Historical Landmarks in the Treatment of Insanity.

Alexander James MacGregor
M.B. C.M. (1888)

Kirkland House
Arbroath
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It is to probe into the beginning of Insanity would be to tackle a task quite as difficult as that of counting the sands of the sea-shore. We might, first of all, point to one of the earliest recorded cases— that of King Saul—and try to persuade ourselves that diseases of the mind must date from about that epoch in the world's history. But a study of those earliest records can only instil in our minds the assurance that Insanity, in some forms at least, must have been tolerably familiar to the royal physicians. There was a promptitude in the diagnosis, and a promise of certainty in the treatment, that bespeak in no uncertain voice a familiarity with like manifestations of mental aberration. Saul is told by his servants that an evil spirit from God is troubling him. "Let"
our Lord now command thy servants, which are before thee, to seek out a man who is a cunning player on the harp; and it shall come to pass, when the evil spirit from God is upon thee—that he shall play with his hand, and thou shalt be well." And what is the result? "It came to pass, when the evil spirit from God was upon Saul, that David took an harp, and played with his hand; so Saul was refreshed, and was well, and the evil spirit departed from him.

This illustration is of the utmost importance from the historical and the medical point of view. It is the earliest case on record, and from the exalted position of the sufferers one is quite entitled to infer that the views expressed illustrate the highest ideas of the time. The success that attends the treatment is most satisfying, and we are only left to express the wish that every case
of Insanity in the present day might be as promptly diagnosed and as successfully treated.

In olden times the popular ideas regarding Insanity took their origin from the superstitions of the time. To interpret these ideas correctly and come to a better understanding of the history of the people we require to ponder over their social condition. There was practically no literature, unless we look upon their hereditary stock as deserving of that title. Their narrative matter consisted of folksy talk. The people could neither read nor write — they could only see, hear, and tell. The poets were the only historians, and great events were pictured and celebrated in song. These songs received all the embellishments and adornments the poetical imagination could devise and laid the foundation of spee-
mythology. The numerous phenomena of nature forced themselves upon the attention of the people and some theories were required to explain the chain of events. What man could not understand must have a divine origin. This was pretty much the Sum of their argument and so gods of different degrees of power and greatness were recognized. Grote in his History of Greece says:

"The gods formed a sort of political community of their own, which had its hierarchy, its distribution of ranks and duties, its contentions for power, and occasional revolutions, its public meetings in the agora of Olympus and its multitudinous banquets or festivals. The great Olympic gods were in fact only the most exalted amongst an aggregate of quasi-human or ultra human personalities—daemons, heroes, nymphs, eponymous or name giving) senii, identified..."
with each river, mountain, cape, town, village, or known circumscrition of territory, — besides horses, bulls, 
dogs of immortal breed and peculiar attributes, and monsters 
of strange lineaments and combinations, for gons and 
harpies and chimeras' dire."
To put it briefly it was an age 
destitute both of recorded history 
and positive science, but full of 
 imagination, sentiment and 
religion, impressibility; and, 
mindful of these characteristics, 
we are better able to appreciate the 
true position of psychological 
medicine in those earliest times. 
The philosophers of antiquity looked 
upon the mind with feelings of 
superstitions came. They could not 
comprehend its varied phenomena, 
which differed so much from the 
ordinary attributes of matter; and so 
they fell back on their customary 
"dernier ressort," and ascribed all
they did not understand to the ageney, as Pael puts it, of some "indwelling principle, perfectly distinct in its essence, and infinitely more exalted in its origin and destination" than matter. Some contended that spirit was in itself essentially pure, immaculate, incorruptible, and therefore indestructible. The human mind, being a part of the divine mind, could not therefore be liable to diseases in itself: so madness was not really due to any imperfection of the soul proper, but was rather to be attributed to the innate fineness of matter. This class looked upon the body as simply an earthly temple for the soul, and to them body and mind were quite distinct. Another class of thinkers, while admitting the existence of an eternal good principle, which always remained constant in sum, but which was capable of being divided, maintained also the
existence of an Eternal evil principle, also endowed with the property of divisibility. The time-honoured theory of the transmigration of souls also lent itself to their many speculations, and served to make their varied theories more in accordance with the ideas of the times. The soul by such was looked upon as a sort of link between the material and the spiritual world. Different theories regarding the nature and causation of insanity therefore sprang up. Those, who maintained the purity of the soul, looked upon the influence of a diseased body as the probable cause; while those, who held the existence of an evil principle, pleaded the influence of this factor as the main cause. Two great classes of madmen were naturally formed (1) Those who come under the first category here mentioned. They would require medical treatment (2) Those of
the second category. They would require priestly interference. How strong the latter class must have been is shown by the people attributing certain powers of cure to different deities, e.g. Saturn was regarded as the sovereign power in melancholia. People suffering from all grades of this affection—from the mere melancholy mood to true melancholia—were brought to the temples dedicated to Saturn in hope of cure. I have heard one of the best known of our Scotch Asylum Superintendents of to-day express the opinion that these old temples were the best ideal of what an asylum ought to be. Charmingly situated, surrounded by grove and stream, and decorated by every device of art, everything seemed to whisper peace to the wearied, distracted mind. Games of all kinds were indulged in, there were recreations to suit every bent of mind; in point of fact, the whole programme seemed striving to uproot the evil influence in the mind.
Strange powers were attributed to madmen, according as the spirit that was believed to have taken possession of their mind was deemed good or bad. Some madmen were said to be heaven inspired. The mantle of prophecy had fallen upon their shoulders. A man in the full enjoyment of bodily and mental health had no right with divinely inspired and true prophecy: But, when the reasoning power was fettered by sleep, or alienated by disease, or by enthusiasm, the spirit prevailed, and the new gift was openly displayed. For when the god had fully entered into the body he gives power to the maniac to foretell what is to be. Such were some of the ideas held regarding insanity prior to the time of the medical patron of Hippocrates. The people's faith in the myths had long been absolute, and so long as they continued plausible they commanded belief. The poet as well as the prophet laid claim to inspiration. The goddess whom he invoked prompted all his utterances.
and his heaven-sent messages were implicitly relied upon. But a brighter day had slowly been dawning for Science. That great educative force—the Greek Epic—which had always taken for its theme the shadowy unrecorded past, began bit by bit to mirror on its surface the striking events that were taking place at the time. The passing events were carefully noted and duly recorded, comparisons were instituted, and the foundation stone of history laid. This great change had manifested itself slowly, and can be traced running through the eighth, seventh and sixth centuries before the Christian Era. It was naturally a slow movement, for all great reforming movements tend to be so. But the records of those ages were marking a literature and a history were forming steadily, and a spirit of true scientific inquiry was asserting itself by degrees. And so, when Hippocrates, one of the brightest stars in the medical firmament, rose
To manhood, he became enamoured of the new doctrines, and threw himself heart and soul into the work of knocking down the old superstitions; structure of beliefs, and of building up in its place one more in accordance with the prevailing spirit of inquiry. Socrates, one of his great contemporaries, had boldly struck away from the beaten path that assigned all natural phenomena to the agency of the gods. He divided such phenomena into two classes (1) where there was a distinct natural law in evidence, binding the antecedent and the consequent firmly together. This division according to Socrates was the special field for scientific inquiry (2) where there was no natural law in evidence, i.e., where the phenomena were due entirely to the agency of the gods. This class was the more important and comprehensive of the two. The gods obeyed no laws—there was no invariable link between antecedent and consequent (as in the former class) and the chain...
of subsequent events could only be anticipated by those who were able to interpret right some omen, or were gifted by the gods with prophetic inspiration. Socrates had undoubtedly deviated from the traditional path, and emancipated one class of phenomena from the despotism of the gods. But in the main he was still slavishly inclined, and so we look to Hippocrates to lead the way still further. The position taken up by him is briefly defined by Stoke in his History of Greece Part I Chapter 16.

"Hippocrates treated all phenomena as at once both divine and scientifically determinable. In discussing certain peculiar bodily disorders found among the Scythians he observes "The Scythians themselves ascribe the cause of this to god, and reverence and bow down to such sufferers, each man fearing he may suffer the like; and I myself think too that these affections as well as all others are divine: no one among them is either more divine or more human."
than another, but all are on the same footing, and all divine; nevertheless, each of them has its own physical condition, and not one occurs without such physical conditions. The great struggle between science and empiricism had begun, and Hippocrates grumbled to the teeth with his strong masculine genius, had boldly entered the arena and thrown down the gauntlet on behalf of the new faith. Surrounded on every side by superstitions, beliefs, and vulgar prejudices, sanctioned as they had been by the traditions of ages, the struggle must have been a hard and bitter one. But genius finds its true habitat in such an atmosphere, and the very difficulties and obstacles that would have crushed ordinary powers only served to stimulate and foster the growth of the new scientific tendencies. 

Hippocrates did not banish the idea of a divine providence altogether from his beliefs. Paul, in the introduction to his Treatise on Insanity, tells us
that in the strides of persistence and
the revolutions of states and empires,
Hippocrates saw the movements of deity,
and adored the hand that swung
the awful sceptre. But any interference
in the ordinary functions of the
human system, in individual cases,
was in his estimation, embecoming
the exalted position of the Sode, and
as the disorders which it was the fashion
to ascribe to supernatural agency might
be explained upon natural principles,
it appeared to him unnecessary to admit
the interposition of Mars, Hecate or Apollo.
True art is destructive, and then it is
constructive; and so, sooner, does
Hippocrates rage the old theories to the
ground than he set about building
up new ones to supersede them. In
furnishing the requisite explanation,
he advances a theory of the proximate
Cause of Insanity, that accords with
the general principles of mental
pathology. This was rendered necessary
by the importance attached to the
Physical conditions underlying the various disorders of the mind. As the humoral pathology was a dominant power in medicine for many centuries, and as its bearing on insanity in particular was generally accepted by the medical profession, a short description of it, as culled from the pages of Pinel, might not be out of place here. "The pineal is the Brain as the organ of understanding," and adds "That organ is susceptible of various states in respect both to consistence and temperature. It may be hotter or colder, harder or softer, more or less humid. Bile is the heating principle; phlegm the cooling principle. From the supposed analogy between the turbulences of the passions and the rapid movements of the elements of fire, the bile or the heating principle either admixed in too great a quantity with the internal mass of blood, or conducted to the brain in distinct vessels be deemed the proximate stimulant of that organ in mental derangement, accompanied..."
by extraordinary turbulence and 
ferocity. The yellow bile he considered 
merely as the cause of irritability, high 
spirits and extravagance; but when the 
black bile ascended the chambers of 
the thinking organ, it roused to action 
the darker passions of suspicion and 
jealousy and hatred and revenge.

Pituita on the other hand, possessed 
of qualities diametrically opposite 
to those of the bile, he supposed to 
operate as a sedative principle to 
 diminish the energy of the sentient 
and intellectual faculties, and to 
act as the proximate cause of insanity, 
attended by great depression of spirits, 
by fears and anxieties from imaginary 
causes, or by silent solitude or muttering 
despair. "The brain was the organ that 
enabled man to appreciate joy or 
sorrow - to discriminate between good 
and bad - to acquire wisdom and 
knowledge. To do those things right, 
it must needs be in a healthy condition. 
An excessive degree of moisture or humidity
was sufficient to disturb its equilibrium and to upset its normal working powers. The condition of the blood as to heat or cold was another important factor in the production of madness. This line of reasoning naturally provoked bitter opposition. Insanity had been so long vested with a supernatural origin, and so offered a wide field for the practice of quackery, both on the part of laymen and priests, that we cannot be surprised at the disfavour with which it was regarded.

It had however a definite and a truly legitimate aim — to trace out the physical causes associated with the brain disorders — and for this, if for no other reason, it deserves our consideration and respect. The humoral pathology has now been relegated to the category of things past for many many years, but for nearly two thousand years it claimed support from the rank and file of the profession, and many of the most honoured names of medical history lent it the prestige of their advocacy. Although its day of
power may be over — although the pathology of those obscure mental conditions, as suggested by Hippocrates, has lived its day and died. Yet there was in the very attempt made by this Father of the profession, a something, that despite its own intrinsic failure, has served as a stepping stone to higher things. The term melancholy applied to one of the two great classes of insanity, recognized by the ancients, simply means Black Bile. It is derived from two Greek words, μασχαράς (black) and χολή (bile) and despite the fact that the theory that gave rise to the title is no longer believed in, the term still is and probably always will be retained in the phrasology of mind disease. All forms of insanity were easily explained by the supporters of the bilious theory. Variations, degrees of density, temperature, consistence, colour, opacity, putrescence, or any other quality of the bilious humour, which theorists might fancy were supposed, and if the explanation thus afforded did not seem sufficient, the opposite principle
the pituita was called into play. The
two (bile and fetus) could be blended
to any given strength and any combination
of symptoms could thus be explained
theoretically at least. Other theories had
their own supporters e.g. some thought
the bile capable of setting up a kind of
combustion in the abdominal visera
and the vapours there generated, finding
their way to the brain disturbed it and
set up in it the "commotions of insomnity"
The spleen too was looked upon as a
link in the chain of causation, and
so the term splenetic has wormed its way
into our vocabulary, and is used to
this day to describe a person who is
usually foetid or hypochondriacal.

Another class of men who did not
accept the bilious theory, advanced in
its place the doctrines of general and
typical plethora. These were fairly well
supported. Hippocrates himself refers to
them and admits their applicability to
some cases. The principal advocate of
this School however was Alexander
Praxiomenus. Other, chief among whom was Galen. Aurelius suggested that insanity was the result of a "twisted structure of the brain or of other parts connected or connoted with the function of that organ." There was no lack therefore of theories in these older times, and insanity once it had emerged from the domain of superstition, seems to have become quite a recognized study with many leaders of the profession. The different methods of treatment fall to be discussed later.

The methods of classification adopted are interesting to review. Generally speaking, the Greeks recognized two great classes:

1. Melancholia
2. Mania.

We have already shown what Melancholia means and how it fits in with the Bilious Theory. Mania has quite a different origin. It is strictly speaking not a pathological term, but a descriptive term. It is derived from the Greek ναία, madness, which in its turn comes from ναί, ναία, "rags or rave, and seeks to picture the bodily
And mental excitement, the raging and
raving, and not to suggest a probable
cause. Hippocrates is said to have
recognized a third form of madness which
he called \textit{dypaevia}, meaning dementia.
This is the goal towards which all forms
of Insanity tend to drift, for it lurks as
a possibility in every case of mind disease.
In maniacal and melancholic cases alike
we have at least the germs of dementia,
and they only await favourable circum-
stances to grow and assert themselves. One
of the great aims of modern treatment
is to turn the patient off this downward
course, and beat back the probability of
this progressive mental engulfment. A
dement is one of the saddest pictures in
the world's gallery. See him as he sits with
his head hanging heavily on his breast,
his arms drooping listlessly by his side,
the saliva trickling out of his mouth and
flowing down on the childlike expression
to a face that once shone with the light
of reason. But the glimmer has been
snuffed out, and the face is left dark and
expressionless. All interest in life and its belongings has gone—there is still life, but it is a blind mechanical life, utterly without soul. How sadly different from that man, made in God's own image, formerly known to us! Deprived of reason he has fallen from his high estate to the level of the brute creation. If there is one thing more than another that ought to spur us on to a better study of this class of ailments, it is the sight of a fellow man sunk to this lowest ebb of humanity. How often might such a case have been averted from the downward path had a proper recognition been made of the bearings of the disease in its earliest stages, when above all times it would have been amenable to treatment. I have known a man suffering from profound melancholy with deeply rooted delusions allowed to shut himself in a small room for four months. His medical adviser had had no experience of such cases, so the poor fellow was permitted practically to starve himself, and by so
Going to foster and feed his delusions, and his disease. Fresh air and flattering food, Dr. Cimon tell us, are of sovereign power in such cases, but neither had been enforced; and when I saw him first, I found a haggard spent man, lying in bed with his hands clasped in prayer, bewailing his own deep distress, misery his utter, lost condition. He heeded nothing that was said to him, for so much wrapped up was he in himself and his delusions, that he seemed incapable of seeing or hearing anything external. He was sent to the County asylum at once, & there, thanks to the influence of generous stimulating diet, combined with plenty fresh air, exercise, and tonics, and the total change of scene and surroundings, improvement quickly set in and a few months saw him restored to his family, to be once again its honoured head.

While Hippocrates seems to have recognized three distinct forms of insanity, many of his contemporaries and successors looked upon the three forms as
practically different stages of one disease. Melancholia was looked upon as the early stage of mania, and dementia was simply the later stage of mania. Others again, maintained the existence of only two forms, melancholia and mania, which they held to be quite distinct from each other. Galen of Pergamum went still further, and drew a firm line of demarcation between the two classes. He affirmed melancholy to be, not so much a disease of the brain as an affection of the abdominal viscera, especially the stomach. This view was no doubt suggested by the frequency of the hypochondriacal delusions which mark so many cases of melancholy. Mania however he did recognize as a disease of the brain. The classification of the insane among the ancients was very simple; therefore, and contrasts very forcibly with many of the elaborate schemes devised in later times.

**Ancient Treatment**

[The treatment]
of the mode among the ancients is a subject of much interest. So many theories have been enumerated — theories too so utterly at variance with each other that one would expect very different lines of treatment to have been followed by the different classes of theorists. One cannot therefore refrain from expressing surprise at finding practically the same treatment adopted by many who held opinions as to causation diametrically opposed to each other. In point of fact many of the details of treatment then carried out still form part of the armamentaria of the alchemist physicians of today, although no one who knows aught of the progress of medicine would think of applying the physiological or pathological principles of the ancients to the treatment of disease in the latter half of the nineteenth century. It is indeed a fortunate thing for medicine generally, and for this
Special field in particular that the same treatment may often be adopted from quite different physiological data, and that the action of any given drug is not directly influenced by the theories and speculations of the prescriber. We have referred to the strong place according to the gods in the causation of insanity. The question of divine interference therefore becomes quite intelligible in the treatment. The bringing of lunatics to the temples of the gods, and the many rites then performed, have been already alluded to. The priests were looked upon as the great intercessors in cases of possession, medical treatment was considered useless, for spirits, good or bad, were beyond the pale of medicine, and fell naturally within the province of the priesthood. The chief therapeutic measures made use of by the priests were "Strong antispasmodics, the charms of music,
or the excitement of profound Somatic' (Pind. page 236). Music with its 'charms

to soothe the savage beast' was a
favourite remedy, especially in
melancholic cases. We have seen
its application and the striking
success that followed in the classical
case of Saul. In the temples of Egypt
melodies were of werteful music
played an important part in the
programme of treatment. Aelopidado
was a firm believer in the healing
power of music and advocated its
use very strongly. But prominent
place as music must take in the
treatment of insanity in those days,
it must be ranked much lower than
Hellebore, which was considered by
all classes as the sovereign remedy.

Democritus in his correspondence
with Hippocrates mentions Hellebore
in a way that reinforces the belief
that it formed part of the routine
method of cure. "I am persuaded
be writes" that if to me I'm should
five Hellebore to drink as to the insane it would be right that the insane should escape it, and according to your art you would have blamed it as being itself the cause of madness for Hellebore when given to the sane pours darkness over the mind but to the insane it proves very profitable (Works of Hippocrates, Frankfort Edition). Hellebore acts as a smart purgative and emetic, and its evacuant properties would be deemed equally suitable by those who supported the bilious theory and those who regarded plethora as the proximate cause.

Mandrake, the Mandragora officinalis, of botanists was also very much used. This plant was deeply rooted in the superstitions of the time. According to the old magicians its form resembled that of a human being, no one who valued his life would venture to pull it from the ground, for just as its roots emerged from the soil, it was reputed to give
utterance to a strange shriek, which was the death-knell of the unfortunate person who had presumed to uproot it. When the process of uprooting had to be done, the custom was to tie a dog to the plant, and the necessary sacrifice of life was thus made. The main action of Mandrake was narcotic or sleep producing. This effect is referred to by Shakespeare when he says: “Give me to drink Mandrake root, that I may sleep out this great gap of time.” In small doses it had an exciting and irritating effect. It was given in large narcotic doses as suicidal mania, maniacal paroxysms etc., when sleep was deemed necessary. Other general measures to be detailed later were adopted when morphines had to be used, but drug treatment had also its place. Hyoscynamus and preparations of Opium were also made use of. Both of these drugs have played important part in asylum treatment.
of later times. The two active principles of Hyoscyamus Niger have both a high place accorded to them in the treatment of maniacal paroxysms. Hyoscine in doses of \( \frac{1}{2} \) to \( \frac{1}{3} \) drachm administered hypodermically throws an acutely maniacal case over in about half an hour, and a good sleep of six to eight hours follows. In plethoric cases where the head was thought to be engorged with venous blood, bleeding was the favourite practice. Asklepiades, however, studiously maintained the exhibition of narcotics and bleeding to be alike prejudicial, so his treatment is cast on different lines. Dr. R.N. Take tells us that he sought to induce sleep by carefully restricted diet, warm baths, regular exercise, abdominal massage, and music. If the patient lost very violent some form of bodily restraint or tried Cornelius Celsius, a Roman physician of the time of Tiberius, is another whose treatment was sufficiently distinctive.
to entitle him to claim notice to-day. Pinel lauds his work and claims for him the proud position of being the first one of the ancient physicians who incorporated "with his other indications of cure any practical directions in regard to the moral treatment of lunatics" (Pinel, Introduction, p. 44). But Dr. D. R. Tuke, in his resume of ancient treatment, thinks the merits of Pinel have been overrated. He maintains that the measures adopted were harsh and often unnecessary. The study of insanity had made giant strides, however, between the time when Pinel published his treatise (1806) and the date when Dr. Bucknill and Tuke added their classical textbook to the library of medical literature (1857). A half century of progress had to be recorded, thanks very largely to the philanthropy and genius of the celebrated French physician, and to the awakening up of public opinion in our own country. Asylums, true places of refuge for wandering minds, had superseded the
old prisons, and the fetters that bound, moved with compassion for his fellow men, had struck off from the links of the poor lunatics at Bicêtre, had gradually dropped out of use and out of date. The governing minds no longer looked upon chains as necessary adjuncts of treatment— the rigours of asylum life were greatly relaxed— and Dr. Tuke, educated in the improved school, would naturally be expected to look on the rigorous lines of treatment adopted by Celsus with a more severe eye than Vioel, whose lengthy experience of insanity had been associated with the miserable clank of chains.

Celsus seems to have had but faint scruples in regard to the use of restraint in cases displaying violent tendencies. Dr. Tuke says (p. 21) "he deemed it proper however to subdue those by a very compulsory treatment. Their audacity must be coerced and they must be brought to submission by blows, as in the case of anyone else who requires
restraint, excessive mirth must be checked by scolding, if conciliatory measures fail. Patients must be cured by some kind of torment; thus should they be detected in falsehood or deceit they must be hungered or bound in chains or flogged. The whole idea in such cases seems to have been to overcome. Anything that would violently disturb the mind, might be calculated to have some effect—if it might be bad, it might be good! Leclerc differed from the teaching of his master Acéphades as much as he strongly advocated bleeding. Cupping of the head was resorted to as a means of inducing sleep. In his treatment of melancholic cases we get a better glimpse of the moral treatment lauded by Pinel. The harsh vigorous measures meted out to maniacal cases were no longer considered suitable, and a kinder and more sympathetic plan of action was indulged in. He longer under the influence of apprehension from the
violence of the patient, Celsius directed that fear should be removed from his mind, and cheerful hopes excited; pleasure being sought in fables and sports, and whatever else might be conducive to health. Patients are to be judiciously encouraged in their several occupations and their fanciful fears are to be lightly reproved. (P. B. 1st p. 22). Various devices were resorted to in the hope of wakening up the slumbering powers of the mind, e.g. reading aloud to the patient, more or less flattering errors were frequently made in the hope that he would be tempted to correct them, and so exercise his attentive and thinking faculties. This form of mental gymnastics seems to have recommended itself strongly to many of our old physicians. Of course the exercise had its physiological limits, and care was always taken that the mind was not wearied and fatigued with it.

Of all the ancient writers, however
who have left in their writings details of the treatment of mind disease Coelius Aurelianus takes pride of place. His treatment of acute cases, especially manicidal, was far in advance of the methods adopted by Celosus. The close confinement recommended by the latter was heartily condemned - the abstinence system was shown to be physiologically incorrect - fetters and chains were regarded as hurtful, serving as they did to irritate and incite to fury, rather than to calm - while the use of stripes as curative agent was strenuously objected to. Excessive violence called, according to Coelius, for an increased staff of attendants who were taught individually the great benefit likely to accrue from a display of sympathy (blended of course with the necessary firmness) towards the patient and his weaknesses. If necessary the patient was padded with moistened wool, to protect him from bodily injury, and he was put
in a simply furnished room, moderately warmed and lighted. Only when these kinder measures failed to achieve a quickening and restraining influence on the patient, did the possibility of harsher measures present itself for consideration. Coelius looked upon the meninges of the brain as a common seat of the pathological processes to be found in insanity, and therefore in chronic cases he blistered and fomented the shaved head. Sometimes he advocated shampooing, and friction of the head for the same purpose. Venoms, injections into the ear, were also tried in the hope of improving the meningeal affection. Exercise suitable to the stage of the malady, and nourishing diet, were also attended to, and helped to complete a plan of treatment, at once moderate and rational in its tone, and thoroughly physiological in its principles. Throughout Coelius shows himself sympathetic and in close touch with his unhappy
patient: Right with him was right, and his measures, contrasting favorably to and do with those of Cleus, have suggested a great deal to the alienist physicians of later times. Bleeding was only to be used in acute ophthamic, manicidal cases, here in melancholic cases.

Aretens describes in his writings the treatment of melancholia. Recognizing the liver as the "fountain of the blood, and the source of the formation of the bile, both which are the philtre of melancholy," he turned his weapons of cure towards that viscera. Bleeding in moderate amount from the right elbow was the place of treatment advocated. This was supposed to relieve the liver. He compelled his patient to fast for a time and then administered Helleborus as an evacuant. Then came baths followed by cupping over the Right Hypochondriac and Epigastric regions, and this was supplemented by doses of aloes given
repeatedly. Also be believed to be the "important medicine in melancholy, being the remedy for the stomach, the liver, and the purging of bile." Medip. p. 28.

Not mineral bath and general measures, such as suitable exercise and diet were prescribed in the convalescent stage. Galen is the last of this aristocratic brigade, whose remarks on this subject deserve to be cited. He was not a distinguished specialist in this line, or rather, his own studies in insanity were not sufficient to procure for him the title of alienist physician; but his general accomplishments in medicine and the very high position he so worthily filled in his time, together with the great influence his teaching had on the profession generally, serve to make the views he entertained on disease of the mind interesting to us today.

In many branches of his craft Galen was a disciple of Hippocrates, but in no branch did the influence of the patriarch reveal itself more strongly.
then in that of insanity. The humoral
pathology, shown as it has been to be
sufficiently plastic theoretically to be
capable of stretching to meet the stress
of any circumstances, was accepted
by Salern and regulated his course of
treatment. The appropriate blending of
tripe and phlegm with the preservation
of a just medium between these opposite
qualities in the blood constituted the
chief aim of his medicinal measures.
The condition of the blood was the best
guide, and so we find him advising
that in cases of "melancholy blood" vinos
bleeding should be resorted to. The
amount of bleeding was made dependent
on the condition of the patient partly,
but chiefly on the appearance of the
blood. In describing this melancholy
blood Dr. Tuke quotes that it is a
condition of the blood "thickened and
more like black bile which indeed
resembling to the brain causes melancholy
symptoms to affect the mind."
I have now passed in brief
review the chief methods of treatment prevailing among the ancients, together with their chief views regarding the nature of insanity. I have sketched the pathway of progress from the old superstitions days, when the influence of the gods was paramount, to the time when science as a weak stripling entered the field and sought to dispute sovereignty with the reigning power. Cheered and spurred on by the labours of Hippocrates, Isclepides, Celsus, Coelius, and all the other members of the progressive army, science looked as if it would win the day; but as yet the battle was only in its opening stages. The struggling of the scientific tendencies to assert themselves in the every day work of the medical profession had evolved higher aims and much tangible good. Mental phenomena were no longer looked upon as the exclusive expression of power on the part of the gods - the belief prompted
by Hippocrates that the condition of the mind depended on the condition of the body, and that consequently disease of the mind had a physical origin had taken firm root and improved methods of treatment were the natural result. So far everything looked hopeful and encouraging. The seed had been planted and all that it required was the kindly influence of favourable circumstances to spur on its growth. Would that we could chronicle a steady march of progress and could lay the flattering impression on our souls that the good work begun by those old fathers was supplemented and added to by each succeeding generation! But the ages that followed were dark ages indeed for those bereft of reason - the promised progress proved to be but a hill o' the wisp and the pages of history for centuries reveal retrogressive rather than progressive tendencies. Superstition never dead.
resumed her away, and the old ideas about demoniacal possession took
a new lease of life. The sympathy
and humanity that showed them-
selves creeping into the later methods
of cure, were for the time being crushed
and were replaced by cruel neglect,
stripes, and generally speaking fear
inspiring methods. Referring to
Insanity of a much later date Dr.
Conston in his article on insanity
in Chambers Encyclopaedia tells how
cruelty neglect, stripes and torture,
without number were the ordinary
means of treatment. Cullen reputed
to have prescribed his lashes in the
same way that one would prescribe
medicines. Among the other instru-
matic torture sanctioned by medical use
Dr. Conston enumerates “surprise
bathe, in which patients without warning
plunged and kept till they were nearly
drowned and chais, in which they
were rotated till they faint.” What
the same eminent authority calls the
"new era of humanity, skill, and science for the insane" did not dawn till nearly the end of the eighteenth Century. At that turbulent period in the history of Europe the energies of two men, Pinel in France and William Tuke in England, became directed towards the alleviation of the lot of the insane. The different parts these two contemporaries played have helped so much to modify the subsequent history of insanity that no excuse is needed for seeking to enter on a short consideration of their life's work.

Let us consider the position of Pinel in this respect first. In the second year of the Republic he was appointed Superintendent of the Asylum of Bicêtre. This was the asylum in Paris set apart exclusively for males. For some years previously he had studied diseases of the mind in Paris. Keenly interested in this class of ailments he eagerly embraced the opportunity afforded him of coming into practical
Contact with its infinite varieties as displayed in the richly stocked clinical field of Bicêtre. An asylum from an almost physician's point of view may be regarded as simply a concentration of energy. All forms of insanity are represented in such a place, and Bicêtre Therefore was just the sort of field in which Prieur wanted to exercise his powers of observation in. The stirring events of the French Revolution with all the fierce feverish excitement they tended to produce reacted on the lively sensitive French nature, and hurled many a mind from the platform of sanity.

Material therefore there was in abundance, and all it wanted was the skilled hand to weave it into definite shape. When Prieur took up the reins of government he found everything in chaos and confusion, and he had to turn his attention towards the reduction of this conglomerate mass of wrecked
intellect to something akin to order. The classifications then recognized were chiefly those of Sauvage and Cullen and Pritch in one of his opening chapters confesses that the arbitrary distribution they adopted were more calculated to "impress the conviction of their insufficiency than to simplify his labours." Sauvage gathered insanity under the class title of Viscanics and then subdivided this into the sub-classes Hallucination, Incoherency, and Delirium. Cullen marshalls all mental diseases under the order Viscanics which he defined to consist in impaired judgment without pyrexia or coma. This order he next subdivide into four genera Amentia, Melancholia, Mania, and Oneirodynia. So far his classification was considered good. But, when he began to subdivide those genera into smaller groups he forsook his old landmarks, external and sensible signs, and soon he is found at sea, out of his reckoning. He recognized Amentia
as being of three kinds, confusional, acquired, and senile. Melancholia in its turn is split up into eight chief varieties—mania into three (mental, corporeal, and obscure) and oneirodynia is made to include nightmare and somnambulism. This method of classification was too unwieldy for general use so Pinel rejected it and set about building up a classification of his own. This was chiefly symptomatic and was eminently practical. The old Greeks, as we have seen, recognized three forms—Melancholia, Mania, and Dementia. Pinel went further and recognized five classes as follows.

1. Melancholia: This he defined as a delirium on one subject only and usually associated with "habitual depression and anxiety, and frequently a morose-ness of character amounting even to the most decided misanthropy and sometimes to an invincible disgust with life."

2. Mania without delirium.
definition of this is as follows—"It may be either continued or inter-
mittent, its sensible change in the
functions of the understanding; but
perversion of the active faculties,
marked by abstract and sanguinary
fury with a blind propensity to
act of violence." This class Publication
was the first to clearly differentiate
from mania with delirium. The
two had generally been run together
as one class. The three cases he
cite, in his treatise to strengthen his
argument for the division of mania
into the two varieties (a) without
delirium or impairment of reasoning
power (b) with delirium are well
chosen. The illustrative of a familiar
type of insanity. This is a form of
insanity that proves a great source
of wonder to the lay mind. A man
shows himself capable in every depart-
ment of his business, enters into and
conducts transactions with failure of
which would imperil his position in
life, and perhaps involve him in utter ruin. Such conduct would seem to be a thorough test of insanity, and yet that man may be all the time on the brink of a precipice. Some trivial action may stir his slumbering insanity into active being, and in the ungovernable fury that follows too sure proof may be given the madman's power. The fit over, the man betrays every symptom of remorse for his dire deeds. For the impulse of insanity has expended its force, and the mind is once more sane.

Mania with delirium: "This form is either continued or intermittent with regular or irregular returns of the paroxysms. It is distinguished both in respect to the functions of the mind as well as those of the body by a strong hervous excitement and marked by the absence of one or more of the functions of the understanding, accompanied by the emotion of gaiety, despondence, or fury."
IV. Dementia: "Rapid succession of uninterrupted alternation of insolated ideas, and evanescent and unconnected emotions. Continually repeated acts of extravasation. Complete forgetfulness of every previous state: diminished sensibility to external impressions: abolition of the faculty of judgment: perpetual activity." p. 164. Here the mental powers are weakened: there is loss of inhibitory power, giving absence of control over conduct: there is also loss of memory and consequently no powers of judgment - no link of association to bind the different ideas together.

V. Ideation: This is merely the latter stage of dementia according to modern ideas. It is the complete or nearly complete obliteration of the intellectual faculties or affections. They are the total wrecks of humanity and at Bicêtre we are told they constituted one fourth of the total number of cases. It might be interesting to give here statistics of two hundred cases as
cited by Pecul himself (Page 173)

1. Melancholia 27
2. Mania without delirium 15
3. Mania with delirium 80
4. Dementia 18
5. Idiotism 60

Total 200

In addition to these five classes, Pecul mentions insanity complicated with epilepsy, but looks upon it chiefly as a complication of his third, fourth, and fifth varieties.

This classification is much simpler therefore than that of Cullen, and being founded on the actual observations and facts collected by Pecul himself, it is essentially practical. Before another generation had passed however Esquirol his illustrious pupil had improved on it any materially. But in judging of the merit of Esquirol's work we should not allow ourselves to overlook the influence of Pecul's teaching.

When we turn our attention to the
lines of treatment that influenced the practice of Pinel, we soon discover the essence of his greatness. Herein lies his claim on posterity. Before his day the methods of all were harsh and crude. Asylums were inhuman prisons where insanity could be housed and hidden, if cured; and where death alone liberated the sufferers from torments. Pinel relates how in all cases of excessive excitement of the passions, a method of treatment simple enough in its application but highly calculated to render the disease incurable had been adopted from time immemorial:—that of abandoning the patient to his melancholy fate as an unmitigable being—to be imured in solitary duriancse loaded with chains or otherwise treated with extreme severity until the natural close of a life so wretched should rescue him from his misery and convey him from the cells of the madhouse to
the chambers of the prize" Pioel. p. 82.
Books on insanity boasted an enormous
catalogue of "powders, extract, juleps,
electuaries, draughts, and ointments"
—indiscriminate blood-letting which
resulted too often in profound anemia,
with consequent deterioration of brain
issue, was the common practice. The
depressive changes thus hastened in
the brain did not halt on their downward
course in many cases until the mind
had tottered on through dementia
to become strangled in idiocy. Cells
where the light of day was almost
unknown, enrobed them; and fetters
bound the patients within the narrow
compass of their chains, and goaded
what spirit remained in them to
furious madness. Their jailers too
often were men of coarse brutality,
who looked upon cruelty, blows, and
other indignities as only the just
heritage of the insane, for sympathy
and feeling were alike unknown
to these human watch-dogs. The
food doled out was sufficient neither in quantity nor quality for the excessive demands made on their metabolism by the excitement under which they laboured, by their repeated injudicious bleeding, and by the purging to which they were so often subjected in the course of treatment. When we consider, too, how these methods had been hedged in by tradition, and fostered by custom and wont, we can form some faint idea of the noble work of emancipation which set himself to achieve when he boldly struck off the fetters from the limbs of his patients, and sought to demonstrate that even in this wilderness of mind, the power of an intelligent sympathy could take root, grow, and in its proper season bear fruit.

The first essential of his treatment was the thorough equipment of his staff or as he called it system of police. All forms of cruelty were to be sternly suppressed, and no
attendant dare strike a patient. Even in self defense. Delusions were not to be blindly opposed, neither were they to be inconsiderately encouraged. Each attendant was expected to display an active sympathy with his charge. Chains were abolished and the strait waist coat superseded them as means of restraint. Confinement in dark cells, although still necessary in some cases, was no longer the rule. Each case was to be studied on its merits and the history, along with the progress and termination (if possible) entered up in a regular case book. This helped him in his classification, and enabled to place the different cases in their proper groups. The importance of this becomes evident later, when his method of classifying the different types of insanity is discussed. The melancholies were put in a light cheerful part of the building, where the blythesomeness of their
Surroundings might be expected to brighten their spirits and not to deepen their gloom. Working in the garden was prescribed, for a strong belief existed that nature had endowed agricultural and horticultural work with a soothing influence over many setting moods. Cases of acute mania on the other hand were to be confined in the darker and more secluded parts of the establishment where their ravings and ravineys would be audible only to their own class, and where nothing in their surroundings would serve to irritate and so keep up or prolong the outbreak. Such cases were to be liberally, for nourishment was of the first importance, if the attempt made to move them through their storm were to command success. The substitution of the strict waistcoat for chains rendered a certain amount of exercise permissible and this helped
to calm their excitement and was also conducive to better sleeping powers.

In cases of periodical mania, when the acute attack had passed off, Pard transferred them from their isolated quarters to the more inspiring companionship of the convalescents. Here suitable work was provided outdoor, and each man found his own bent encouraged. Vacancies in the ranks of the attendants were also filled up from the convalescents, so that a patient, hearing absolute recovery had before him the hope of definite employment, dementos and idiots had their various wants attended to, and where the case permitted some manual occupation simple in its routine was enjoined. Epilepsy was regarded as incurable, and the sight of an epileptic seizure was calculated to have a bad effect on the other patients, so epileptics were strictly
isolated. The chief indications of management in such cases were the prohibition of all things likely to have a strong emotional effect - the guarding as far as possible of the patient from hurt by falls etc. - avoidance of errors in diet - and indulgence in suitable exercise. Such is a brief sketch of some phases of the improved regime advocated and practiced by Salen. The preservation of strict order and discipline was compulsory. The idea of superior force was necessary if only to enforce authority. This principle is very important in the treatment of the insane. The following illustration will explain its application.

In the Tufts and Meehan Asylum, one of our female patients, a tall, gaunt-looking woman occasioned as little bother to her attendants by obstinately refusing to take her dinner. Two attendants tried their level best to induce her to take it, but she was too strong for them, and for a few
days the waiting plan was adopted, in the hope that hunger might madden her obstinacy. The good result was likely to follow, so the matron whose experience of asylum life extended over many years determined, with the full concurrence of the medical superintendent, to have recourse to a simple remedy. One day at dinner time, therefore, she invaded the patient’s sanctum with an army of five attendants. The dinner was brought in, &hip M — was informed that she must take it. In case of resistance, the attendants had come to carry out any necessary orders. For a moment a look of angry defiance swept across the woman’s face, and quite evidently the idea of resistance suggested itself. A struggle however in which she would be overcome was so very much impracticable, and defeat at the hands of inferiors would be so falling to her pride, that she hesitated, turning her scornful glance on the attendant-host, betrayed unmistakably her line of reasoning by exclaiming “One,
two, three, four, five, I'll take my dinner."
There were also cases where it was deemed judicious to inspire fear—but such were very exceptional. Kind and sympathetic interest was combined with inflexible firmness. Solutions were neither to be thoughtlessly encouraged nor thoughtlessly contradicted: when the moment seemed favourable, they were to be reasoned with, and healthier trains of thought suggested. A moderate amount of recreation was to be indulged in, and suitable work prescribed for each patient. At the same time all physical ailments were to be carefully treated. Still strongly deprecated the never failing bleeding, altho he did not banish the lancet altogether from his weapons of attack. Acute Phthisic Cases he sometimes hit with manifest advantage, but such cases were not very common. The time honoured Felletbone had fallen somewhat in popular
estimation but the principle its use involved - evacuation - was still rigidly adhered to. Thanks to the ever-widening researches of Botany and Chemistry, the category of purgative and emetics was an increasing one and Sellebore fell into disrepute for the simple reason that the Pharmacopoeia now boasted many agents that combined the same desirable effect with less disagreeable accompaniments. When premonitory symptoms told of the coming storm in maniacal cases a “purgative of salt dissolved in a decoction of indigo” was invariably given at Bicêtre, and generally good results followed. In the declining stages of maniacal paroxysms a spontaneous burst of diarrhoea was considered in many cases to herald recovery. The use of camphor and opium as antispasmodics did not find an eager supporter in Finkel. As contemporar...
the habit of using these remedies in all forms of insanity and so the results obtained were very contradictory. What Paul pleaded for in regard to their use was that to obtain certain and definite results, the specific distinctions of insanity must be better attended to. The combination of opinion and Burke however as a tonic in melancholy marked by profound depression and in accidental idiocies consequent upon a too active treatment of mania found special favor in this light. Bathing has always been much practised in the treatment of Insanity. In olden days van Helmont caused his patients to be surprised by unpremeditated force and plunged into a cold bath. Here they were kept struggling and fighting until they became exhausted and blissful unconsciousness supervened. The effect sought by this heroic treatment was the interruption of the shock of the chain of ideas, and
the obliteration of their extravagant delirious ideas by the production of the unconscious state. Usually, however, the mind, awakening from its forced sleep, betrayed the existence of the old delusions in all their strength and vigor. Warm baths and cold baths had formed hobby-horses for the alienist physicians of all ages to ride to excess and what was strenuously required to suppress their use was a fuller knowledge of their therapeutic effect on the human system. Piel knew full well that bathing was a valuable means of treatment, and he prescribed warm baths, cold baths, surprise baths, and shower baths when he thought them necessary. But he also knew that too much warm bathing was very weakening—too much cold was risky even to strong constitutions and hazardous in the extreme to delicate ones—that shower baths and surprise baths were capable of
producing a shock reaction on the body, but that this effect had its physiological limits. Surprise baths he said should only be resorted to when the case has become almost hopeless and where other remedies are ineffectual." Plenty fresh air, food nourishing diet, exercise and work, assisted by the use of medicinal tonics, helped to complete the re-building of these weakly mental constitutions and to return such as were able to their homes in restored mental and bodily vigour. Those whose cases were beyond cure and whose minds disease rendered their claim for the fuller rights of citizenship indefensible were properly cared for and their various want were thoroughly superintended. Since D'Arcy's day the treatment of insanity has truly progressed, but this onward march has only been part of the general advance of medicine. Physiologists and pathologists have enriched our
Knowledge of disease, and their ancillary labours in this especial field of inquiry have borne great results. Generation after generation, profiting by the labours of its predecessors, has climbed one step higher up the ladder; but one of the greatest steps yet taken was that taken by this noble Frenchman when urged on by his overflowing humanity and recovering in the chained prisoners at Bicêtre fellowmen, he turned the energies of his mind and the labours of his life towards the amelioration of their unhappy lot. The work he started prospered, and in the hands of his illustrious pupil Esquirol the humane system of treatment was still further developed.

And how was the "new era of humanity, skill and science for the insane" manifesting itself at this time in our own Country? He have shown the despicable condition of affairs existing among the insane when Dwell appeared upon the scene. The same description
might almost apply to our own country. The situation has however been painted in undying colours by D. W. T. Boone and the pictures of asylum life he conjures up in his "What asylums were, are, and ought to be" is so faithful that its direct reproduction here requires no apology, and it will serve to give an accurate idea of the miseries lifetime were compelled to undergo in those times. "The building was gloomy, placed in some low, confined situation, without windows to the front, every chink barred and grated — a perfect jail. As you enter, a crack of bolts, and the clank of chains, are scarcely distinguishable amid the wild thorns of shrivels and sobs which issue from every apartment. The passages are narrow, dark, damp, exhale a noisome effluvia, and are provided with a door at every two or three yards. Your conductor has the head and visage of a carib; carries a whip and a bunch of keys, and speaks in harsh monosyllables. The
first common room we examined—meas-
uring twelve feet long by seven wide,
with a window which does not open—
is perhaps for females. Then, with
no other covering than a rag round the
waist, are chained to the wall, loathsome
and hideous; but, when addressed, evidently
retaining some of the intelligence and
much of the feeling which in other days
embraced their nature. In shame or sorrow,
one of them perhaps utters a cry; a blow
which brings the blood from the tongue,
the tear from the eye, — an additional chain
a gag, and indecent or contemptuous
expression produces silence." (Buckwill
and Tate pages 56 + 57). No words are necessary
to heighten the effect of such a description.
Even the "Black Hole of Calcutta" pales
into insignificance before the horrors
of such a place. Lunatics were burned
at the stake in England as late as the
eighteenth century. When this became
illegal they were handed over to the
Cruel dungeon, where their life was
made a continual torment. The
motives that prompted such treatment were not altogether cruel. Insanity was so little understood as yet by medical men that the ignorance of the general public is no matter for surprise. The torments they sought to inspire along with the cruel torture, they inflicted were more the outcome of ignorance than evidence of a lack of humanity. The old superstition, ideas about possession by the devil still reigned supreme in the minds of the uneducated, and in England, Scotland, and Ireland we have evidence of healing wells or shrines, to which the insane were brought in hope of cure. At St. Mins, eight miles from Lancaster, a peculiar ceremony was performed that illustrates the hold superstition still had over the minds of many. The pool was surrounded by a wall. The lunatic was made to stand on this wall, his face being turned away from the water. At a given sign, someone gave him a sudden push backwards, and he was without the
painful warning precipitated into the water. He was then dragged hither and thither until the “patient by forcing his strength has somewhat forgot his fury” (Psychological Medicine in Hunter’s Time (Helsby Beach) page?) Then he was conveyed to the church and masses were sung over him. If he recovered the Saint got the credit and if no improvement took place the performance was repeated on a future date. In Scotland there were several records of this nature, among the best known of which we might enumerate Saint Fillans well & Such Make in Ross-shire. The latter place was a favourite resort. In Ireland there were also lunatic’s wells, where, by drinking the water & eating the water cresses that grew on the banks, the madman was assured of better times to come. Ignorance and superstition therefore still formed the treatment of the insane. Justice had the power of apprehending any dangerous or furious lunatic – as if to be insane
were a criminal offence! They could be whipped, in the same way that Common Vagrants were ordered to be whipped. The methods of treatment adopted within asylums were of the most deplorable character. There were no regular commissioners of lunacy to make their periodical visits, and report thereon; so the public were practically ignorant of what went on within these hospitals. One of these fortuitous circumstances, that seem special dispensations of Providence, took place however about the year 1791. A lady member of the Society of Friends had been sent to the York Asylum, and the privilege of visiting her was denied to her relations. They became anxious, and their anxiety did not tend to be diminished by her death. All their attempts to gain information about her were futile; and their suspicions of unfair treatment could receive neither confirmation nor contradiction so strongly were asylum dealings hedged in by secrecy and concealment.
The little mustard-seed of discontent had however been planted in their breast, and the day was not far distant when the bloom of fruition would flutter their vision. The craving for an asylum, where all the dealings would be above suspicion, manifested itself, and William Pike, a young folk town, gladly took in hand the new scheme; and, by his energy, enthusiasm, and humanity, it was successfully pioneered through its opening stages to a sure foundation.

The time at which these events took place seems to have been a little later than the date generally ascribed to Smelt's reforming movements. The need for reform had suggested itself in all probability about the same time in France and England, but favourable circumstances gave the Frenchman a strong start in the race, and the new institution was being tried in France before William Pike could set funds sufficient for the foundation of the new institution hatched together. In 1796 the York Retreat...
was thrown open and the new era commenced in England. The outstanding features of the new rule at York were briefly, no concealment—no chains, hobbles, leg-locks, or handcuffs" (Buckn. State p. 57). Restraint in its harshest form was abolished, and only the "strait waistcoat," or a belt, to which the arms were attached so as to prevent mischief but allowing of considerable motion" were applied. This greater kindness and consideration were shown the patients—bleeding excessive purging were discarded, and plenty nourishment was prescribed. The idea was to make asylum life more like home life, and less like prison life. Friel and William Tuke were therefore prompted by more and the same feelings in their noble efforts to raise this stratum of their fellow-men to a higher level of care and consequent happiness. The treatment the insane had been subjected to all through the Middle Ages formed a heavy blurred page in the history of
humanity—a blight that all the reforming efforts to come could never obliterate. The task of turning over a new leaf was no idle one, but men of power and will were up and working in the good cause, their hearts prompted to dare and their arms ready to do, by the bitter sight of wrongs that had amassed stronger and stronger with the roll of centuries. The past could never be traced to the untold cruelties that had been inflicted when the forces of superstition and ignorance cast their lurid glare over the minds of men, could never be adequately atoned for; but, with the backbone of coercion's rule broken, with chains and fetters forming no longer the sine qua non of asylum life, and with kindness and sympathy tempered with the requisite hardening of firmness superceding the old night-in-night rule, surely it might be argued that the future was more promising, and that the dawn of a brighter day had broken.
for those afflicted with disease of the mind. It was only the dawn however — the struggling dawn; and a great deal had yet to be accomplished ere the success of the new methods was assured. The efforts of both Wild and Sane were really single-handed, and the jealousy displayed by the managers of other institutions, where the iron rule was still in force, threw countless obstacles in the way of progress. It had yet to be demonstrated that the humane method was superior to the old prison methods, in the way of achieving results, and public sentiment had to be stirred up and enlisted on behalf of the new treatment. The demonstration required was forthcoming but it required time for its evolution, and another generation had reached manhood before the results were sufficiently matured to challenge comparison. In 1828 improved legislation paved the way for the better regulation of asylums.
It was ordained that 15 Commissioners should be appointed annually, for the purpose of licensing all houses for the reception of the insane, and for regular visitation of all such houses. Medical certificates on admission were made compulsory. In 1833 it was decreed that all asylums except County asylums must be visited by the Commissioners, who were called upon to submit a report on their condition of management. In 1843 County asylums were also added to this visiting list. This plan of visiting and reporting has been productive of great improvements. Nonsense were detected and exposed, the screws authority scrutinized every detail in the management, and no one can doubt that it exercised a powerfully deterrent effect over wrong-doing. At the same time it could suggest improvements, and only encourage the efforts of those in command, to develop still further the instincts of true moral treatment.

The abolition of mechanical
restraint, except in very exceptional cases, marks the next great epoch in the history of treatment. Anyone making a visit to a county asylum today, where, although patients are to be found labouring under almost every degree of excitement, mechanical restraint is practically non-existent, would find it hard to realise that only sixty years ago, more than half of the patients were fettered with restraint in some form or other. The combined effort of Dr. Charlesworth and Mr. Gardiner Hill, both medical officers of the Lincoln Asylum, have to be thanked for this happy result. The example of Dr. Hill in freeing his patients from their chains was bearing fruit in the lives of these men, and the effectual abolition of restraint suggested in a dreamy sort of way by the success that followed the labours of Dr. Hill and Duke, became a reality, thanks to the courage and heroic persistence of Dr. Hill, assisted by the sagacious counsel of Dr. Charlesworth. Just when the tide
of battle was wavering, when public opinion was doubtful in regard to the practicability of the new scheme O'Connell tried it in the wider scope afforded by Tralee with its 800 inhabitants, and the success that attended his labours served to emphasize still work and make its success sure.

It is not my intention to describe step by step the many improvements that have taken place in the ruling of the insane up to these later times—it has rather been my aim to present in this paper some of the historical landmarks of treatment. The enlightenment of the ancient, and the high tone that prevailed throughout much of the treatment in the early centuries of the Christian era have been described. The a cause the Cimmerian darkness of the middle ages, when the stake, dungeons, chains, and tortures of every description, were the weapons with which it was sought
to beat back the rolling tide of insanity.
All that had been good and praise-
worthy in the earlier time, was
Crushed: ignorance distorted humanity
and prompted shocking and senseless
Cruelties; progress seemed dead.
But "Hope's a plant grows brightest
on the tomb" and Druel, the morning
Star of the new treatment, the Father
of insanity, heralded the dawn of
the new-era. Progress was, at first,
slow, but as public opinion awakened
to the needs of the diseased mind, better
legislation became necessary. This,
marching hand in hand with the
great advance in every department
of medical knowledge, has resulted
in the beneficent and rational
asylum life of to-day.
But with all the progress that has
taken place in the treatment of the
insane, we cannot hide from ourselves
the fact that insanity as a disease
is not decreasing. All over the Country
the cry goes up that our asylums are
overcrowded. The advance of civilisation with its increasing strain on the nervous system, the hereditary influence, that linkage in so many a family history, and the increased "weariness, the fever, and the fret of what we call life" are all factors that combine to make insanity more common among us. As medical practitioners we are constantly brought into contact with its manifestations, and the need for special education in this part of our profession is a dominant one. The great majority of those who are certified as insane pass through the hands of the parochial doctor. It is part of their ordinary duties to fill up the necessary certificate, and yet a man may become medical officer to a parochial board without having seen a simple case of lunacy. When insanity supervenes in the course of an acute disease e.g. when an attack of mania complicates the psoriasis, the practitioner is
cast utterly on his own resources, and the lack of special training so severely felt. In the late stages of Phthisis we often have our patient suffering from exaltation of mind, and no cases are more trying to manage in General Practice. The removal of cases such as these to an asylum may be highly injudicious, and be even attended with grave risk. I remember a case of very advanced Phthisis being admitted into the Fife & Kinross Asylum. The journey of over twenty miles which had been forced upon the poor woman was far beyond her powers of endurance, and she arrived in a condition of utter prostration from which she never rallied, dying within twenty-four hours of her admission. Here the reason assigned for sending her in such a weak condition was the difficulty of managing her away from an asylum, simply a confession of weakness. The commonest form
of insanity met with in general practice is probably melancholia. We may have any degree of it, from an exaggeration of moodiness to the most profound melancholia. What Dr. Clouston calls the "undefined borderland which separates physiological mental depression from pathological melancholia" is often difficult of appreciation to the specialist, quite beyond the grasp of the man who is uneducated in diseases of the mind. The frequency of the suicidal impulse among melancholics is very marked, and should never be forgotten. One characteristic feature about this impulse is that it may be suggested suddenly by the most trivial circumstance. E.g., the sight of a knife may impel a man to attempt cutting his throat. The knowledge of this fact and its due application in practice are essentials of the highest importance to us in every day life, and there are few men who have toiled in
their profession for a few years but could adduce examples of the fatal effect of inability to appreciate the dangerous tendencies of such cases.

Of all the pleas however that might be urged in favour of the inclusion of insanity in the regular course of our alma mater, the most powerful is that founded on the fact that it is in the earliest stages of such maladies that the grand opportunities for cure present themselves. Every member of our profession, if he would be fully equipped for his battle of life ought to have not only a theoretical but a practical knowledge of insanity. There is no specific treatment for such disease. We must rely on methods of cure according to the exigencies of the case, and to understand these exigencies we need education. If Sigerist with all his attainments could say “a new problem is to be solved with each new case under treatment” how can we approach
the solution of these problems unless we are fortified by training and experience. Think of the worldly loss the stigma, unjust but none the less real, that are the inevitable companions of mind disease. Are not the prejudices that exist the result of ignorance not only of laymen but still more of medical men? If true progress is to be recorded reform must aim at prevention as well as care. Hitherto our efforts have been mainly directed towards the management and care of the developed disease, and what is urgently craved for is a fuller knowledge, on the part of the general profession, of the earlier manifestation of insanity. Let then the next great landmark in the history of the treatment of the insane be the inclusion of insanity in the ordinary medical curriculum. Then many of the most trying difficulties, that beset the pathway of the ordinary
practitioner will be swept away, and everyone in the profession will be enabled to answer in the affirmative the Shakespearean query: “Canst thou not minister to a mind diseased?”