

"This mental process may probably be with some accuracy designated involuntary and inattentive thinking, but not with justice *an unconscious action of the brain*. I am decidedly of opinion myself, that the explanation now offered of these well-known phenomena will more or less cover all the psychological processes that have been cited to establish a doctrine of unconscious cerebration." (p. 99.)

The views which have been advanced by Professor Laycock 'On the Reflex Functions of the Brain,' are also regarded as very doubtfully true by our author. To them there would appear, he says, to be this objection—"that it is not very obvious how the evidence of facts can be made to corroborate them or otherwise." Nevertheless, as it is clear that

"Numerous psychological phenomena are observable, of a quasi-automatic character, from the dominance of particular ideas or trains of thought, &c., it may probably be correct to regard them as the product of some sort of reflex action of the hemispherical ganglia." (p. 109.)

The WILL swaying and dominating over mental conditions of every kind cannot, as Dr. Noble observes, be conceived as mixed up specially with any particular ganglionic mass.

Interesting and important as are the several departments of philosophy and science touched upon in the preceding pages, we are not sure but that we may have trespassed somewhat upon the reader's patience. We shall therefore draw our observations to a close, simply expressing our high opinion of the support which *philosophy* has received from the hands of Mr. Morell. It is impossible that his several writings could be here dealt with in the manner which they so amply merit; but this should not prevent us from remarking, that no intelligent and thoughtful person, after having gone through his 'History of Speculative Philosophy,' could, we conceive, afford to laugh at metaphysics; and none having perused his 'Philosophy of Religion' could remain unimpressed by the lucid truth of its argument, or by the broad catholicity of its Christian teachings.

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#### REVIEW V.

*A Manual of Psychological Medicine, containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity.* With an Appendix of Cases. By J. C. BUCKNILL, M.D., Licentiate of the Royal College of Physicians, Fellow of University College, London, Fellow of the Medico-Chirurgical Society, Superintendent of the Devon County Lunatic Asylum, and Editor of the 'Asylum Journal of Medical Science;' and by DANIEL H. TUKE, M.D., Licentiate of the Royal College of Physicians, Lecturer on Psychological Medicine at the York School of Medicine, and Visiting Medical Officer to the York Retreat.—London, 1858. pp. 562.

IT is a matter of some surprise, considering the interest and importance

of the subject, the vast opportunities that of late years have been afforded by the increased number and extent of the institutions in which insanity could be studied, and the superior order of men who have been enlisted in the service, that so many years have been allowed to pass away without the production of a comprehensive manual of psychological medicine. In the whole range of medical literature there was no book more wanted, both by practitioners and students; but the responsibility of presenting such a work to the world seems to have been too great for even such experienced authors as the accomplished physicians to the Devon and the York Asylums for either of them to have undertaken the task alone without the mutual support of one another. They have both been industrious labourers in this much-neglected field, and have already greatly assisted to establish a literature on the subject. If it has been reserved for physicians connected with provincial asylums to supply their professional brethren with a guide, the want of which has been so long and so generally felt, it reflects great honour not only upon themselves, but their order, and helps to prove that advancing civilization and increasing facilities of communication are gradually removing the distinctions that used to be generally recognised between Provincial and London practitioners, and that the advancement of science in its highest departments may proceed quite as rapidly and satisfactorily away from the busy haunts of men as in the centres of intelligence and the seats of learning—that, in fact, wherever the great book of Nature is open to the learned and industrious student, there is much to be gleaned by careful observation and thoughtful labour; while there is reason to hope that discoveries equal in importance to those which have already conferred such benefits upon the world, may yet reward the diligent and patient inquirer after truth.

We congratulate our authors upon having so well sustained their high reputation by such a very valuable contribution to the literature of their country, for the work before us will be appreciated not only by the medical profession, but by all who take an interest in the advancement of science. It must be admitted that there is some disadvantage in dividing the treatment of such a subject between two individuals, and that the unity of design is better preserved by an independent author; but this disadvantage is to a great extent compensated for by the additional learning and enlarged experience which are brought to bear upon the subject.

In the words of the preface, the arrangement adopted by our authors is as follows:—The chapters on the History, Nosology, Description, and Statistics, are by Dr. Tuke; those on Diagnosis, Pathology and Treatment, with the Appendix of Cases, by Dr. Bucknill.

After an interesting sketch of the history of insanity among the nations of antiquity, the influence of civilization on the production of this malady is ably discussed, and the various fallacies pointed out which have tended to erroneous conclusions as to the proportion of

insane to the general population. There are so many considerations affecting an estimate of this kind which are constantly overlooked, that we continually hear of the increase of insanity as an established fact, although perhaps the authoritative assertion rests only on the circumstance that a large number of cases is brought to the knowledge of the individual so expressing an opinion. Our authors say :

“On no subject has there been more absurd and illogical reasoning, and more hasty generalization, than on the proportion of the insane to the population, whether in regard to various countries, or in regard to the same country at different periods of its history. The most obvious essentials for making correct comparisons are constantly disregarded, notwithstanding which, the most important inferences are drawn with the utmost complacency, and apparently in entire ignorance of the fallacy which underlies such loose and worthless calculations. Even up to the present time, and in scientific journals, we are presented with a list of the numbers of lunatics in various countries, the conclusion being drawn that such numbers represent correctly the liability to insanity in these countries, the difference sometimes ranging between 1 in 8000 and 1 in 30,000! Generally, the only basis for such calculations is the number of patients in lunatic asylums; yet it must be obvious that in consequence of the very different provision made for the insane in different countries, such a basis as this is utterly fallacious.”

The laws, customs, relative mortality, and success of treatment, vary so much in different countries, that it is impossible to form any correct estimate of the comparative number of their insane populations, and although in our own country we may approximate somewhat nearer to the truth in such a calculation, we must even here look suspiciously at statistics when we find, as our authors remark, that

“In the short period of nineteen years, the estimated proportion of the insane in England rose from 1 in 7300 to 1 in 769—a difference which led to the belief in the frightful increase of insanity, but which by no means warranted such a conclusion. The knowledge of an evil and the existence of that evil are two widely different things. Insanity may or may not have increased, but our increased knowledge of its extent is no proof that it has.”

Again, improved methods of treatment and consequent recoveries—a large proportion of which, as we shall see, are not permanent—whilst they increase the number of recurrent cases, would apparently increase the number of the insane.

“Civilization, with its attendant knowledge and education, creates social conditions and offers prizes dependent solely upon intense intellectual competition unparalleled in any former age, and of course unknown among barbarous nations, which of necessity involve *risks* (to employ no stronger term) which otherwise would not have existed. . . . In a highly-civilized community, the highest standard of intellectual attainment is constantly presented to the aspirations of its members, and minds without reference to calibre promiscuously enter the lists of an unequal contest.”

But it is not only the higher faculties of man which are forced into unnatural activity under the influence of civilization. The passions are constantly subject to the same influence in the great battle of life,

and the lower propensities also keep pace in the struggle. The most refined enjoyments even have a tendency to excess, and so all the conditions of civilization, involving as they do increased cerebral action in one form or other, lead to premature decay, in the progress of which the proper balance of the mind is frequently disturbed. The great danger to which civilization predisposes the human mind arises as much from the irregular and partial nature of the excitement to which it is exposed, as from the laborious exercise of its faculties generally. In the race for pre-eminence, it is often particular faculties which are subjected to an excessive strain—others, from disuse or subordinate exercise fail to exert the salutary influence which their steady employment is calculated to have on the mental equilibrium. It seems essential to the proper development of mental manifestations, that all the functions of the brain should be kept in exercise equally; but if no regard is paid to this condition, and some faculties are urged to their utmost without any corresponding exertion of the others, there is danger that what has been uncontrolled will become uncontrollable, and that the individual will be hurried on in his impetuous course to the object of his ambition, unconscious that he is gradually, and often rapidly, losing the power to guide his actions and his conduct, and establishing the diseased condition which we call insanity. An individual may be exhausted by mental as well as by bodily labour, but in the former case it is the exquisitely delicate structure of the brain which is subjected to the perils of over-work, and which is so much more susceptible to injury than the ruder muscular structures which bear the brunt of physical labour, and are at the same time more easily renovated and restored. It is not contended that the increased intellectual exertion which is a condition of increasing civilization, as such, predisposes to insanity. If due regard be paid to the proper exercise of all the mental faculties and bodily functions, the healthy brain is capable to meet the exigencies of an altered state of society, and to undergo increased exertion without damage, provided it be not carried to excess, for then what would only be temporary exhaustion in other organs, may be in the case of the brain permanent injury of its structure. Insanity is comparatively rare amongst barbarous races and people of a low order of intelligence, and also among the Chinese and other opium-eaters of the East, where the mental faculties are not called into very active exercise; whilst in those nations claiming a higher degree of civilization, we find numerous asylums filled with insane persons, and these forming only a portion of the insane population, the actual number being always very difficult to estimate.

The history of the amelioration of the condition of the insane is in fact the history of the abolition of mechanical restraint, and is instructive, as showing the fallibility of sound minds, and the difficulty which even zealous philanthropists have experienced in discarding old prejudices and fears. In this, as in many other things, we look back upon the proceedings of our ancestors, and even of ourselves, with wonder that we should have so long continued in a course which, with our

present experience, we hold to have been unnecessary and too often cruel. We are also led to see that insane persons are not so different to the rest of the world as to render necessary the management and treatment which were adopted in the beginning of the present century; and if the advocates of the non-restraint system have carried their views too far in asserting that restraint is positively injurious in all cases, they have at least rendered this service to humanity, and to the insane especially, that they have shown how much may be done without it, and how few are the cases where its employment is really necessary or useful. We are inclined to think that the unconditional terms in which the disuse of mechanical restraint has been urged have been calculated to excite opposition, and that if, instead of demanding its total and immediate abolition, an appeal had been made to the reason of those who entertained opposite opinions, suggesting at the same time a candid comparison of experience as to the results of the different systems, there would have been less difficulty in bringing others to unlearn the lesson which had been taught by their ancestors, and adopted as a rule of faith by their cotemporaries and themselves. In institutions specially adapted to the treatment of the insane, it seems to be generally admitted that mechanical restraint *may* be altogether dispensed with; and if cases occasionally present themselves in which some modified form of restraint would be an advantage to the patient, the true question seems to be, not, is it right in this particular case, but, is it expedient, as affecting the principle in which insane thousands are interested? If in employing a remedy which we believe to have powerful curative properties we find that it is necessary only in exceptional cases, that its employment is liable to and has been attended with the grossest abuses, some degree of which it is almost impossible to prevent, we may fairly doubt whether the minor good compensates for the major evil, and whether we had not better dispense with a remedy which is open to such grave objection. We do not presume to condemn those who hold that they are not justified in discarding a means of treatment which they find efficacious, and the abuse of which they make it a point of conscientious duty to prevent. There is nothing wrong or improper in the judicious employment of mechanical restraint, but on account of the difficulty in controlling its employment and the consequent abuses to which its use is liable, it is thought better to dispense with it altogether. We know that it is stoutly held by many eminent men that there is something wrong in the employment of mechanical restraint, but in truth the whole treatment of insanity involves some degree of mechanical restraint, inasmuch as one of its most important elements is the exercise of some control over the patient.

For some purposes it will be convenient to have a classification of the various forms of mental disturbance which will be generally received, and accordingly the classification adopted by our authors is a modification of that suggested by Heinroth. It is threefold, and comprises—

## DISORDERS OF THE MIND INVOLVING—

CLASS I. *The Intellect.*

## FORMS OF INSANITY.

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| Order 1. Development incomplete . . . . .                     | } | IDIOCY.<br>IMBECILITY.   |
| Order 2. Invasion of disease after develop-<br>ment . . . . . | } | DEMENTIA.<br>MONOMANIA (Intellectual),<br>including—<br>Delusions. Illusions.<br>Hallucinations. |

CLASS II. *The Moral Sentiments.*

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|---|---|---|
| Order 1. Development incomplete . . . . .                     | } | MORAL IDIOCY (?).<br>MORAL IMBECILITY.  |
| Order 2. Invasion of disease after develop-<br>ment . . . . . | } | MORAL INSANITY.<br>MELANCHOLIA—<br>1. Religious.<br>2. Hypochondriacal.<br>3. Nostalgic.<br>EXALTATION, regarding—<br>1. Religion.<br>2. Pride.<br>3. Vanity.<br>4. Ambition. |

CLASS III. *The Propensities.*

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|----------------------------|---|---|
| Order 1. General . . . . . | } | MANIA (usually a disorder<br>of all the faculties).   |
| Order 2. Partial . . . . . | } | HOMICIDAL MANIA.<br>SUICIDAL MANIA.<br>KLEPTOMANIA.<br>EROTOMANIA.<br>PYROMANIA.<br>DIPSOMANIA. |

We quite agree with our authors, that any classification must only be regarded as a chart by which we may shape our course, having only the prominent points marked, or partially delineated. If we regard it as anything more, it is calculated to lead us astray and to encourage false notions, for, after all, one form so readily and frequently changes to another, that we cannot regard the difference between them as essentially very great; and again, the same cause in different individuals will occasionally produce the very opposite forms of insanity. A remarkable instance occurs to our recollection of two women, who having recently lost their husbands, became insane about the same time, and both apparently from that cause. In the one case the mental disturbance took the form of a joyous mania, in the other of intense melancholy.

Idiocy naturally claims a place in a systematic description of the various forms of mental disease; and this frightful affliction has of late years attracted considerable attention and interest, because it has been found that certain individuals of this most unfortunate class, who have hitherto been regarded as little better than the lower animals, are capable of a certain amount of intellectual training, and may, by care-

ful management and patient attention, be reclaimed, and taught at least to conduct themselves with propriety ; some to enjoy life unconscious of their mental deficiency ; and a few to be useful in a limited way ;—probably none but may be benefited to some extent, if it be only physically ; many may be raised out of the lowest form of degradation ; and a few restored to reason, or rather have their reason developed. Idiocy is a congenital deficiency which becomes the more conspicuous as the individual approaches the age when reason is manifested. Our authors distinguish idiocy from imbecility by saying, that “idiocy always is, imbecility is not necessarily, congenital ; idiocy implies a less amount of intellectual power than imbecility.”

All the various forms of mental disturbance may pass into dementia ; a large proportion of the cases of melancholia which do not recover subside into a degree of dementia, the mental faculties in many becoming absolutely and finally obliterated.

“Some were maniacs the very intensity of whose mental operations appears to have exhausted their supply of cerebral power ; and a too rapid succession of images, which ought to have been spread over a lifetime, has been compressed within the narrow limits of a few months. The very brilliancy of the flame has caused its premature extinction ; the oil which should have sustained the lustre of an entire life has been lavishly consumed in the production of one splendid but useless conflagration. The ashes in the socket alone remain.”

The signification attaching to the terms hallucination, delusion, and illusion, is so uncertain, that they are frequently used indiscriminately, and much confusion consequently arises from the same thing being called by different names by different persons. Hallucination is said to occur where objects appear to be present to the senses of hearing, sight, &c., which have no reality. In fact, if the reason of the patient is unable to recognise and correct the true nature of the perception, his mind is unsound. The expression “delusion,” is so often employed in every-day life to signify a simple error of perception or memory, that counsel sometimes puzzle a witness by leading him to say that a person labouring under a delusion is necessarily insane, and then reminding him that we are all liable to entertain delusions as to simple matters of fact. It has been consequently a common thing to call that an insane delusion which the reason is unable to correct, as distinguished from a delusion which is simply an error of perception, and is readily recognised and corrected. Delusion, then, with which illusion is considered to be identical, is a perception which is supposed to have some foundation, but the object appears to the eyes in an entirely different form to that which it actually has, and sensations are produced by the false perception of objects. We should be disposed to give a more extended signification to the term “delusion” than our authors have adopted, and include under this head those cases in which persons have certain false notions and ideas which have no immediate reference to the senses, such as a belief that they are other than they are, and that their condition is quite different to what it really is. The concluding observations upon hallucinations and illusions are clearly put :

“Either may exist (the former rarely) in persons of sound mind ; but in that

case they are discredited, in consequence of the exercise of reason and observation, or, if credited, they do not influence the actions. They are sometimes with difficulty distinguished the one from the other, and indeed often merge into or replace each other. . . . Either may be the cause of violent acts, and terminate in murder or suicide; their discovery, therefore, in criminal insanity is most important."

The lawyers refuse to admit the existence of what Dr. Prichard called "moral insanity," notwithstanding that every writer of authority has recognised and described this well-marked morbid condition, although perhaps the designation is open to question. The term "moral insanity" has been supposed to signify only an exaggerated state of the passions and propensities, rendering the individual incapable to guide his actions and control his conduct. This has looked so like an apology for crime on the part of physicians, that lawyers have ignored it altogether, although this is but one of the forms of that variety of insanity which Dr. Prichard recognised as existing without any aberration of the intellectual faculties. There are, in fact, as many forms of moral insanity as there are feelings and passions. These may be in excess—that is to say, in a state of excitement—without disturbance of the purely intellectual part of our mental constitution: they may also be in abeyance, producing melancholy more or less intense, still without intellectual aberration. Excess or deficiency of the feelings and passions may with as much propriety be regarded as morbid, as excess or deficiency in any of the ordinary functions of the body would without question be referred to disease. The fact that a particular form of this malady does occasionally lead to the commission of crime, and is naturally urged in extenuation of it, has created doubts of its existence as a diseased condition, and induced many to believe that it is simply a disregard of self-control, or a deliberate indulgence in vicious passions; but assuredly the frail nature of man predisposes all his faculties and functions to morbid action, and excess of joy or grief (both in themselves natural) are as much entitled to be considered disease when characterized by irrational conduct, as any other departure from the healthy performance of the brain's functions.

In treating of the diagnosis of insanity, the following is the description given of the manner in which an inquiry should be conducted into the mental condition of the patient:

"The physician passes from the observation of the signs to the active investigation of the mental state, by questioning and conversing with the patient. In most cases it is well to commence by drawing the patient into a conversation on the most ordinary and natural topics. These will serve to test his power of attention, and to establish some confidence between the parties. If the physician is quite without clue to the state of the patient's mind, he will do well to observe some order in his examination thereof. By so doing he will save time and trouble; and should the delusions be limited in number and extent, he will be more likely to avoid overlooking them. The delusions which are unconnected with the patient's individuality are few and unimportant. Hence it arises, that if the physician can induce the patient to enter regularly into a description of his own sentiments and opinions respecting himself, he will seldom be left long in the dark respecting the nature of the delusive ideas. This will especially be the case if the physician has the forethought and the



tact to lead the patient to talk about himself in his various relations to his property, his friends, and relatives—his business, his health, his ambition, and his religious hopes. If the physician will range and quarter the extent of his patient's mind as a well-trained pointer does a stubble-field, he will rarely allow any delusion to escape undetected. But if he wanders at random he may expend his labour upon fruitless inquiries. Any order is better than none; but the order of inquiry which would most readily suggest itself—namely, that of examining the state of the mental faculties one after the other—is not in practice the most successful. After testing the fundamental faculties—the attention, the memory, and recollection—and the judgment, which may be done by ordinary conversation on any subject, it will be well to give up the idea of any metaphysical or phrenological system of mind, and to conduct the further examination upon a plan laid down upon the active duties and relations of life. The patient may be led to give an account of his own powers of body and mind with reference to health, to exercise, diet, and study. Thousands of delusions are entertained by insane people upon these subjects. He may then be led to converse respecting his possessions, his means of livelihood, and his hopes of advancement in rank or property; such conversation will open up the delusions of pride, ambition, and acquisitiveness. He may then be led to converse of his near relatives and friends, and especially respecting his birth and parentage—stress being laid upon his belief whether his parents were his actual and real parents. This inquiry will tend to open up any delusions with respect to imaginary greatness, and any perverted emotions towards those who ought to be dear to him. The subject of religious opinion may then be introduced. The religious devotions and exercises which he practises may be inquired into with the reasonable expectation of finding insane delusions on a subject which touches the deepest sentiment of the soul. If the patient is an educated man, it will be right to converse with him upon politics and upon science. If he can stand the test of a discriminating inquiry on these and similar subjects, he certainly cannot be the subject of mania, and if he has any delusions, he must either retain the power of hiding them, or they must exist in some obscure corner of the brain, from which they are little likely to influence with any force the opinions, the feelings, or the conduct.” (p. 709.)

Coinciding in the main with the preceding quotation, we cannot quite go along with the author in his conclusions upon an examination so conducted. We think the probabilities are that an experienced physician will detect the delusions which exist, but it must be borne in mind that the most expert have sometimes failed to discover what nevertheless certainly existed; and this may be the case when there is no settled purpose on the part of the patient to conceal his delusions, but simply because the probe has not reached the wound. Then, again, patients suffering from mania may, in the tranquil intervals which they sometimes experience, pass muster, though the inquiry be ever so discriminating. Neither can we agree that, because delusions may exist in some obscure corner of the brain, they are little likely to influence with any force the opinions, feelings, or conduct of the individual. It occasionally happens that the irrational conduct of a patient, which has always been regarded as eccentricity or temper, has been discovered to owe its origin to a delusion which had been carefully concealed, and had at last been detected by accident or betrayed inadvertently. We cannot think that the difficulty of finding a delusion is any proof of its harmlessness. Indeed, the most dangerous are frequently those which are secretly cherished until the insane object

at which they aim is accomplished. The distinction between eccentricity and insanity is often important, and occasionally very difficult to establish. The following remarks will very much assist in an inquiry of this nature :

“There appear to be two forms of eccentricity radically distinct. The one arises from an excess of what phrenologists call individuality. With little regard for the opinions of others, the eccentric man of this class strikes out a path for himself in all matters, both of opinion and of conduct. Such a man is often endowed with more than an average portion of good sense and of moral courage, although his sense is founded upon reasonings marked out by his own mind from propositions laid down by himself, and adverse to the common sense or conscience of those among whom his lot is cast; and his moral courage is displayed in adhesion to his own opinions, and in setting at naught the ill-founded ridicule of the world. Goldsmith gives an admirable sketch of this species of eccentricity in the character of Burchel. It may be safely affirmed that an eccentric man of this type is further removed from the chances of insanity than most of the sane people upon whose prejudices and fantasies he sets a remorseless foot. Such a man possesses the minimum of vanity, and is therefore not easily wounded by events which would overwhelm others with disgrace and chagrin. His intelligence is generally clear and untrammelled, and little liable to be made the sport of his passions. His emotions may be strong, but they are under control. He steers an independent course, far from the fleet of common minds under the convoy of recognised authority; and in the storms of life he battles vigorously against disaster, and resists shipwreck better than most men. . . . The eccentric man of the second class deviates from the ways of his fellow men from weakness of judgment, from love of applause, and the desire of drawing upon himself the attention of others—from conduct ill-regulated, and influenced only by vacillating emotions—strong and weak according to the caprice of the hour. Men touched with imbecility are almost always eccentric; if the imbecility is secondary upon an attack of acute mental disease—that is, if it is strictly speaking slight dementia—they are always eccentric. . . . This form of eccentricity is often nearly allied to insanity, and is often premonitory to it.” (p. 312.)

There can be no doubt that eccentricity is often nothing more than a disregard of the opinions of others, and that this independence of feeling and action is often combined with rare intelligence and acute reasoning powers; nor is it so liable to degenerate into, or be associated with insanity, as that which is so well described by Dr. Bucknill as the second form of eccentricity. The distinction between these two forms is ably drawn, but it is a question whether we ought not to regard the purest form of eccentricity, when carried to extremes, as disease. Society will tolerate certain departures from its usages, even when considerable inconvenience and some annoyance are occasioned; but this must have its limits. We might not at the present day consider another Diogenes insane, if he insisted on establishing himself in his tub on the pestilential banks of the Thames, and defied the opinion of the world as he wallowed in its mire, and boasted of its pure and invigorating air; but if, carrying his notions of independence a step further, he maintained his right, not only to assume what garb he pleased, but to dispense with clothing altogether, and, emerging from his filthy den to bask on the sunny side of a crowded thoroughfare, we should be driven to the conclusion that there was no alternative but

to treat him as a madman, however well he might be able to argue for the propriety of his acts. There are, then, we think, certain cases in which great extravagance of conduct in itself amounts to insanity, and must be treated accordingly, notwithstanding the absence of delusion and the power to reason correctly.

There are few points in relation to insanity of more importance than the ability to detect simulation, and none are more ably treated in the work before us. Some very interesting cases are given which admirably illustrate the difficulties of this kind of inquiry, and the errors into which those who attempt to feign this malady commonly fall are pointed out with great clearness.

“The feigning madman in all ages has been apt to fall into the error of believing that conduct utterly outrageous and absurd is the peculiar characteristic of insanity. The absurd conduct of the real madman does not indicate a total subversion of the intelligence; it is not utterly at variance with the reasoning processes; but it is consistent either with certain delusive ideas, or with a certain perverted state of the emotions. In the great majority of cases, feigned insanity is detected by the part being over-acted in outrageousness and absurdity of conduct, and by the neglect of those changes in the emotions and propensities which form the more important part of real insanity. Sometimes mania is simulated. The man howls, raves, distorts his features and his postures, grovels on the ground, or rushes about his room, and commits numberless acts of violence and destructiveness. If he has had the opportunity of observing a few cases of real insanity, and if he is a good mimic, he may succeed in inducing a person who only watches him for a few minutes to believe that he is in the presence of a case of acute mania; but if the case is watched for a few hours or days, the deception becomes apparent. No muscular endurance, and no tenacity of purpose, will enable a sane man to keep up the resemblance of acute mania: nature soon becomes exhausted, and the would-be patient rests, and at length sleeps. The constant agitation, accompanied by symptoms of febrile disturbance, by rapid pulse, foul tongue, dry and harsh, or pallid, clammy skin, and the long-continued sleeplessness of acute mania, cannot be successfully imitated. The state of the skin alone will frequently be enough to unmask the pretender. If this is found to be healthy in feeling, and sweating from the exertion of voluntary excitement and effort, it will afford good grounds for suspicion. If after this the patient is found to sleep soundly and composedly, there will be little doubt that the suspicion is correct. Chronic mania may be imitated, and if this should be done by an accurate observer of its phenomena, who also happens to be an excellent mimic, it cannot be denied that the imitation may deceive the most skilful alienist. It is remarkable that two of the most perfect pictures of insanity presented to us in the plays of Shakspeare, are instances of feigned madness—namely, the madness of Hamlet, assumed to escape the machinations of his uncle; and that of Edgar, in *Lear*, assumed to escape the persecutions of his brother. These consummate representations of the phenomena of insanity are so perfect, that in their perusal we are insensibly led to forget they are feigned. In both instances, however, the deception was practised by educated gentlemen; and on the authority of the great dramatic psychologist, it may perhaps be accepted that the phenomena of insanity may be feigned by a skilful actor like Hamlet, so perfectly that no flaw can be detected in the representation. Fortunately for the credit of psychologists, insanity is rarely feigned except by ignorant and vulgar persons, who are quite unable to construct and to act out a consistent system of disordered mind. It must be remembered that all the functions of every case of insanity form a consistent whole, which it requires as much

intelligence to conceive and represent, as it does to conceive and represent any dramatic character." (p. 336.)

Some remarks of Dr. Snell on this subject are quoted. He observes :

"Common people have not the slightest rational idea of insanity. They believe that all mental manifestations are completely altered in it, and that an insane person knows nothing—he ceases to read, to write, and to reckon, and that all his conditions and relations are completely reversed. Hence it happens that all uninformed people find it difficult to acknowledge actual insanity."

But it is not only "common," "uninformed," and "uneducated" people who find it difficult to recognise and acknowledge actual insanity. Some, in consequence of prepossessions of which they cannot divest themselves, are unable to understand how a person can be insane who talks rationally upon any subject ; others are willing to give such latitude to eccentricity, to extreme religious opinions, belief, and practices, and to what are called the liberties of the subject—in more senses than one—that it is impossible to convince them that certain faculties of the mind may be disturbed, and insanity exist, while other faculties maintain their normal condition, and the patient is enabled to conduct himself with propriety, and to manifest great intelligence and reasoning power. The well-educated and well-informed classes fall into the same error, and it is shared by a large number of medical men of experience in other departments of medicine, who have comparatively little opportunity to study the subject of mental disease. There are also many who are as unwilling as others are unable to recognise in the persons of their relatives a malady whose existence may have an important bearing upon their own future. And again, it is not probable that, as a rule, insane persons would acknowledge that they were unable to take care of themselves, although there are many exceptions to this rule. The consequence of all this is, that many cases are allowed to become confirmed ; the opportunity to arrest the disease, which perhaps only occurs in the early stage, is lost in discussing doubts and scruples, and in determining the true nature of the case ; and then come the unavailing regrets that no efficient steps were taken to save the unfortunate sufferer when there was yet a chance of restoring his reason. The idea of controlling the actions and conduct of another, however unreasonable, is often thought so grave a matter, that patients who are only suffering from the premonitory symptoms of insanity—which are not recognised as such—are allowed to dissipate their property and ruin their families before any check is interposed to save them from the effects of their own helplessness. In ordinary illness, or in cases of injury from accident, we at once adopt proper treatment and restrictions, if need be ; why should disease of that exquisitely delicate organ, the brain, be allowed to make fatal progress before we resort to any treatment worthy of the name ? To be of any value it must be prompt, discreet, and resolute. There is no class of cases which so much requires that the authority of the physician should be supported by the friends of the patient, who should yield him implicit confidence and submit absolutely to his judgment. A firm front being at once presented to the disease, saves a great deal of irritation, and improves the chances of cure.

One of the principal divisions or chapters of the work before us is devoted to the pathology of insanity. The authors object to the distinction between organic diseases and those which are functional, on the ground that the further we advance in our knowledge of pathology, the more we discover changes which were previously not suspected to exist :

For example, fatty degeneration of the heart and epithelial desquamation of the uriniferous ducts are structural diseases to us; a short time ago their phenomena were regarded as functional. Facts of this kind would of themselves be sufficient to create distrust in the theory of functional disease; but many accomplished physicians still maintain that abnormal vital phenomena may be, and are likely to be, occasioned by dynamic aberrations alone, and that such phenomena are correctly designated as functional disease. We cannot concur in this opinion. . . . What is called force of every description is connected with, if not dependent on, changes in the atoms of matter. Force is the hypothetic agent which underlies the phenomena of material change; and to affirm that dynamic modifications of vital functions may exist without alterations of material organisation, is to ignore the fundamental principles of philosophic physiology. All disease, therefore, in our opinion, is organic. Not only is this so with diseases which come under the common observation of the physician, without leaving traces of organic change—asthma, for instance, and angina and epilepsy—but mental and nervous diseases also of every kind and form. Not a thrill of sensation can occur—not a flashing thought or a passing feeling can take place—without changes in the living organism; much less can diseased sensation, thought, or feeling occur without such changes—changes which we are not able to detect, and which we may never be able to demonstrate, but which we are nevertheless certain of. For, whether we adopt the theory that the states and things which we call heat, electricity, vitality, &c., are distinct entities of what is called imponderable matter, or the far more probable theory, that they are only phenomena belonging to ordinary ponderable matter; an atom or a cell charged with electricity or heat, or in a state of chemical activity, is essentially in a different condition to a cell or an atom in chemical or electrical equilibrium with surrounding substances. On the lowest view of organic action, therefore, alterations of what are called dynamic force cannot exist without corresponding changes in material condition. If it is possible to suppose that the cells of a lining structure in a state of disease can only differ from the cells of the same structure in a state of health by an alteration in their electric states, this will in itself constitute a material difference, capable of being readjusted by appropriate remedies. But there is no ground whatever for supposing that vital force and electrical force are the same, or that anomalous action of living bodies ever depends upon the mere distribution or activity of such force. The only force capable of explaining any of the phenomena of life is the chemical one, and this only in a state of constant activity and interminable change. In a state of health such change takes place within a range whose limits permit beneficial, and restrict injurious, action; in a state of disease the range of chemical change is widened or contracted, so that mischief results from excess of action, or the well-being of the organism is lost by deficient action. In either case the chemical composition of the cells cannot fail to be altered from the standard of health, and alteration of chemical composition is the real groundwork of organic disease, since it invariably interrupts the healthy portion of the part affected. Those abnormal states which depend upon an altered condition of the blood are not less strictly organic than all other diseases; for not only can no change take place in the composition of the blood without in some degree affecting all the parts which are nourished thereby, but this fluid is, strictly speaking, itself a living cellular organism, and every change which takes place therein is organic. It may seem superfluous

that, after having expressed our opinion that the noblest functions of the healthy nervous system are invariably accompanied by organic changes therein, we should argue that such changes must exist when the functions are performed abnormally. It is true that the greater proposition, that function is always accompanied by organic change, includes the lesser proposition, that diseased function is so accompanied; but the latter has a difficulty to contend with from which the former proposition is free—it has to oppose and subvert a long-established erroneous theory.”

Our space will not permit of our going into any discussion upon the various points raised in connexion with the pathology of insanity, but this part of the subject is very ably treated, and will abundantly repay attentive study. The author observes upon the remarkable fact, that serious diseases of vital organs will make fatal progress without manifesting the ordinary signs observed in sane persons suffering from similar maladies, and this fact suggests the necessity of a careful examination of all the important organs in insane persons of impaired health, even where there are no symptoms indicating particular disease.

In a discussion on the treatment of insanity, which forms the concluding chapter, the value of the various remedies which have at different times found special favour is considered. Tartrate of antimony and opium maintain their reputation as the most important, and the precautions and conditions to be observed in their employment are carefully pointed out. Of not less importance than the medical is the moral treatment of insanity, and on this subject Dr. Bucknill makes some very sound remarks. He says:

“In works which treat upon the moral treatment of insanity, it has been customary to prescribe rules for the guidance of the demeanour and behaviour towards the insane. From the excess of firmness which is demanded by some, one would think it needful that an alienist physician should have ‘an eye like Mars, to threaten and command;’ as if his chief functions were not unlike those of the worthy Mr. Van Amburgh. The universal gentleness and indulgence which others advocate would lead to an opposite extreme scarcely less adverse to the true interests of the patients. The truth, as usual, lies between; and the physician who aims at success in the moral treatment of the insane, must be ready ‘to be all things to all men, if by any means he might save some.’ He must, nevertheless, have a good backbone to his character, a strong will of his own, and with all his inflictions be able to adhere, with singleness of purpose and tenacious veracity, to the opinions he has, on sound and sufficient reasons, formed of his patient, and the treatment needful to be pursued towards him. With self-reliance for a foundation to his character, it requires widely different manifestation to repress excitement, to stimulate inertia, to check the vicious, to comfort the depressed, to direct the erring, to support the weak, to supplant every variety of erroneous opinion, to resist every kind of perverted feeling, and to check every form of pernicious conduct.”

The work concludes with an appendix of cases, and is illustrated by a series of portraits of the different types of insanity, of great interest. We commend it to our readers in the full assurance that they will derive pleasure and profit from its attentive perusal, and that it will prove to them a sound and safe guide through some of the greatest difficulties which beset our path when our advice is sought, and we are called upon to deal with the most severe affliction which can befall the family of man.