothed, and those insufficient clothes seldom changed. Cages of iron were in use, in which some of the lunatics were kept for years and years; and all these miseries were inflicted, not from carelessness, but from what was believed to be real humanity.

Even at a somewhat later period, when absolute torture had given way, in asylums supposed to be well managed, to what was called "restraint," the effects of this restraint were, in fact, refinements of cruelty. Conolly tells us:—

The spectacle when the strait-waistcoat was determined upon was most distressing. There was a violent struggle; the patient was overcome by main force: the limbs were secured by the attendants with a tightness proportioned to the difficulty they had encountered, and the patient was left heated, irritated, mortified, and probably bruised and hurt, without one consoling word; left to scream, to shout, to execrate, and apparently to exhaust the whole soul in bitter and hateful expressions, and in curses too horrible for human ears. It was impossible to view these things almost daily occurring without resolving to endeavour to prevent them.

The credit of having first suggested non-restraint does not belong to Conolly. Pinel, supported by Couthon, removed in 1793 the chains of 53 lunatics in the

Biôtra. In 1792, under the superintendence of William Tuke, the Retreat, near York, was established by the Society of Friends, and was conducted on humane and enlightened principles. In 1819, and for a few years afterwards, the asylum at Aversa, near Naples, which has since fallen off most deplorably, contained nearly 500 patients, of whom not more than four or five were under restraint, and of whom the majority were suffered to exercise and amuse themselves with the utmost freedom. They even had a theatre, in which a company of insane actors performed before an audience of lunatics. Still later, by Dr. Charlesworth and Dr. Gardiner Hill, restraints were laid aside at Lincoln. When such preparatory steps had been taken the work of Conolly began.

He assumed the control of Hanwell on the 21st of June, 1839, at a time when it had lately been under the direction of Sir William and Lady Ellis, by whom a comparatively mild treatment had been adopted, and the system of employing as many of the patients as possible in agricultural and other occupations had been introduced. In consequence of these improvements it was deservedly considered one of the best managed asylums in England, but, nevertheless, "instruments of mechanical restraint, of one kind or other, were so abundant in the wards as to amount, when collected together, to about 600, half of them being handcuffs and leg-locks." The asylum contained 800 patients, of whom Conolly found over 40 under mechanical restraint. In his first report, on the 31st of October, 1839, he states that since the 21st of September not one patient in the asylum had been under restraint, and he adds, "no form of strait-waistcoat, no handcuffs, no leg-locks, nor any contrivance confining the trunk or limbs, or any of the muscles, is now in use. The coercion chairs, about 40 in number, have been altogether removed from the wards." The appliances of which the use was thus discontinued were never afterwards resumed.

It has been well said that the credit of originality is often due not so much to the man who first suggests a thing as to him who suggests it in such a manner as to display its value: or, in the happy phraseology of Duke Ernest of Saxe-Coburg, not so much to him who sets an example worthy of imitation as to him whose example compels imitation by its worth. What Conolly did was not merely to abolish restraint and torture within the sphere of his personal control, but to render their continuance impossible within the limits of civilization. He went, moreover, far beyond this question of detail. He showed by reasoning, he proved by trial, and he enforced with all the powers of his high courage, his unwearying patience, and his tender heart, the great principle that the insane are best governed by a law of kindness, and that all coercion applied to them is not only unnecessary, but hurtful. Under the influence of his example the fetters fell from the limbs of the lunatic in all English asylums; and the greater happiness, the increased tranquillity, and the more numerous recoveries among the inmates soon began in some degree to dissipate the dark cloud behind which fear and ignorance had so long concealed the true character of their affliction. To all objectors he had the ready answer, "Come and see;" and visitors flocked to Hanwell from every country in Europe. In order to spread more widely the knowledge he had gained, he instituted, and for many years continued, a course of lectures to medical students, who were first conducted round the wards and then instructed with regard to the nature and treatment of the cases to which their attention had been especially directed. In this way, by example and precept, by tongue and pen, he laboured without ceasing in defence of the great principles which he laid down, and he saw these principles acknowledged, and the practice founded upon them more or less closely copied, in every asylum in England, and in many in all parts of Europe. He found the lunatic an object of dread and superstitious horror; he left him an object of commiseration and kindness. He found insanity regarded as a disease of the mind: he left it recognised as a disease of the body. He found a madhouse a prison without hope, and a place of torture without mercy; he left it a hospital for many, and, in fact, as well as in name, an asylum for all.

In thus paying our tribute to his memory, and in thus describing the value of

his work, we must not allow it to be supposed that he left nothing to be done by his successors. The evils against which he strove were in great degree the consequences of blind adherence to routine; and one reason why Conolly was shocked at restraint was that he came to the sight of it suddenly, at the age of 45, never before having been in charge of a great asylum. If his whole professional life had been spent in one, if he had been habituated to see restraint when he was yet too young to rely entirely upon his own opinion, the probabilities are that he would have continued, with whatever regret, to believe in its propriety or necessity. The benefit of that freshness of mind which he brought to his duties, and which enabled him to effect incalculable good, is one of which asylums are now entirely deprived. The governing Boards of such institutions are alike in this, that they all require what they call "experience" as a necessary qualification for their medical officers; in other words, they condemn the medical treatment of lunacy to be a close speciality, conducted by men who have no practical knowledge of the treatment of other forms of disease, and whose power of perceiving the faults in the now prevailing system is blunted by the force of habit. We have no doubt that many faults exist, and we will try briefly to indicate their nature.

There is, in the first place, a tendency to miss the true character of Conolly's reform. What he sought was not only to abolish restraint, but to substitute for bodily restraint the power of a superior mind, guided by unvarying kindness. In order to attain this end, he devoted to each patient an amount of personal care and attention, by day and by night, such as can never be given under ordinary circumstances, and he watched the conduct of the attendants with unceasing vigilance. He used seclusion—that is to say, confinement to a padded room—solely as a temporary measure for quieting excitement, and not as an imprisonment in lieu of chains or bonds. Seclusion is excessively liable to abuse. It saves trouble; and that they saved trouble was the chief reason for the use of strait-waistcoats in former times. In the overgrown asylums of the present day the medical superintendent is usually so overwhelmed with work, often of a kind foreign to his proper duties, that it is impossible for him to exercise not only the degree of supervision which Conolly exercised himself, but even that lesser degree which ought to be insisted upon. Under such circumstances seclusion may easily become an instrument of tyranny in the hands of an attendant, and may reproduce, in effect, many of the evils of restraint. Again, we see asylums increasing in numbers and in magnitude, while there can be no doubt that the tendency of Conolly's reforms would be in a contrary direction. The abolition of mechanical restraint, and the cultivation of more rational and more kindly feelings towards the insane, would naturally be but the first step towards a general enlargement of their privileges. There can be no excuse for confining them within walls and under lock and key, for subjecting them to the commands and often to the caprices of asylum attendants, or for preventing the gratification of their harmless, even if eccentric, desires, except such as is furnished by care for their own safety, or for the safety of the persons or property of others. It is no light thing to be subjected to perpetual imprisonment, and yet to this fate, without intentional cruelty, perhaps, but still without proper thought, we now condemn a prodigious number of people, many of them perfectly harmless, and quite sane enough to feel their condition keenly. If a new Conolly should arise, and should come to his work with the advantage of not being hardened to the abuses of a system by "experience," we feel that his efforts after reform would take mainly these directions. He would strive for hospitals for the insane in which their maladies should be treated, under adequate supervision, and with every aid that science could afford, so long as any hope of restoration to health remained. For the harmless and the incurable, to an extent now probably unthought of, he would open the doors of their prisons, and would restore the captives to their liberties, and often even to their homes.

For such a change as this, however, the support and co-operation of public opinion would be necessary; and it is by no means the least merit of the Memoir before us that it is well calculated to call attention to the question. We have as

yet said little of the book itself, and we need only cordially recommend it to our readers. The enthusiasm of friendship has never induced the author to transgress the limits of sober fact and positive experience, and his graceful history of what Conolly achieved and of the motives that stimulated him to his work, can hardly be read without exciting in all minds a desire to finish a task that has been so well begun.—*Times*.

THE INFLUENCE OF THE DISEASES OF EARLY LIFE ON THE PRODUCTION OF INSANITY.

The following, taken from the *Scotsman*, is an extract from Dr. A. Mitchell's last Morisonian lecture on "The Causes of Insanity":—In what are called the diseases of childhood we have, I think, the richest of all the causes of idiocy and imbecility. It is a great practical mistake, but one which is often made, to regard these forms of insanity as necessarily congenital, for not more than 30 per cent. of the idiocy of the country has an intra-uterine origin. The extra-uterine causes of idiocy are very numerous, and the foremost of them is found in the diseases of early life. These of themselves produce more of the idiocy among us than all the other causes put together. This is a fact which has never received the attention its importance unquestionably deserves. The diseases to which I refer, in a very large number of instances, inflict injuries on the brain which are at once productive of idiocy or imbecility. This result may be immediately produced, yet may not be immediately manifest, because an impairment of the imperfectly developed infant mind is not so striking as an impairment of mind in a higher state of growth. The fall in fact is not so great, but there is a fall from which there is no rising, and its seriousness becomes every year increasingly evident from the absence of that development which should come with advancing years. But these diseases of childhood are not simply the direct producers of those forms of insanity which we call idiocy and imbecility. They indirectly cause a large amount of the insanity of later life. They injure the whole constitution. They enfeeble the power to resist adverse influences when these occur. They originate predispositions to disease generally, and strengthen inherited predispositions. In an especial manner they are apt to leave injurious effects on the nervous centres, even when they do not at the time so derange them as to cause positive states of disease. An instability of the nervous system is induced, and epileptiform, choreic, hysterical, or neuralgic affections may appear ultimately, as the expression of a mischief which was thus done in early life. So also insanity may eventually present itself as the fruit of the seed then planted. In the remoteness of the effect from the cause the connection may be obscure. But I feel safe in asserting that, if carefully looked for, which it rarely is, a clear connection will oftener be found than is imagined, in a chain of events, the interpretation of which is not difficult. My attention has been directed to this subject for many years, and in some respects my opportunities of investigation have been unusual. What has come under my notice could have led to no other opinion, as to the importance of these causes, than that which I have now expressed, and which it is my desire to make emphatic. Many diseases do harm in this way; but the three which do most harm, I think, are scarlet fever, hooping-cough, and measles. During the twelve years from 1855 to 1866 inclusive, scarlet fever opened the graves of 31,415 children in Scotland; hooping cough brought death to 25,031 more; while 15,260 were born to die of measles. These are large numbers for a little country like ours. The three diseases together were only propitiated by the massacre of 71,706 innocents, or about 6000 annually. But the number of the slain on the field of battle does not limit the measure of the evils of war. Nor is the whole mischief which these three diseases accomplish revealed by the number of those they kill. It would be folly to say that they injure no one who escapes with life. The very reverse is