CLINICAL LECTURES

ON THE

PRINCIPAL FORMS OF INSANITY,

DELIVERED IN THE MIDDLESEX LUNATIC-ASYLUM
AT HANWELL.

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LECTURE VII.

Melancholia—description of.

I HAVE this morning, in our walk through the wards, directed your attention to a class of patients differing very much from those yet spoken of to you, and generally characterized by an absence of the activity and vivacity which are so conspicuous in the greater number of recent maniacal cases.

Melancholia constitutes an ancient and general division of mental maladies, although the cases of melancholia are, in reality, only forms of maniacal disorder. But the contemplation of this form excites the deepest interest and pity, the sufferings of the patient being very great, the sensibilities of the mind generally acute, the depression and wretchedness almost continual, and the malady usually long incapable of relief. Although, strictly speaking, it is but a variety of maniacal affection, has its paroxysms like mania, and often alternates with great maniacal excitement, it is altogether sufficiently peculiar in its symptoms to indicate a modification of the treatment adapted to cases of mania, and it is therefore convenient to speak of it separately.

The cases which you have noticed this morning are all marked by despondency, or a tormenting and almost constant depression of mind. The patient cannot be aroused to hope, cannot be made joyful, and seldom smiles. The subjects of this form of malady sit inactive, brooding for ever over some self-accusation, or haunted with some ever-during dread. These cases are often confounded with what are really cases of dementia, but their distinction from them is very important; for melancholia is often curable, and dementia affords no hope of cure. It is improper to apply the term melancholia to the numerous cases seen in all large asylums, in which, after a short attack of mania, an incurable debility of the brain seems to have ensued, shown by a total indolence, almost perpetual silence, and a general apathy. Young persons of education, so afflicted, neglect all their former pursuits, or follow them without interest; life has lost its savour for them; they lose all their mirth, forego all custom of exercise; everything goes heavily with them; nothing delights them, yet they have no sorrow. In the ward of asylums the subjects of this mental infirmity are seen, in its advanced stages, sitting in one position from morning to night; they seldom utter a word; never move but when directed to do so; have no melancholy or any glad thoughts, and apparently scarcely think at all; living in this way for years; and at last not uncommonly dying of phthisis. There is, however, a close relation between these cases and the examples of melancholia met with in elderly subjects, on which a state of dementia gradually supervenes.

Referring again to the printed forms of cases used in the asylum, and placed before you, it will be found that the general filling up of a case of melancholia is as follows. My general description will fall short of the terrible pictures found in many books; to account for which, I shall not make any present attempt, but shall describe what I daily see.

Melancholia most commonly affects persons whose habits or occupations have been sedentary; frequently appears between the age of forty and fifty; and sometimes much earlier; in men and women, in the married and unmarried. Its moral causes are, grief, care, distress, religious despondency, and, if such an expression may be permitted, conscientiousness in excess. Any depressing influences may induce it. I have known it occur in newly-married young women, oppressed with the novel cares of housekeeping, or affected by a separation from the parental roof. But often it creates its own distresses, coming on without adequate moral cause, some state of the brain being induced by which it is incapable of receiving pleasing impressions. This state is sometimes obviously connected with morbid actions or conditions of the liver, of the heart, of the intestinal canal, or of the uterus; but oftentimes the cause is wholly obscure; and the unexplained disposition to sadness hereditary. Its history usually shows that its

No. 1166.

approach has been gradual; but it may supervene on a sudden and violent shock. In women, it very frequently appears about the period of the cessation of the catamenia, continues a year or two, and then goes off. If it appears earlier, suppression seems generally to follow. All the forms of melancholia are obstinate, and some, of course, are hopeless; but, upon the whole, as many patients seem to recover from this form of disorder as from mania.

The state of the ordinary senses is usually natural, but there seems to be a loss of some sensorial function, in consequence of which, pleasure is no longer derived from ordinary impressions; for in health, the ordinary exercise of the senses, especially those of sight, hearing, and touch, is attended with a pleasure independent of their merely useful exercise. The intellect, also, in the melancholic, is usually clear and composed; unable only to resist the morbid depression or the hopeless delusions that spring from and feed it. The elevating, adorning, and comforting power of the imagination, seems to be extinct; no hope points to the future, or lends enchantment to the view. The affections are seldom really impaired; but the patients disavow all kindly affections, repel the attentions of parents, wives, and children; are certainly less compassionate than the maniacal; and, too truly in some cases, although in others very unjustly, reproach themselves with loving nobody, and with being spiteful, and undeserving of the affection of others; or they accuse themselves, without any truth, of having disgraced their families, or having ruined them, or having destroyed their children; or of having sinned against the Holy Ghost and lost God's favour for ever; or assert that eternal punishment, or annihilation, which they consider a worse doom than hell, is to be their portion. These charges against themselves, and these dreadful prognostications, they repeat again and again, with the utmost precision and calmness of manner in many instances, with tears and agitation in others, ever maintaining that they are sane, and that the events of the following day will prove that all they say is correct. The chief propensities manifested are to indolence and general indifference; they read nothing, write to nobody, shun all exertion; remarking keenly on their own altered state, "Once I was industrious, now I am idle and worthless; the world does not seem as it did to me; everything good seems to have gone out of me." Young men and young women may be thus affected; ceasing to be interested in any occupations; averse to going out or to society; and in all the changes and chances of life, neither rejoicing nor sorrowful; neither hopeful nor anxious. One dominant propensity alone is too often active; that of self-destruction.

There is something remarkable in the general physical appearance of melancholic patients. The greater number of them are certainly distinguished by dark hair and eyes, long features, a sallow complexion, and the peculiarities of what is called the melancholic temperament. The face and nose are generally long, and there is even a kind of resemblance to each other, in features as well as in expression, during severe attacks of the malady. Their complexion is usually sickly, and the body is thin. The third plate in the Atlas to M. Esquirol's work, offers a kind of prototype of the appearance of many of the cases. It represents the hopeless despondency of a female patient, who, having been in youth the playmate of the unfortunate Duke D'Enghien, became insane and melancholy after his execution, and ever afterward sat with fixed gaze opposite to a window, looking for the face of him whom in this world she was never to behold more.

A few melancholic patients are continually walking about in one chosen spot, often moaning, "lips moving, and eyes fixed, foot falling slow;" but most of them are inactive, and some will sit in one place all the day long, and every day, selecting out-of-the-way parts of the asylum and unobserved corners, or covering themselves up with bed-clothes, and sometimes even inserting themselves in mattresses, as if only anxious to be hidden from every gaze. Leaning with one shoulder against a wall, or the side of a window, is a very customary attitude with them; or sitting with both hands raised and joined over the breast, supporting the chin, the head being depressed. Some cover their eyes, as if desirous to exclude the light, or stop their ears with their fingers, as if to shut out all sound of human voices. I have learned, however, since I have lived in an asylum, that many of the strangest external expressions of melancholia and of all other forms of insanity, the fixed attitudes, the automatic motions, the monotonous actions, (of which the jingling of chains is generally among those noticed in older descriptions, the fidelity of which I am far from disputing,) either disappear, or become less continual, and more easily interrupted when

all the patients enjoy liberty, and partake of frequent notice, due attention, and consoling words almost daily repeated. If possible, I would never pass any lunatic without a word of recognition; I should wish to remember every name and every history, and to have the happy faculty of condensing into a word or two some expression exactly calculated to reach every heart. The melancholic, especially, demand, and are especially benefited by, such attention. There are few on whom the frequent dropping of kind words does not at length mitigate the stony countenance and repulsive manner. In most of them, at the daily visit, may be discerned a looking for the daily accosting and the daily repetition of an assurance that their woes will some day have an end. But whilst some appear to find relief in expressing their various sufferings, and in being encouraged to hope for recovery, although professing an entire disbelief in its possibility, others will only speak when spoken to, and then in a low and depressed voice, expressing their vague fears, self-reproaches, convictions of hopeless guilt, eternal punishment, and various wretchedness. They will reject all hope and consolation, and repudiate pity as undeserved, and express their wish to be shot, to be drowned, to be burned, to be smothered, to be buried alive; yet, at the same time, confess their fears of being surrounded by those who intend to hurt or kill them. To exclude the world, and to be continually in bed, are among the most ordinary habits of the melancholic, and patients have in this state kept in bed for years.

The state of the skin in melancholic patients is less generally harsh and dry than the descriptions of different authors lead us to expect, although sometimes this condition is very marked. The head is not usually hot, but the patient often complains of pain or of weight, and sometimes of a burning sensation in some part of it. The extremities are generally of low temperature; the tongue is very variable in its appearance, sometimes clean and natural, sometimes excessively coated and foul. The desire for food is variable, and food is not unfrequently altogether refused, from a wish to die, or from a dread of expense, or, more frequently, I believe, from absolute repugnance; and this state will alternate with excessive voraciousness. A most perverse desire to mortify and punish themselves is frequently the cause of their refusing to take sufficient nourishment, or to defend themselves from the cold, or to partake of anything which is recommended for their comfort.

They complain, when any distinct complaint is made, of uneasy sensations in the epigastrium, in the left hypochondrium, or other parts of the abdomen; of a feeling of fluttering, drawing, gnawing, or tearing. They even refer a sense of terror to the epigastrium, accompanying a feeling of having done something wrong, without knowing what. These sensations sometimes alternate with uneasiness referred to the forehead or occiput, or to the portion of the head corresponding with the superior and lateral boundaries of the occipital bone. The bowels are ordinarily costive, sometimes obstinately so, and the patients are fond of taking daily medicine, except when food is refused by them, in which case they commonly resist needful medicine also. The function of the kidneys has not been observed to be particularly impaired, but the state of this function has only lately received much attention, and any conclusions drawn from the analysis of the urine alone must be of doubtful value; the functions of the skin, the variable character of the alvine excretions, and of the expired air, must be at least of parallel importance; and if the estimation of these is in some cases possible, their verification must often be unavoidably impracticable. The pulse is generally slower than in mania, and often excessively feeble; when it is stronger, there is probably some hypertrophy of the heart. The voice is almost always low, and very expressive of mental despondency; the language of the patient, even in persons of the poorer classes, is often even striking and elevated, and in educated persons it is eloquent and painfully affecting. The respiration is not disturbed, but the breath is in some cases singularly offensive, having the odour of putridity. In women, in the majority of cases, the functions of the uterus have ceased. The imperfect sleep is very remarkable; some of the melancholic patients being scarcely ever found asleep, by night or by day. Towards the afternoon and evening, there is, in most cases, a mitigation of suffering; but despondency commonly returns with the morning, and its return is anticipated with dread, so that even the slight cheerfulness of the afternoon becomes, in old cases, grievously mixed with apprehension of what the next morning will bring.

Recovery from melancholia is so slowly effected, that there are cases in the wards which have served for illustrations of it even for years; and a reference to some of these is instructive

as to the usual course and termination of them. For two successive years I pointed out to those attending the lectures, the case of M. G—, in the female ward No. 1. We generally, during that time, saw her sitting in a melancholy attitude, in the gallery, or on one of the seats in the airing court, her hands clasped, her head drooping and resting upon them. She would sit for nearly a whole day with her hands joined before her and her head drooping over them, as motionless as a statue. Her voice was scarcely audible, and tears interrupted her words. Her age, when first attacked, was about forty, and she was a person of excellent character, unmarried, and supported herself by needlework. Some religious scruples, and much anxiety concerning the circumstances of her relatives, who were among the number of those whose utmost efforts could scarcely maintain them in a decent poverty, combined to make her melancholy. Her period of life probably disposed her to it, and a sermon accidentally heard at that period powerfully affected her; so that from that time she reported that the uterine functions ceased. She then began to think herself an abandoned person, and the cause of distress to her family. She became violent, and the thought of self-destruction almost wholly occupied her mind. For more than two years after her admission to Hanwell these ideas generally prevailed, although with more or less force at different times, without any violence of conduct. Although often visited by affectionate relatives, and for a day or two consoled by such visits, the ideas would still return that she had ruined and disgraced them; that they were in prison, and could not come and see her; that they were suffering every kind of evil on her account; that she should see them cut to pieces. She could not, for a long time, be persuaded that we had not all a bad opinion of her; all our assurances to the contrary required to be daily repeated; and every day she put to us the same anxious interrogatories, as, "Do you think I am *not* what I say?" &c., wishing, apparently, to be convinced that she was wrong. In her physical state, everything indicated languor; a slow and feeble pulse, cold hands, a low voice, suppression of the uterine functions; but she did not become emaciated. Pain of the forehead, and sometimes severe hemicrania, was complained of. She entertained the painfully distinct view of her own altered state which is so often seen in melancholia; often saying, "I am not what I used to be; I am altogether changed; nothing seems the same; I was once industrious, now I am idle; I was once neat in my appearance, now I care for nothing; I was once hopeful, now I have no hope." This case seemed long to be unaffected by medical treatment, either directed to the state of the head, or to the condition of the uterus. Leeches, baths, emmenagogues, tonics, purgatives, sedatives, alteratives, produced no sensible alteration. Exercise and employment seemed equally inefficacious. Her physical condition gradually improved, but the mental amendment was long delayed. At length, however, recovery began, and, excepting when affected with severe headach, to which she continues subject, you could not recognise in her the case I have described. Her countenance is animated, her manner cheerful, her dress neat, and she is restored to activity and industry, and all thoughts of suicide have long been banished from her mind. Her very amiable disposition, perhaps, secured to her even more than an ordinary share of kind attention, during the whole course of her malady, and this has appeared to be mainly instrumental in her amendment. A supposed unkind word, indicative of distrust, would long disturb her, and renew some of her apprehensions; and there are still days on which the idea that she must be taken to prison reverts to her mind: but, altogether, I consider that she is becoming quite well, and that, if she could be secured from the cares and difficulties that beset industrious poverty, she might go into the world again. Unfortunately, the only place in which such security is enjoyed, is a lunatic asylum. Our recovered patients leave us, rejoiced to be once more at liberty, and the moment the gate is closed upon them the troubles of the world gather so thickly round them, that, too often, the heart again sinks, and the mind again gives way.

In the instance of E. V—, a young woman whom you saw in the bazaar, appearances of recovery have been perceived much earlier. She became melancholic and disposed to suicide about a year ago. Fanatical preachers filled her mind with distrust of God's mercy, and she came to us in the deepest depression. Great debility existed, and its removal has been attended, step by step, by mental improvement, but still with those often recurring fits of delusion and sadness which always appear to be incidental to recovery, and often threaten to impede it.

There is a case, also, in female ward No. 4, which seems to be proceeding towards recovery, but very slowly, the subject

of it, H. E—, being sixty years of age. For some years, without any very obvious cause, she has been gloomy and desponding; nothing, she says, seems the same to her that it did. She is a very delicate, feeble person, and her spirits vary with her varying strength.

A more lamentable example of intense melancholia is that of E. B—, in female ward No. 9. I have carefully watched the progress of this case for five years, during which time, although a great variety of means have been tried, I must confess that nothing has seemed to have even a tendency to relieve her. She is now about fifty-five years of age, and, until very lately, she was of a somewhat stout frame. Her dark complexion, and dark hair and eyes, give additional expression to her melancholy representations of her state. She is said to have been about fourteen years insane, and to have inherited a disposition to the malady from her father. You will generally find her walking about the ward; she is always glad to be spoken to, and she describes her sufferings very clearly. Like many melancholic patients, she seldom or never utters an irrational sentence. There is no confusion of the intellect, only depression, but a depression which unfits for all social duties, and is productive of danger to the person affected, although seldom of danger to others. E. B— almost always complains of pain, and a sensation of burning at the back part of the head, and of uneasiness or pain in the epigastric and umbilical regions; and although she is seldom violent, she laments that she feels quarrelsome and spiteful, and describes herself as tormented with "horrid thoughts," meaning suggestions to destroy herself, to which she feels a frequent impulse, without any wish to give way to it. She once attempted to drown herself, twelve years ago. Her description of her morning sufferings is borne out by her countenance, and by her manner, and by her groans. Until the middle of the day she is restless and wretched, walks about with her arms crossed before her, beating her breast, desponding, crying, sometimes swearing. Despair seems to be excited in her, by observing that other patients get well, and that she does not. Looking about at the other patients, she often expresses a wish that she could be as happy, or as content as some of them are who are yet far more insane. Towards the afternoon, however, she usually improves, and towards night she is sometimes smiling and cheerful, and will now and then join in a dance with the other patients. But the poor woman says she lies awake in the night, dreading the wretched feelings which are sure to torment her in the morning. At one time I thought it possible that the food taken at different hours of the day might have some influence on this diurnal coming on and subsidence of the paroxysms, for which it is always so difficult to account; and the breakfast meal was directed to be nearly the same as the patient's usual dinner; but no benefit followed this change. At another time, still regarding this periodicity of the attack, the disulphate of quinine was given, but without the least advantage. Leeches and blisters to the occiput, the shower bath, warm bathing, various mercurial alteratives, the infusion of cascarrilla with ammonia, and small doses of the acetate of morphia, have all at different times been tried without the smallest appearance of success. Before admission, the patient had been cupped, and subjected to nearly every variety of treatment, without any alleviation of her sufferings. Occasionally her tongue becomes thickly coated, and at such times her mental distress is evidently increased; this state is generally somewhat relieved by a few doses of the pilula hydrargyri and pulvis rhei. The appearance of the patient has lately undergone a considerable change for the worse; she is becoming very thin, and complains more constantly of severe abdominal pain, of which no manifest explanation can be found. It has been necessary to give her opiates daily, and in large doses; and she derives relief for some hours from the tinctura opii, but only if given in a dose of five or six drachms.

In this example of melancholia no delusions have been observed; but in the majority of cases the melancholy, first, perhaps, occasioned by some cause of continued grief, soon becomes associated with some delusion; and one of the most frequent, at least in classes above the poorest, is a religious delusion. I have no doubt that every practitioner who devotes his particular attention to insanity, has at all times numerous cases of this kind, especially, but not exclusively, among his female patients. The patients accuse themselves of unpardonable sin—of the sin against the Holy Ghost which is never pardoned, and of which they imagine themselves to have an exact idea. This dismal delusion perhaps comes on after some disappointment of the affections, or after the loss of a beloved relative; and religion, which should be a source of peace, and hope, and joy, becomes perverted into a source

of hourly torment. The Great Author of all good is regarded as an unappeasable tyrant, and the patient thinks herself singled out from all the world for condign punishment. Nor are men, persons of education, or even clergymen, exempt from the visitation of this malady; and all the activity of the mind and all the stores of sacred reading are employed to prove the reality of their views. Paroxysms of violent agitation and dread occur; they walk about rapidly, wring their hands, talk in a loud and crying voice, and refuse to be consoled. The next step in these cases seems always to be towards suicide. It cannot, they argue, increase their guilt; they ought to die; if not for cowardice, they would have died long ago; they must die some dreadful death. I believe that, in the greater number of such cases,—cases, I mean, in which this melancholy condition comes on after some mental shock, without any obvious bodily cause,—it will be found that there is an hereditary predisposition to mental disorder. Although the appearance of such cases is very unpromising, the patients will recover from such attacks, and, although liable to relapses, remain well for many years. Less hope is held out where the delusions are many and frequently change; fits of violent irritation commonly then ensue, and the mind passes through various stages of imbecility to dementia.

A gentleman of amiable and honourable character, after suffering intense anxiety, for a few days only, respecting one of his family, became a prey to despondency, thought that he had been a mere hypocrite all his life, and had defrauded everybody: he then imagined that several of his friends were imprisoned in the house, and some of them murdered. Every day brought some new delusion, and the progress of the malady has proved most unfavourable. A female servant, aged thirty-five, of melancholic aspect, with black hair and a sallow complexion, lost two of her relatives nearly at the same time. She continued much depressed for some weeks, and then partook of the sacrament, and read several religious works. From the time of receiving the sacrament, the sacred elements seemed always to be before her, and Christ present, whom others were reviling. These thoughts, and others less delicate, she described as being forced into her side, in the region of the heart; and she felt as if it required some words to be uttered there, or to proceed from her side, to relieve her. In other respects she was quite rational. She suffered from occasional oppression of the head, and in the situation of the heart; the uterine functions were natural; the state of the bowels was not disturbed; the pulse was eighty-eight and feeble; the appetite pretty good. No amendment took place in this case so long as it was under my observation.

Cases of melancholia being so frequently met with about the period of the cessation of the catamenia, it is difficult to avoid concluding that the cerebral disturbance is generally connected with some morbid state of the uterus; and at least some expectation seems naturally to arise that active and varied treatment may often effect a cure—as leeches, the hip-bath, mercurial alteratives, blisters to the sacrum, iodine in various forms, or cantharides. Where distinct uterine irritation exists, there is no doubt that these means, variously combined, are very useful. Examinations after death, in fatal cases, have, however, appeared to me to throw little light upon the causes of melancholia in such cases, or, I am sorry to add, on the causes of any of the forms of insanity. A female patient, M. G—, died in the asylum in 1840; she had been in a state of melancholia about six years, and died at the age of forty-six. In the ten months preceding her death, I never heard her speak; but at length she became suddenly maniacal, and shortly afterward died, apparently sinking in consequence of the irritation produced by a blister. No appearance of disease was detected in the brain; the whole body seemed healthy, excepting that there was reason to think the fluids were especially irritating and poisonous; there was also rather more serum than natural in the pericardium; and a large cyst, containing limpid fluid, with smaller cysts appended to it, was attached to one of the ovaries. Another patient, J. S—, 1841, a labourer's wife, forty-five years of age, had been four months in the asylum, and almost always moaning and crying. Her malady had commenced six months before admission. Being extremely weak, a little wine was administered; fever supervened, and she died. The uterus and ovaries were in a natural state; there was no effusion or appearance of inflammation in the brain or its membranes; the grey substance of the anterior lobes was rather dark-coloured; but the frontal bone and lateral portions of the cranium were very much thicker than natural; part of the frontal bone at the side being half an inch thick; the arterial fossæ were unusually deep.

Cases of melancholia are met with in women at the period

of the cessation of the catamenia, and after several menorrhagic attacks, in which there is a constant sense of weight in the situation of the colon, with pain apparently in the sigmoid flexure, and occasional hæmorrhage from the bowels. There is, in such cases, severe mental despondency, an inability to decide upon anything, and a loss of all hope, and joy, and religious confidence. Spasms of the lower extremities, and hysterical lameness, sometimes become complicated with this state. In some such cases the colon is probably displaced; although in the few examples of this displacement observed at Hanwell, the mental symptoms have not been uniform.

Remembering that the same invasion of despondency, lasting for a year or two, is not at all uncommon in men, as well as women, when between forty and fifty years of age, this state would seem more probably to depend upon some general alteration in the circulation, or some climacteric change in the brain itself, at that time of life when both physical and mental commotion, in some shape or other, seem peculiarly incidental to the human constitution. It is not easy to give a satisfactory explanation of the extreme pain referred by several melancholic patients to the occiput and sides of the head, or of the morning exacerbation. There may possibly be a periodically recurrent state of fulness of the cerebral sinuses, or the symptoms may arise from certain sympathies of the brain with the stomach, liver, uterus, or other organs; but such explanations are purely conjectural. In one severe case of religious despondency, in a young lady, the days were passed in misery, but during sleep the dreams were uniformly pleasing and happy; the return of the melancholy thoughts on awaking being described as peculiarly dreadful. It seemed, in this case, as if different portions of the brain were active in the states of waking and sleeping.

It certainly appears as if a loss of energy of some part of the brain often occurred in both men and women, between forty and fifty years of age; and when this first takes place, a disposition to suicide seems frequently to supervene; and although this perhaps disappears, the patient does not recover his natural or ordinary vivacity. Now it is that the wealthy tradesman begins perversely to pay exclusive attention to the bad accounts in his books, and conceives that ruin is impending. Next, he imagines that the errors of his youth are heaping up punishment upon him; that his frame is wasting, that his bones are decaying, and his life is limited to the actual day. Every morning he comes down with melancholy face, and answers in low tones, with doleful words, the customary inquiries concerning his health; and every day he revives to read his newspaper, to take his dinner, and to join in the cheerful conversation of the evening. Now also, it is, that the man of literary and laborious habits, whose whole life has been a life of well-directed industry, animated by benevolence, begins to fancy that his whole life has been but a successful performance and a cheat; that all his virtues have been fictitious; that all his enormous deception will appear in *The Times* of to-morrow; and that he is a ruined and degraded man. To all general arguments he opposes the speciality of his case. "What you say," he replies, "is very just; I should say it myself in the case of another person; but my case is peculiar. Wait until to-morrow, and you will find that all is exposed to the public: all will be known."

I have witnessed many agitating scenes, in houses in which insanity has seized on some one member of the family; but no spectacle more afflicting than that of a man of education, and of irreproachable life and character, tormented with acute melancholy. Every event of past years, every admonition received in youth, or sermon heard in after life, every remark overheard, becomes an instrument wherewith "melancholy, night and day, provokes her own eternal wound." The voice, the manner, the impassioned language, all express the intensity of despair. There are moments of desperation, also, in which all horrible feelings rush upon the patients so suddenly, that they cannot divest themselves of the idea of being possessed by an evil spirit; and they then imagine that they have exhortations to kill themselves, or to do some great wickedness. The consciousness and the reason hold out, perhaps, long unshaken, and even render the distress of the patients greater. They often say they should suffer less if they were actually mad. They feel a continual impulse to actions which they wish to avoid, and are conscious of a danger from which they cannot secure themselves by their own efforts.

Although younger men and younger women than those above alluded to are not exempt from melancholia, the malady in them has a closer relationship to dementia, and often passes into it. P. M—, in male ward No. 7, is an example, among

many, of this form of affection: he became indolent, indifferent to everything, apathetic, and almost left off speaking; he smiles when spoken to and called by his name, and is pleased when his relatives visit him. A. B—, a dark, foreign-looking girl, in ward No. 12, presents another example of a perfectly apathetic state, tending to pure dementia, supervening on what was considered melancholia. In some of these cases it is questionable if there is any real melancholy in the case: but in other classes of society, more cultivated, painful examples exist in young persons, most frequently in young women, who construe every natural feeling into a sinful desire, imagine themselves disqualified for every duty and every pleasure, and wish for death without hoping that even death will bring them relief. "I care for nothing," writes one of these victims; "in the middle of a bright world I feel like one dead, or fast asleep. My life seems a dead blank; neither past nor future have I any comfort in. I feel that my understanding is impaired, as it always is in persons of my feelings. I have lost all sense of the beautiful. The animal alone remains in me;"—with many more expressions of sorrow and distress. Something similar is met with in conscientious young men, of strong passions; and often in young clergymen: they dread the loss of mental energy and the power of being useful. Limited circumstances compel them to celibacy, and in the struggle between the feelings and the conscience reason is sometimes overthrown. In other cases, no self-accusation, no temptation, no struggle, and no grief, can be discovered. In every one of these cases, I would caution you, however fair the appearances, to be on your guard against the occurrence of suicide. A disposition to it seems almost invariably to ensue. No real grief may exist, but life is unendurable.

But melancholia has often been the result of real affliction. All who have suffered from an overpowering sorrow may readily understand how one idea, one image, may become fixed in the mind, exclude every other idea, and reign alone to the end of life. The effect may seldom be so permanent, but the look, the figure, the words of the person for whose loss we mourn, are dwelt upon for days, or for weeks, or for months: we wish only to dwell on these painful recollections; we are even dissatisfied with ourselves when we find that common interruptions have broken in upon them. We grieve, but we wish only to grieve. Happily, in a healthy mind, and in the ordinary visitations to which all are exposed, the power of receiving new and various impressions still remains: these at first obtain but a small share of our attention; but every day they silently acquire more power, and divide our thoughts more successfully with the images of our affliction, until, by the gradual operation of time, we attend again to all the duties of common life, and the memory of our sorrow is but occasionally revived. Yet, when the shock has been greater, or the mind is weaker, the power of receiving new impressions is lost, even entirely. One mournful idea then takes possession of the mind, and keeps it for ever; or new and strange delusions, unconnected with the sorrow, and shutting out all subsequent allusion to it, take entire possession of the understanding. Not long ago I saw a lady, between forty and fifty years of age, who had lost her only son, who was her idol, by a sudden and most unexpected death. He dropped down dead in the midst of apparent health. The shock stunned and overwhelmed the unfortunate parent, and, for a time, grief alone occupied her. In a few weeks her state became that of deep melancholia, in which she never in any way alluded to her cruel bereavement, but was ever reproaching herself as sinful, unworthy to live, and deserving of eternal condemnation. She became insensible to all ordinary occurrences and affections; indifferent to her family, inactive, and silent; and attempted suicide.

The termination of cases of melancholia in dementia is, I have said, very common. On looking over our general register at Hanwell, this circumstance is continually illustrated; a great number of the patients now surviving, and who were marked in the register, on admission, as affected with melancholy, being now in that state of entire prostration of the intellectual faculties to which we give the name of dementia. Of those who have died, several became pithless before death. In some, death has seemed to be occasioned by disease of the heart. Others die without signs of specific disease; the torpor of the mind and body increases, becomes excessive; there ensue obstinate constipation, inability to eat, and almost to speak; or entire silence, coldness of the surface and extremities, and death as by a mere extinction of the vital functions. If they linger very long, scorbutus may appear, a disease rare in modern asylums; or gangrene of the extremities, also now become uncommon, in consequence of the greater care taken of the health of the insane.