

*On the Early Phases of Mental Disorder, and their Treatment.*  
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To recognise disorder of the mind in its early phases, places it within our reach at the most opportune season for checking or arresting its progress. The first signs of alienation, if duly appreciated, should afford warnings to have recourse, without delay, to the means of cutting it short. The consequences of overlooking or neglecting these timely indications may soon become irreparable. With what thankfulness do we not hail prevention in malignant or infectious maladies; with equal eagerness ought we not also to be on the watch for, and ready to avail ourselves of, means of staying the approach of symptoms that may apparently be less urgent or less obvious, but which are nevertheless certain indications of an affliction which may blight the hopes of a whole life, bringing with it unhappiness and misery incalculable.

Looking at the fact that a very large proportion of our population (it has been estimated one in every three hundred) becomes, sooner or later, insane; and, bearing in mind that insanity once established is rarely entirely recovered from, that the integrity of the brain is probably never entirely regained, it is plain that we cannot be too keenly on the alert to recognise precursory indications, if we would avert consignment to asylum life with its painful memories and inevitable stigma. How many minds of the highest order have been shattered beyond remedy, for want of vigilance at the outset of threatened indications, a neglect which, not seldom, has carried dire distress into the family circle, and has helped to swell the records of criminal jurisprudence. The watchful eye of affection will generally soon enough detect a deviation from the bodily health, and that, perhaps, long before the existence of serious or structural disease. It is not always so with the onset of mental disease; friends and relatives are too prone to shut their eyes to vagaries, absent-mindedness, and eccentricities, that should have aroused their vigilance. The blindness, it is to be feared, is, in many instances, more or less wilful, under consciousness of an hereditary proclivity to insanity, and a dread of the odium falsely attaching thereto. Afraid to look the fact in the face, the malady is allowed to be unchecked

in its progress until confirmed, and the consequences so much dreaded have become inevitable.

Without endorsing the hackneyed cynicism that "all people are mad on some point," the fact is patent beyond contradiction that there is prevalent in the present day, arising out of the complexity of modern civilization, a tendency to *neuroses* or affections of all kinds, with a concomitant deviation from perfect mental health. The physician is daily brought into contact with the varied forms of hysteria, rheumatism, neuralgia, St. Vitus' dance, paralysis, epilepsy, complex convulsion and epileptiform affections, &c. Dr. Crichton Browne has dwelt upon this fact as follows, in his address before the British Medical Association, at Cambridge:—"These neurotic states do not altogether shorten life, but they cause a chronic invalidism; they cripple power and usefulness; they spread wretchedness around; they embitter existence; they render men unfit to follow the pursuits of business, and incapacitate women from performing their domestic duties;" a psychological condition it may be added not indicative of insanity, but differing widely from complete sanity. The nervous system is now sooner exhausted than in past times. All diseases, even those strictly classed as bodily, distinctive from mental affections, participate in the influence, and call for therapeutics of another order from that of preceding days. So obnoxious, indeed, are we to the wear and tear of the battle of life that it is almost a platitude to say that to half the world, at least, in cities and towns, the autumn holiday is not a mere indulgence, but an absolute necessity.

So universal indeed is this unhealthy condition of the nervous system, that among the specialities of medical practice it has come to constitute a special branch, and has given rise to a special neurological literature.

Amidst, and arising out of this diffused neurotic atmosphere, are to be met with many individuals exhibiting the early phases of mental disorder—individuals who are standing on the border-land of insanity, the limits of which, shading off imperceptibly into the regions of pronounced insanity, are more easily passed than traced. The restriction of these limits can only be effected by the closest attention. No much more distressing state can be imagined or experienced than that of the sense of impending insanity—the consciousness of coming madness, so accurately portrayed by Shakespeare's "King Lear." "Conscious of his mental state and its cause, he feels the goad of madness urging him

on ; he struggles and prays against it, and strives to put it from him. He knows its cause to be unbounded passion, and prays in well known words for that moral control which would avert it."

This dread of approaching insanity, a common form of melancholy, is the outcome frequently of hypochondriasis. This latter is to be distinguished from melancholy. The distinction was well drawn by the distinguished physician Cullen. (See passage quoted in Bucknill and Tuke, 1862, p. 353.)

Misanthropy, equally with melancholy, is, as Dr. Maudsley observes, "Madness in the making. Hence it is that humour, which is always imbued with sympathy, is a higher and more wholesome quality than cynicism, which is always inspired by contempt."

We are here on the border-land of insanity—a region in which the soil is often found to consist of indolence and morbid selfishness ; the produce yielded, desponding thoughts and melancholy reveries, which, for want of moral control or want of occupation, are suffered to overrun the mind with the deadly nightshade of imaginary horrors and evils. Despondency, which by a vigorous effort might be dispelled, gains strength by the concentration of attention upon self, and want of control of will over the thoughts. Morbid egotism thus thrown upon its own emotional existence, imagines itself the centre of all observation, or becomes the slave of religious excitement, impulsive desires, imaginary fears, or illusive persecution, until, like Jaques, it will "suck melancholy out of a song, as a weasel sucks eggs." Jaques moreover, may furnish the distinction between hypochondriasis or melancholy, and the melancholia of the insane. Dr. Bucknill, "Psychology of Shakespeare," says : "In him the judgment remained master of the direction of thought and the dilatation of feeling ; he cherished his melancholy, but if he had thought fit to do so he retained the power to oppose, if not to repress it." Herein," adds Dr. Bucknill, "is the psychical difference between the sane and the insane melancholist," with the additional essential difference that in the one case there are evidences of cerebral disease, which are wanting in the other.

History furnishes us with many notable examples of great men who have narrowly escaped the fate of the lunatic.

John Bunyan compared himself to the child, who, as he was being brought to Christ, was thrown down by the devil, and wallowed foaming. He believed at one time that he

had committed the sin that could never be pardoned—that he had sold his Saviour, &c. He would get out of bed, and go moping about the fields, wandering as a man bereft of life and past recovery. He shrank under hedges in guilt and sorrow, bemoaning the hardness of his fate. Yet all these grievous signs passed away, and left his mind clear enough to leave to all posterity his unequalled allegories, which, as Froude observes, “are still dear to men of all creeds.”

Of Cowper it were devoutly to be wished that his hypochondriasis had not landed him beyond the border-land of insanity. He laboured, during a large portion of his life, under the appalling notion that he had been from the beginning a vessel of wrath fitted and destined only to destruction.\*

Luther, there can be little doubt, sometimes trod the very verge of insanity, as when he flung his inkstand at the devil.

Oliver Cromwell stood at one period of his life very close to the outer edge of the border-land of insanity, if even he did not for a time overpass its limits! “Dr. Simcott, his physician, assured Sir Philip Warwick that Mr. Cromwell, his patient, was quite a splenetic, and had fancies about the crop in the town; that he had been called up to him at midnight, and such unseasonable hours very many times, upon a strange phansy, which made him believe that he was then dying.”† “His nervous melancholic temperament indicates rather a seriousness too deep for him.”‡

At an early period in his life there is little doubt but that the gigantic intellect of Goethe came near to being shaken. His strongly impulsive and emotional nature quivered under the shock of disappointed first love. “The shock told upon both mind and body; he took to his bed with a fever that threatened the brain, and it was deemed prudent that the ex-tutor should occupy an adjoining chamber to watch over him.” How completely, however, he shook off the evil is known to all who are familiar, be it ever so superficially, with his writings.

Where a tendency to insanity exists, a warning of its approach is to be seen in change of character and disposition—more or less suddenly occurring. The supervention of

\* Dale's “Life of Cowper,” prefixed to Tilt and Bogue's Edition of his Poems, 1841, p. 66.

† Noble's Memoirs, Vol. i., p. 101.

‡ Carlyle's “Heroes and Hero Worship,” 1842, p. 332.

eccentricities and peculiarities contrary to the usual habits and bearing; a perversion of the moral attributes, while the intellectual powers are but slightly, if at all, impaired. All these phenomena are not lightly to be disregarded; thus, if we observe the known possessor of right feelings and propriety, affectionate, respectful, dutiful, becoming the reverse of all these; if we find a devout person beginning to exhibit indifference to things sacred, becoming irreverent, profane, flippant; if we see a refined, modest woman losing regard for decorum and the amenities of society, becoming negligent, coarse, or indelicate; if a staid and industrious man becomes irritable, capricious, indolent, or dissipated, or carried away by schemes of imaginary wealth, &c., we must surely, in any one or all such cases, look for the accession of mental disorder, hallucinations, illusions, delusions—possibly, an outburst of suicidal or homicidal mania.

Among the changes of character indicative of the approach of mental disease, is the occurrence of aversion and antipathies towards former objects of respect or affection—a change so painful to those towards whom it is manifested, that it is usually the earliest to be noticed, and one that should by no means be disregarded. The change may be very gradual—so gradual that it may pass unobserved for some time, or be difficult of detection even when suspected. Inasmuch as insanity may with truth be spoken of as a waking dream, or, as Sir H. Holland well expressed the idea, a dream put into action as in somnambulism; so, when a person possessing usually a clear and practical energy becomes dreamy and abstracted, talking to himself, it will pretty surely come to pass that the change is but the precursor of the illusions and hallucinations of insanity.

Favourable thereto, and constituting marked features of impending mental disease, is seen the tendency to allow the mind to wander away from the proper duties of life, and luxuriate among scenes of the imagination, or of ill-regulated fancy—giving way to emotions disproportionate to the true relations of the objects which give rise to them—the habit of distorting and exaggerating events, and founding upon them conclusions which they do not warrant, as opposed to the will and sound exercise of the understanding by which events are contemplated in their true relations and consequences.

*(To be Continued.)*