Introductory Lecture to a Course of Lectures on the Pathology and Treatment of Insanity, delivered at St. Luke's Hospital, in the Months of May and June, 1855.

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Gentlemen,

Since the year 1843, I have delivered Lectures on Insanity at this Hospital during the summer session; I have done so because I believe that there is not much chance of Medical Pupils deriving information upon any special disease except by Lectures; we are in the habit of giving, and receiving knowledge in this way; it forms part of our medical education, and we cannot do without it. The subject of Insanity is daily growing in importance; it is no longer looked upon with mysterious awe, as if there were something supernatural in its essence; nor degraded by being followed as a mere trade, but men have arisen of late years in this country, and also in France, in Germany, and in America, who have studied it as a science, and have elevated it to the rank which it ought to hold in medicine.

The particular subjects of our investigations are each of them a study. The insane may be viewed in various relations, whether as members of a civilized society whose rights and privileges, for the benefit of that society, are in abeyance, and whose conduct does not render them amenable to its penal code; or they may be considered as presenting phenomena allied to, but still distinct from other disorders of the nervous system; or again they may be contemplated as exhibiting to the moralist the sad spectacle of perverted feeling, of unrestrained passion, and of action uncontrolled by the will.

The right study of this subject pre-supposes a certain amount of previous knowledge, e.g. with Metaphysics, with Moral Philosophy, with Anatomy and Physiology, with Pathology and Therapeutics, and with the first principles of Medical Jurisprudence. The greater amount of such knowledge, the greater will be the capacity of the student to investigate the different subjects connected with mental disease.

As physiologists and pathologists you cannot fail to feel interested in the subject which is about to occupy our attention. As physiologists you will, for instance, have
examples of the plus and minus quantities of the generation of animal heat in different parts of the body, co-existent with that of deranged nervous function, influencing of course the amount of blood distributed therein. You will have frequent examples also of the necessity of repose for the reproduction of nervous power, but at the same time you will wonder that greater exhaustion is not produced by the successive return of sleepless nights; you will remark great muscular power, great nervous energy existing in a maniac who passes night after night in ceaseless activity, and this will lead you to the conclusion which you have drawn in watching the progress of other diseases, viz., that the inferences which you have deduced from health are no certain landmarks for those in disease, but that these must be modified and altered by experience from facts observed by pathological investigation. But still you will see that these inferences are not without their use, for knowing perfectly well that sleep is necessary to the well-being of the body, you will therefore watch with interest the effect of long continued want of sleep in disease; and you will see that although the animal frame will, under peculiar circumstances, bear many successive days of excitement and want of rest, without any apparent change, yet that in the end the degree of exhaustion is equivalent to the previous excitement, and that the patient either sinks into a low typhoid state, from which it is difficult to rally him, or into one of hopeless fatuity. Again you are well acquainted with the progress which has of late years been made in the study of the nervous system, and are familiar with the discoveries of Bell, of Marshall Hall, of Müller, and of Reid; this will naturally lead you to investigate how far the afferent and efferent nerves, and how far those of organic life may have been effected by the disease, and you will see that the functions of the nerves of sensation and motion are altered, and give rise on the one hand to many delusions in the mind, and on the other to peculiarities in the speech and gait of the patient, while those of organic life are equally disordered; and having observed all these symptoms you will, I think, be inclined to ascribe much independent power to the nervous system itself; and though you will consider it subordinate to the blood, yet that you will not think that nervous force or nervous power are terms without meaning, that however much it may derive its sustenance from the blood, yet that it has inherent in itself that power, allied
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indeed to electricity, but not yet proved identical with it, which as rapid as that subtle fluid conveys the notices from the brain to the remotest fibril, and from this again to the nervous centres, which more obscurely ministers to the influences by which the soul manifests its ideas, and which when disordered counteracts and obscures its development. You are well aware how much light has of late been thrown upon this subject by Electro-Physiological researches, and particularly by those of Matteucci, who says in his paper in the Philosophical Transactions, (147, part ii. 293;) on the theory of the production of electricity in the Torpedo and Gymnotus: "I cannot but admit, that 'the nervous force increases independently of the will, 'with every increase in the activity of the functions of 'circulation and respiration, and of every act of nutrition; 'as also under the influence of certain agents introduced 'into the organism."

Nor is our subject less interesting to you as pathologists, who have observed the wanderings of the mind in delirium at the bed-side of the patient, and who are well acquainted with the peculiar sensibility and capricious whims of the hysterical patient; inasmuch as you will observe in insanity some cases analogous to deranged nervous function, and others again to depraved nutrition. You will on the one hand see the effects of hereditary taint, where some weakness has been implanted, which is to produce in process of time its pernicious fruit; while on the other hand the disease will appear to be the direct consequence of the patient's own irregularities. Here you will observe the disease confined in its phenomena to the lobes of the cerebrum; while there you will be led to infer the complication, if not the dependence of insanity, upon the morbid poison of other diseases, and that the disorder in the functions of the cerebrum is in these instances secondary. To give you examples, we find that not only the insanity of the patient is transmitted to the offspring, but such diseases as scrofula and phthisis inherited by the child become the predisposing causes of insanity, either indirectly by their debilitating effects upon the constitution; or directly by acting upon the nervous centres in transferring the disease to them, and in setting up a species of strumous atrophy, which manifests itself by delusion and subsequent degeneration of the mental faculties. We also find cases of insanity complicated with gout and rheumatism and by applying our remedies
to the removal of the lithic and lactic acids, we observe the symptoms to decline.

I must take it for granted that you know nothing of the subject of which I am about to treat, for I wish to place myself as far as I can in the position of a person who sees a case of madness for the first time. To one who first visits an Asylum for the Insane, all must appear utter confusion, a thousand uncouth sounds strike the ear, many unwonted sights meet the eye. He is perhaps distracted by the multitude of new objects which solicit his attention, or work upon his feelings, and he may possibly leave the place in a frame of mind very nearly akin to disgust. Such no doubt will be the case with some among you. In this Hospital you will see almost every variety which the disorder presents. Here you may observe one occupied in scribbling disjointed texts from Scripture, or snatches of songs, upon the walls; there a woman with torn clothes, and hair dishevelled, strutting in all the pride of imaginary greatness; on one side you may hear the wild laugh and loud ravings of excitement, on the other the deep, and smothered moanings of despair; or crouching in a corner you may see a poor wretch sunk in the lowest depths of a vegetative existence, muttering sounds “unmodulated and expressionless.”—Shelley.

Insanity, in its broad outline, is the same now that it was centuries ago: the different shades of the disease have indeed altered, influenced by the ruling passions of the particular period, but we cannot fail to be struck with the similarity of the descriptions given of madness by the ancients, with the symptoms which exist before us in our own day. Thus we read that Orestes was driven mad by the Furies, or as we should say, by remorse of conscience, after he had killed his mother Clytemnestra. Cælius informs us that in one of his paroxysms he bit off, and eat one of his fingers; after which, white Furies instead of black appeared to him. According to modern phraseology we should say that he laboured under hallucinations of sight. We have it also upon the authority of Erasmus, that he tore his clothes, which I need not say is one of the commonest occurrences in madness; and thus, “Oresti pallium tendere,” became a proverb. One madman, says an ancient author, (Cælius Aurelianus, Lib. i. cap. 5,) imagines himself a God, another an orator, one a tragedian, or comedian, another carrying straw in his hand imagines that he holds the sceptre of the world. Arcteus gives a
detecting naturally guide all sand the man legible, graphic or stamped political ened. prize they they they cap. nized at quills, insane. and altered."

Luke's said, "I might continue such quotations to a great length, enough however has been said to shew that the general features of the disease have not changed. It is easy when we see well marked cases of insanity to recognize them as such. Children are quick in discovering the weakness of the idiot, or the peculiarities of the confirmed madman; but the pupil who first enters a Hospital for the insane, may converse with many a patient whose disease is detected only with the greatest difficulty. When the great Mr. Burke had gone through some of the wards of St. Luke's Hospital with our late Steward, he turned to him and said, he had not seen one patient whom he considered insane. The Steward upon this, called one of the patients (who had particularly gratified Mr. Burke by his ingenious political theories,) and touched the chord of his delusion. The patient immediately began to talk of the porcupine quills, which he imagined to grow from his skin after each meal, and became so incoherent, that Mr. Burke was at last convinced, that madmen had not their disease stamped upon their foreheads; nor were they to be recognized at once like those figured by the pencil of Hogarth, or the chisel of Colley Cibber.

The disease is in some cases marked with characters so legible, that he who runs may read, but in others even the practiced eye fails to decipher it. There are a thousand shades of madness more or less distinct, a thousand variations of colouring more or less vivid; but still they are all classed under the general term Insanity, and the pupil naturally asks, what are the means furnished me for detecting the disease? What is the standard which is to guide me in determining this man to be eccentric, that man mad? It must be confessed that this problem has
never been satisfactorily solved, definition after definition has been invented with but little success; eccentricity and passion run so imperceptibly into insanity, that it is sometimes very difficult to say where the one ends, and the other begins. Some of you may possibly at some future period be asked in court to give a definition of insanity. Nothing would please the cross-examining counsel more than your complying with such a request. Suppose you were to say that Insanity is a delirium without fever, which is a very good logical definition of the disease, you might immediately be answered by the fact, that there are some cases of insanity which exist with fever, and other cases without delirium. The most comprehensive definitions indeed often shew that he who has invented them has become involved in a vicious circle. When Aristotle defined prudence, he seems to have been oppressed with the same sort of difficulty; he says, (Ethics, Book vi. chap. 5.) “Observe the habits and actions of the prudent man, and you will then know what prudence is;” so will you be able to learn what madness is, by observing the conduct and conversation of the insane.

In examining any case of insanity, there are four symptoms which it is necessary for you to investigate, viz: those of the intellect, the affections, the bodily health, and the conduct. In the present Lecture I propose to consider the two first symptoms, and I shall leave the latter to be treated of as the particular forms of insanity come under our observation.

The study of the mind in a state of disease, requires a knowledge of the mind in a state of health, for you will not be able to understand psychopathy, if you know nothing of psychology. I may therefore be allowed briefly to remind you of this portion of the subject, as it is that with which you may possibly be the least familiar.

There are, as you know, many forces existing in the body, the combination of which, and the mutual action and reaction of which, constitute life. One of these is the mental force, the mental principle: this principle is present in every living animal body; but it must not be confounded with the mental operations. The mental principle is common to every part of the body. The mental operations have a more special reference to the action of the mind on the brain. The mental principle commences with the first dawn of life. The mental operations are not wholly developed till the cerebral ganglia are perfected.
The child enters the world gifted with a mind capable of acquiring ideas by the exercise of the observing faculties, but not gifted with innate ideas. "Nihil est in intellectu, quod non erat prius in sensu;" and as has very appositely been added, "Nisi ipse intellectus." He gradually acquires new ideas; day by day he is adding to his stock, and is storing them up in the memory; day by day he is gaining experience of distances and the like. The instincts of self preservation and of imitation by degrees assume new power, and present new and enlarged desires. The faculty of speech, slowly acquired, is at length perfected; ideas become thoughts; to ideas of observation are added those of reflection; and the child becomes a conscious, observing, reflecting, responsible being, with desires and aversions, with hopes and fears; with an inward monitor, his ever present guide, which distinguishes right from wrong, and which he disobeys at his peril.

The mind is single, and indivisible, and eternal. The different atoms of our bodily frame are renewed every moment of our existence; but the mind remains to bear witness to the end of time of our thoughts, and words, and actions. This is what is meant by personal identity. The mind is ever changing, but its essence is ever unchangeable; each moment brings its new idea into being, but that idea, according to the use which is made of it, is stamped upon the mind for good or evil to all eternity. Every one is conscious that there is a stream of ideas ever passing through the mind; of what kind this current is depends upon the purity, or impurity of the source whence it springs. Thoughts come into our minds on a sudden, we know not how, and other thoughts follow in rapid succession; if they are allowed to pass passively without any effort on our part to direct or control them, it constitutes reverie. It is impossible for us to prevent this springing up of new ideas, but it is in our power to direct the mind to other ideas, or to guide the current into a new channel; and upon this depends much of the difference which we observe among men. The mastery of self is acquired gradually by keeping those ideas before our minds which are good and noble; and by rejecting those that are the contrary. The mind is capable of being affected differently, according as different thoughts are presented to it; and according as it is occupied in observing and reflecting upon these thoughts.

We are conscious that we have the power of selecting or
rejecting the thoughts which instinct, passion, and emotion furnish; our will renders us either the masters or the slaves of our desires; and upon this depends our conduct. The intellect itself does not influence our actions; we act in such and such a manner because some emotion has been touched, and because we will it. The will therefore may be considered the centre through which emotion passes into action. There is this difference however between insanity and vice: insanity is diseased will; sin is depraved will.

The intellectual faculties in insanity are affected either by undue activity or extreme dulness. On the one hand we observe ideas crowding into the mind too quickly for all to find utterance, and thereby producing incoherence: the current of thought becomes a torrent, carrying every thing before it with tumultuous rapidity. Or we see the mind concentrated upon one idea, actively engaged in viewing it in different forms, and seldom led away to the consideration of any other subject. On the other hand we meet with gradual decay of the mind, and congenital deficiency. All the different faculties or states of the mind are liable to become disordered. We cannot be surprised to find that perception is changed, connected as it is so intimately with sensation, which furnishes it so frequently with faulty impressions, and cheats it with illusive representations.

The perceptive faculties partake of the activity and dulness observed in the other faculties. They are, generally speaking, acute in mania, disregarded in monomania, blunted in dementia, and developed with difficulty in idiocy. Perception is much influenced by the state of the vessels in the brain, as we see in the double vision of drunkenness; so also in insanity one patient cannot read because he sees double letters, another has a sensation of vertigo, which is occasionally the cause of delusion. Mistakes arising from the impaired function of this faculty are very common. Madmen often mistake friends for enemies, because they imagine that their external appearance is altered. A patient of mine thinks that her friends change the color of their faces from green to black and white at pleasure.

In some patients memory is not affected at any period of their illness, indeed, what has occurred during their insanity often appears to have made a deeper impression upon their minds than in health, as they are able to describe every event with the most scrupulous accuracy; so that due caution must be observed in making any observation in the presence of the patient. These remarks refer chiefly to cases of mania
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where the faculties are sharpened and the impressions vivid, not to those where the symptoms of the early stage of the disorder are very urgent: these have no recollection of what has happened until the acute attack has passed off. In dementia the memory is very treacherous, particularly as to recent occurrences, but some retain a lively recollection of bye-gone days; frequently during the acute stage of mania, and as fatuity advances, they are forgetful of their daily wants, forgetful of the common decencies of life, and sink into a state of utter helplessness.

[To be continued.]


The term spasm was applied by Dr. Cullen, to a state of muscular contraction more violent in degree than is usual in health. Where the contraction is succeeded by relaxation, and immediately repeated without the concurrence of the will, or from natural causes, he applies the term convulsion. Dr. Copland, in his Dictionary, has given a fuller definition, to distinguish convulsions from allied and specific diseases, as tetanus, &c. Andral's definition is similar to Copland's, with this addition, that there is or is not loss of consciousness. When there is loss of consciousness the disease is termed eclampsia, always without foaming at the mouth; by which eclampsia is distinguished from epilepsy.

Examples of these three different forms or degrees, as far as the motions are concerned, but with more or less loss of consciousness in all, have recently come under my observation amongst the male patients in this institution. The first two cases, in which there was loss of consciousness, were attended merely with spasm.

Case 1. A carpenter, aged 62, married; health feeble. For two years before his admission, he was reported as being subject to epileptic fits, and as having for the last two weeks been considered dangerous to himself and others, in a state of mania. Since his admission to the asylum,