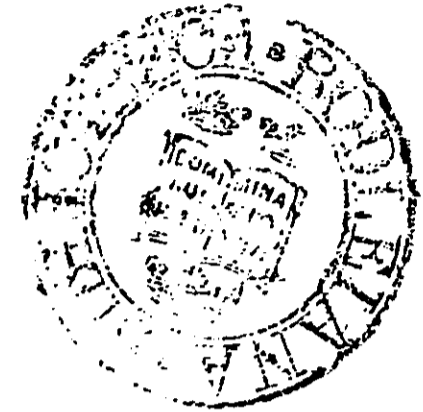


be delayed; if now she became maniacal, she would be altogether reprieved. It would therefore, in so shocking a case, perhaps, be asked whether the insanity was real. I have seen two cases recorded where a woman was tried for the murder of her child, and acquitted on the plea of insanity at the time. It would therefore in such cases now be deemed necessary to prove the insanity, though probably in our courts much leniency would be shown in the whole inquiry. The one is related by Sir M. Hale of a woman tried in 1668; the other was that of a woman tried at Jedburgh in 1785;\* and in this case the poor creature was sentenced to death, but the royal mercy interposed.

Nothing but study of the real disease can fit us for correct judgment of a case. Reading may convey much, and must be had recourse to: but it alone is insufficient. They are nice intervals that separate sanity, eccentricity, and madness; and it may be impossible to predicate of an individual that he feigns, is diseased, or is of sound mind, without close practical inquiry into the laws of health, and the laws of disease.

\* Hume on Scotch Law, 3d ed. vol. i. pp. 41, 43.



## CHAP. III.

## CHARACTERISTICS OF MANIA.

To compare mania with a dream were to give a characteristic and popular idea of it. Various in form, in character, in intensity of pain or of pleasure; now, real in premises, and false in reasoning; now, true in reasoning and wild in axioms, uncertain in duration and in periodicity; both the dream and the maniacal disease are mental processes, creative of thought, reason, the chief ruler, the while not holding sway.

But it is necessary to discard all popular and erroneous notions, such as that favourite dictum of Mr. Locke, "that madmen put wrong ideas together, and so make wrong propositions, but argue and reason right from them."\* Dr. Prichard justly speaks in strong language on the falsity of this.† One great objection to it

\* Locke, "Conduct of Understanding," Book II. chap. ii. § 12, 13.

† Prichard, "On the Nature of Insanity," § 2.

is, that it has led men to look for the disease under a single and simple form, while, in truth, it is comprised under many. That there are madmen who reason rightly from wrong premises, (as rightly, at least, as most who pass for sane) is very true; but there are madmen, with whom the succession of ideas is so rapid, that they do not reason at all; their thoughts rush voluminosly forward in tumult which bewilders him who strives to follow. A sane mind sinks powerless while endeavouring to trace the associations by which this tornado of the mental faculties is raised and whirled along. Beside these, there are madmen in whom the succession of ideas is so slow, and the memory so null, that even if apprehension exists, the power of comparison and ratiocination is gone.

It will be well for our main purpose to examine,—

I. The precursory symptoms of Mania, reserving to another place what is needful to state of its predisposing causes.

II. The actual symptoms; and of these, in order:—(a) The mental. (b) The mixed. (c) The bodily phenomena.

### I. THE PRECURSORY SYMPTOMS OF MANIA.

Of all mental disorders this may begin the most suddenly: the more usual course of the complaint is a gradual and perceptible deviation from a healthy state of body and mind, noticed or not by the friends, but such as would excite suspicion in the mind of one familiar with the disease, until, on some occasion, the will of the patient being thwarted, he bursts out of smouldering excitement into violent fury. The deviations we speak of, are restlessness, excitement, or depression; a morbid state of the affections; busy energy in works of little worth, and these wrought to no purpose; excessive pleasure or excessive grief; irritability; false alarms and childish delights; increasing thoughts or increasing indolence in thinking, “*enfin il se livre à des actions d’autant plus affligeantes, qu’elle contrastent d’avantage avec sa manière de vivre ordinaire.*”\*

This will be the fittest place to remark on some differences between the symptoms of mental disease and those of most other disorders that afflict mankind: and this by way of caution,

\* Esquirol, *Maladies Mentales*, vol. ii. p. 145.

lest the details that follow be taken to be more regular in their appearance and course, and more systematic in the recurrence, than they really are. It is, indeed, in general views of this nature, that much of the distinctive evidence in cases of probable or possible simulation will be found.

There is in Mania no one type which possesses all its victims: it has more phases than Hysteria, that Proteus past finding out. In one person it is an acute, in another a chronic complaint. Some constantly rave, their mind gradually breaking down into dementia: in another, there will be a paroxysm which shall have no fellow, for weeks, or months, for many years. Now it is complicated with bodily disease well ascertained; now with none to be discerned before death, with none after it. One has intermissions, another remissions: death is preceded by imbecility, or by general paralysis; hastened by inflammations; or marked by neither accession or decrease of the disorder. Some have one undoubted attack, called by nosologists Transitory Mania, which happily returns no more: and some, after disease of somewhat longer continuance than the last, do also recover wholly.

But there is one fixed point in Mania: "Toujours il excite chez les maniaques un symptôme commun—c'est un délire général, avec excitations plus ou moins grandes des facultés intellectuelles."\*

## II. ACTUAL SYMPTOMS.

### (a) Mental Symptoms.

Considering Mania as typical of all its subgenera (for as mental disease has been more studied, so have many divisions been also made), it may be stated, first, to present a general *disturbance* of the mental faculties, as of the intellectual, so of the moral powers. Any, or all, of these may be impaired, not by obliteration, but by disturbance; not for a definite, but for a greater or less period.

The powers of Apprehension, Conception, and Memory, are less impaired than those of Abstraction and Reasoning. Imagination and Association are in excess, and morbidly active. From the Imagination, indeed, of the maniac, is the exciting cause of his paroxysm mostly derived, and from disordered Association increased;

\* Marc, Médecine Légale, vol. i. p. 211.

the degree of the fury, and the capability of its being controlled by treatment, will therefore partly depend upon the extent of the disease in those passions most acted upon by the imagination.

The lesions of the Memory are described with difficulty. Since the integrity of that faculty depends most of all upon the Attention, it will be treacherous in about the ratio in which the faculty just named is dormant or otherwise. The maniac is for the most part absorbed in himself, and in mazes of his own planting: yet he is not necessarily nor wholly so. Besides Attention, Association is the other great guardian and foster-nurse of Memory. We have stated that that faculty is often specially diseased: where that is the case, and Attention flags also, the Memory will be deficient and unsound; but the argument does not tend to show that instances of great retentiveness will not be occasionally found. Now, a case has come under our notice which is readily explained by this rule. A man, we were informed, had two attacks of mania: of the first, he remembered every thing; of the second, nothing. We found, on inquiry, that which

was antecedently to be expected, that the former attack was not characterised by that self-absorbed state in which he lived during the second, seeing nothing, caring for nothing, hearing nothing but his own ravings.

The passions and desires, which, in a state of health, are opposed one to the other, are generally so deranged, that one shall predominate to the entire annihilation of the other, its normal antagonist,—or that one should be increased without disorder of the other,—or that one should be in excess or diminution only in respect of particular persons or things. Thus, some will unnaturally hate their relatives, and none other; or will be homicides generally—very misanthropes; bloodthirsty; some will fear excessively, either real or imaginary objects, or demons in particular; or as, poor creatures, they have said,—they fear! These states often lead to the detection of organic disease. Nor is the gloomy part of our spiritual nature wholly predominant: Marc relates, that a sportsman, receiving an hyoscyamus pill, imagined himself a fox turned out for sport. We question, however, the pleasure he derived from this. Some conceive themselves to be all-powerful—or

beauty impersonate—or the centre of all things. To these, all is joy, save only when their ruling passion is thwarted, or doubt of it is shown or imagined. The ecstasy ceases, and rage supplants it.

(b) Mixed Symptoms of Mania.

Ever restless, like his thoughts, the maniac paces to and fro; now stops, now advances; meeting obstacles, he turns him on his heel, and rapidly walks another way; all is energy, bustle, regulated confusion: there is ever an object, but the object ever shifts. Now he speaks, is now silent: but his vacant countenance tells the careful observer that all this action is not of reason: though so much is said and done, the features, even when in motion, have not in them the fire of healthy life. Sir Charles Bell remarks on this. "I have observed," he writes, "contrary to my expectation, that there was not that energy, that knitting of the brows, that indignant brooding, and thoughtfulness in the face of madmen, which is generally imagined to characterise their expression . . . . There is a vacancy in their laugh, and a want of meaning in their ferociousness." This state

is typical of the ordinary condition of the maniac; the paroxysms will hereafter be more particularly alluded to.

There is nothing more remarkable about the functions in which mind and body are obviously and intimately connected, than the entire indifference to sleep which some maniacs show. They will endure for many weeks, nay months, (Esquirol) without it. How this should be is unexplained.

All the senses are more or less perverted. Much has been said of the capability of the insane to bear excesses of heat and cold, and of cold especially: but this has been exaggerated. There is no uniform law; for, as some will have a sense of inward heat as of burning pain, will rub themselves with snow in ecstasy, seek cold air, and the like, so will some crouch by the fire-side, as they know well who have seen the insane in winter; yet, on the whole, it may be said, that they are more regardless of temperature than are men in health. There are other more unequivocal symptoms, showing that the nerves of sensation are over the whole body in a morbid state, from the distressing complaints that the maniac sometimes makes of his being



pinched, beaten, or otherwise tortured in various parts of the body or limbs.

The nerves of vision may be affected either at the periphery, or their centre; in the former case, by illusions generally; in the latter, by hallucinations.\* It would be out of place to enter into detail upon these two subjects, but one remark should be pressed for our present purpose, that the hallucinations and illusions of one truly insane are, to him, as realities; therefore, unless he be verging upon Dementia, his reasoning, as Mr. Locke and Mr. Erskine† have stated, may be perfectly accurate; nay more, subtle and ingenious; "their conclusions just, and frequently profound."‡

The sense of smell may be perverted: hallucinations are more common with it than illusions: an attentive observer may be aware how very vivid are the mental associations obtained through this sense § in a state of health; but it is not very frequently disordered in mania.

\* Esquirol, *Mal. Ment.* vol. i. p. 223; i. 159, *et seq.*

† Afterwards Lord Erskine. *State Trials*, vol. xxvii. 1314.

‡ *Ibid.* 1313.

§ The writer, walking through a London alley, after long absence from home, was much struck by the vivid manner in

I need not dwell upon illusions of taste further than to state their existence; they are very common, and form one of the causes why maniacs refuse their food. But no evidence could be obtained for our purpose by this means.

The auditory nerves are affected much in the manner stated of the ophthalmic, but at the central, probably, rather than at the peripheral extremity. In other words, hallucinations of hearing are more common than perversions of sounds heard; except in so far as vibrations striking upon the ear are suggestive of the hallucinations which at times of stillness also haunt the patient. This same phenomenon of false impressions conveyed by the auditory nerve, has been noticed in delirious persons, as is common in the "delirium tremens."

which "parentes et domus" rushed over his mind. Surprised at the intensity of the feeling, and desirous to ascertain the cause, he retraced his steps. Shortly he perceived the smell of new fustian emanating from a small shop door, where a piece was hanging. On one day in the year, clothes are distributed at his home to the poor, in large quantities. At that domestic scene he often had measured out many yards of the material in question. How mysterious and wholly unaccountable is the slender chain of association which this occurrence exhibits!

(c) Symptoms from the Animal functions.

Of the bodily state generally it may be said, that the hair is rough and dry, the face shrunken, the countenance inexpressive when compared with the energy of the body, the skin sallow, the muscles prominent.

The secretions are deranged: that of the skin has a smell not to be mistaken, so that it has been said that the odour of the bed alone will reveal the insane. This is not always the case. We know, however, that even persons in health, under some emotions, exhale from their skin offensive perspiration; and, considering how frequently the skin of the maniac is harsh and unnatural, the fact with them does not excite surprise, and should be carefully inquired after.

The saliva is often viscid.

The urine is not rarely scanty, and high-coloured.

The motions are irregular, sometimes dark and offensive; and generally, the bowels are costive: diarrhoea may supervene, and is a bad symptom.

The gastro-intestinal canal shows many unequivocal symptoms of irritation.

The tongue is furred; the appetite morbidly voracious, or its opposite, so that to refuse food

is very common with the maniac: else it may be depraved, so that all things are equally agreeable, or the reverse. Pinel, indeed, thought that derangement of the abdominal viscera was the general concomitant of insanity; and he was inclined to believe that malpositions of the intestines were constant; but no general law can be sanctioned on this head. Let it also be added here, that the catamenial discharge is frequently suppressed, and the mental disease aggravated at the menstrual period; that at child-birth the lochia are much disordered; that there is no failure in the power of sexual intercourse among men, but rather, often much desire.

In the paroxysms great muscular force is observed; and from a consciousness of power this is the more freely used. Resistance increases the fury, except an overwhelming force appear; then the cunning of the sufferer has the chief rule, and he generally remits efforts that must prove useless.

Concerning the circulation there is nothing distinctive that we can state. So variable, indeed, and so much past rule, are the physical changes, that, for fear of overstatement, we are

compelled to make negative, rather than positive statements. But the pulse is often languid, and slow; though Dr. Rush, and some observers, profess that it is so constantly accelerated, as to afford an excellent test of the disorder.\* On the access of "furor" the pulse quickens, the heart beats furiously, the carotids bound, the jugular veins are distended, the eyes are blood-shot, the temporal arteries are full, and the rigid tension of the muscles of the neck place the swollen blood-vessels in frightful prominence.

Such is, in outline, the typical idea of Mania; the jurist should specially gather from it—

That there are generally precursory symptoms, both mental and bodily;

That there is generally a gradual onset of the bodily symptoms, but that the first paroxysm may break out unexpectedly.

To describe the treatment, or mode of decline of the disorder, would here be needless; yet one remark is of pungent force for our present object; namely, that, with true maniacs, kindness and firmness are, to a certain extent, specific remedies; always, also, of more or less avail,

\* See p. 71 for our opinion upon this test.

we say not to cure, but to control or alleviate the disease: that it is so, is proven by the fact, that, in the large Asylum of Hanwell, there are times, we have heard, when not one is found under bodily restraint. The maniacs may truly say, "Tempora mutantur et nos mutamur ab illis."

There is, however, one class of maniacs whose symptoms vary much from the above, not only in intensity, but in kind; men whom, if love or hate could apply to such sufferers, one would hate; men who are as inferior in character to the true maniac "as the fiends in Milton to the great monarch of darkness;" mean, slinking creatures, irritable, mischievous, perverse, violent, loving evil apparently for evil, cowards, liars. Alas! alas! to pen such words of those whom the hand of our Heavenly Father permits, in His good will, to wander abroad sorrowing, and causing sorrow upon the earth

