UNDERSTANDING MADNESS: SOME APPROACHES TO MENTAL ILLNESS CIRCA 1650-1800

by

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ABSTRACT

The thesis examines some approaches to madness in England and Scotland in the period 1650-1800. It does so at a number of different levels but does not attempt to be comprehensive. The various approaches to madness selected for discussion are those which shed light on the developing tendency to seclude the mad in asylums. Attention is focussed primarily on the separation of madness from other types of social disorder and its emergence as a subject of medical enquiry. The treatment of insanity in literature, for example, is not extensively discussed.

The main source material for the first part of the thesis is a number of English medical texts. Attempts by the medical profession to subject lunacy to rational enquiry are discussed, as is the general view of the disorder which emerged from this enquiry. Particular attention is given to the use of metaphor by physicians. A growing emphasis on the therapeutic power of self-restraint and self-discipline is seen as particularly significant, both for changing methods of treatment and the establishment of asylums. The refinement of therapeutic methods and principles is also discussed.

It is argued, however, that the emergence of asylums cannot be explained simply in medical terms. The thesis examines the tendency to confine lunatics alongside other social deviants in response to a perceived growth in crime and argues that problems of overcrowding, disruption and the unsuitability of placing 'curable' lunatics in the same institutions as criminals and other social transgressors must also be considered. It is further suggested that the growing distinction between public and private behaviour is of relevance. In a final, more speculative chapter the importance of this distinction is traced in some eighteenth century Scottish court cases and the response to insanity at the level of everyday social life is considered.

INTRODUCTION

Throughout the nineteenth century and for the greater part of the twentieth century, those suffering from psychiatric illness have been placed in mental hospitals to be cured of their disorder or, where the illness proved particularly stubborn, to be safely looked after. In these special institutions, many of them purpose built, the mentally ill have been attended by those who have a particular expertise in dealing with this distinctive disorder. In terms of both institutional provision and medical care the mentally ill have been treated as a distinct population and, at least until relatively recently, it was believed that the most effective way of dealing with their disorder was to remove them—albeit temporarily—from the wider community. In the last decade or so both the principle of segregation and the very concept of mental illness have been challenged but such questioning has not seriously eroded the special and separate status accorded to psychiatric disorder. For the purposes of legislative control, social policy and medical training madness, in all its forms, is regarded as a distinctive medical and social problem.

In many respects it is simply a truism to assert the distinctiveness of mental illness, and its separate status as a category of social disability, but it is a truism of relatively recent origin. The mad have *not* always been treated as a separate group requiring particular treatment, separate legal provision and special status in the framing of social policy. On the contrary, the victims of mental disorder were for a long time accorded *no special status, particularly so far as their general* custody and treatment were concerned. Throughout the seventeenth century and for the greater part of the eighteenth century the records show that the insane were confined alongside an array of social

transgressors whose idleness, vagrancy or criminality brought them to the attention of the Justices of the Peace. In the houses of correction, workhouses and jails to which the insane were dispatched they were simply one among many categories of social deviant similarly confined.

This is not to say, however, that madness was not recognized as a separate species of disability or that its sufferers were regarded as if they were no different from those who were locked up because they lacked employment, were poor, or had been convicted of criminal offences. Although lunatics were, throughout the period of this study, somewhat arbitrarily confined with a heterogeneous group of social transgressors this does not mean that no distinction at all was drawn between lunatics and their fellow workhouse inmates. Indeed, the evidence suggests that at the level of day-to-day administration of the workhouse, distinctions were made and, moreover, that there were attempts to curb the disruptive behaviour of the insane by placing them in specially built cells or other rooms adapted to their custody. In other words, workhouse superintendants and those in charge of local jails or houses of correction recognized madness as a distinctive and peculiar disorder and one that required, on occasions, special measures to control it. But such measures that were taken represented an ad hoc response to the problem and at best constituted a temporary solution.

It was not until the latter half of the eighteenth century that separate provision on any significant scale was made for lunatics. Before the middle of the eighteenth century madness was not identified as an important and unique social problem, and one that cannot be dealt with by the institutions developed to accommodate the idle, unemployed or criminal. The important point therefore is not the recognition—at the day-to-day level of workhouse administration—of the special problems posed by the insane but rather the emergence of lunacy as a significant

social problem in its own right. By their inability to observe the conventional limits of social life, and the associated failure to internalize appropriate norms of social conduct, the insane are thought—at least by the late eighteenth century—to represent a particular type of social problem; one that must be controlled, curtailed and, where possible, 'cured'. And it is in the purpose built lunatic asylums of the late eighteenth century that these objectives are most likely to be realized. As John Aikin noted in his Thoughts on Hospitals (1771),

> "by placing a large number of them [the insane] in a common receptacle, they may be taken care of by a much smaller number of attendants; and at the same time they are removed from the public eye to which they are multiplied objects of alarm, and the mischiefs that they are liable to do themselves and others, are with much greater certainty prevented". [1]

Underpinning Aikin's proposal is the assumption that the insane constitute a distinct group requiring special provision. They are to be segregated into large asylums and, once secluded from society, an attempt should be made to eliminate their malady and rehabilitate them. Between 1650 and 1800 madness emerges as a separate social problem requiring specific legal, institutional and therapeutic provision. During this period it also emerges as a separate branch of medical enquiry.

From the middle of the eighteenth century onwards madness comes within the orbit of medical enquiry. Before this date certain physicians devoted their attention to the problem and, indeed, the belief that madness is a disease can be traced back to the Greeks. But during the course of the eighteenth century an important development occurs. Madness is finally removed from the realm of theological and astrological enquiry as the perspective provided by medicine becomes preeminent. By the late eighteenth century what may be called a 'medical' explanation of the disease has superseded other explanations that present the disorder in terms of divine or demonological possession, or the

atrophying of those faculties that distinguish man from animals and perhaps savages. Seventeenth century 'medical' accounts of madness do of course exist but as the subsequent analysis will show many of these accounts are based on imaginative insights rather than founded upon the reliable data furnished by observation and experience.

During the course of the eighteenth century madness appears, to physicians at least, to shed something of its mystery and as with other branches of enquiry so too in medicine the widening horizons of scientific understanding seem to encompass an ever increasing range of phenomena: madness among them. In Locke's view there exists a "large field for knowledge proper for the use and advantage of men" and certainly by the middle of the eighteenth century madness came within the boundaries of that 'field'.[2] Although the disease remained inscrutable and, according to the physician William Battie in 1758, "as little understood as any that ever afflicted mankind", it was nonetheless believed that the phenomenon was amenable to rational medical enquiry.[3] By attending carefully to the various forms that madness takes, and by proceeding cautiously from these discrete observations to general principles, the physician should be able—according to the late eighteenth century view—to shed some light on the phenomenon. Although it may be impossible to formulate an acceptable definition of the 'essential character' of madness it is nonetheless legitimate to expect that carefully conducted analysis will remove something of the mystery in which the disease had hitherto been shrouded. It is this confidence in the power of rational medical enquiry, and the associated belief that the perspective provided by medicine is most suited to the study of this disease, that decisively separates late eighteenth century accounts of the disorder from those written during the preceding century.

The purpose of this thesis is to examine these developments. More specifically, the thesis will consider the emergence of madness both as a distinct social problem and as a discrete branch of medical enquiry.

The eighteenth century sees an end to the process whereby madness was subsumed under other forms of social disorder and other branches of quasi-scientific enquiry. The various processes and developments which brought about this change form the focus for this thesis. Throughout the argument will draw upon English and Scottish historical records and upon the writings of physicians working in both countries.

The thesis does not, however, provide an exhaustive coverage of all the levels or areas where the topic of madness receives attention. Perhaps the most notable ommission concerns the treatment of madness in literature for although the eighteenth century provides an extremely fertile source in this respect literary discussions of the topic have not been included. The reasons for omitting literature are threefold. First, to do justice to the topic required more space than is available here and indeed the entire work could easily have been devoted to this subject alone. Secondly, earlier attempts to relate developments in literature to those at other levels were not entirely satisfactory; in the case of Tristram Shandy, for example, it was possible to establish links between this work and developments in other areas but such links seemed, on occasion, slightly forced and, more importantly, they did little to enhance either the strength of the general argument or the coherence of the work as a whole. Thus the exercise, although interesting, seemed rather tangential to the intention of the work. Finally, and related to this, it became apparent that the changing conceptions of madness and developments in the social response to it could be most fully explicated if attention was limited to those parts of the historical evidence that impinged most directly upon the problem; namely the medical treatises on madness and the more general changes in the way in which it was controlled and treated.

The following chapters examine the problem at a number of different levels, the most important of which are: the attempt made by physicians to analyse, understand and describe the disease; the image of madness

that emerges from this enquiry; the gradual separation of madness from other types of social disorder; the incarceration of the insane in special institutions, to which they were consigned for custodial and therapeutic purposes; the development and refinement of therapeutic principles; finally, the response to insanity on the part of those who encountered it in the course of their everyday lives and who had no particular interest, let alone expertise, in dealing with this disorder. It is to developments at each of these levels that the following chapters will be addressed and although the chapters are necessarily organised sequentially this should not be taken to mean that changes at any particular level are accorded precedence or that changes for instance at the level of social control have a temporal and causal priority over developments in other areas. On the contrary, it is essential to emphasise that many of the changes examined occurred simultaneously and it would be a mistake therefore to read the work in terms of a gradually unfolding narrative in which changes at one level precede—and indeed generate—changes at another.

The first three chapters deal with various aspects of the medical investigation of madness. At the outset the methodological principles and assumptions guiding medical enquiry are elucidated and this methodological orientation is placed in the context of more general eighteenth century views concerning the nature of scientific enquiry and the acquisition of knowledge. More specifically, the chapter analyses the response, on the part of physicians, to an important question. What is the most appropriate perspective or point of view from which to approach the study of madness? This question is central to many medical treatises on insanity, particularly those dating from the late seventeenth and early eighteenth century, and the thesis will begin with a discussion of how physicians approached their subject, the principles upon which they based their enquiry and the degree to which they were able to adhere to these principles.

In Chapter Two this line of analysis is pushed further by way of a detailed consideration of one particular path taken by physicians in their approach to madness; the approach provided by metaphor. The purpose of this chapter is to elucidate various metaphors of madness and, more significantly, demonstrate that in eighteenth century medical enquiry metaphors provide a basic mode of apprehending and understanding the phenomenon of madness. It is through metaphors that physicians are able to visualise the disease for both their readers and themselves, to relate this phenomenon to others and, finally, to delineate the defining qualities of the disorder.

Having tried to reconstruct the process by which medical interpretations of the disease are arrived at the focus widens to take into account the actual substance of the medical interpretation. In place of the question, how did physicians approach the study of this disorder, Chapter Three addresses the question, what did physicians have to say about madness and how did their characterisations of the disorder develop over time? More particularly the chapter deals with changing shifts of emphasis in the medical description of madness and, most notably, the shift whereby each individual is finally accorded a degree of responsibility for his own mental wellbeing. Madness is increasingly seen as something that can be avoided and perhaps cured by the due exercise of self restraint. In other words, the view of madness as something which literally takes possession of an individual slowly diminishes, and it is possible to detect the emergence of a view which sees madness as a quite distinct form of disability and one induced by an individual's failure to curb unhinging flights of imagination or those excesses of passion that disorient and finally completely unsettle the mind. In the late eighteenth century madness is presented in terms of the failure on the part of the individual to internalise effectively appropriate norms of social behaviour, and to ensure that private vagaries are not translated into public indiscretions. This account

serves to represent the disorder as a distinctive type of illness and one requiring particular therapeutic measures. By the latter half of the eighteenth century physicians portrayed this disease in terms of a particular combination of circumstances associated with an individual's failure to regulate appropriately each of his faculties—notably imagination, passion, attention and association—and to observe the distinction between private vagaries of thought and their public display. And on account of their inability to sustain the appearance of mental wellbeing the case of the insane is, as Aikin had noted, "in a peculiar manner distressful, since besides their own sufferings, they are rendered a nuisance and a terror to others".[4] This reconstruction of the medical image of madness in the eighteenth century concludes the first half of the work.

The remaining three chapters are addressed to more general questions concerning the confinement of the insane, their treatment in asylums and the 'public' reaction to insanity. Thus Chapter Four looks at the range of measures used to control the insane, the institutions in which they were confined and the ways in which the predominant rationales of confinement developed during the seventeenth and eighteenth centuries. Throughout this period the insane were somewhat arbitrarily confined in the same institutions as rogues, vagabonds or criminals and particular attention is given, in Chapter Four, to the changing reasons for this confinement and the links between this process and the establishment of asylums.

Against this general backdrop Chapter Five examines, in rather more detail, two important developments. First, the emergence of the asylum as the institution specifically designed for the insane and the gradual separation of this group from other categories of social deviant; secondly, the evolution of a therapeutic system intended to cure and rehabilitate lunatics, rather than simply to punish them or contain their disorder.

In addition Chapter Five also explores the relationship between certain forms of treatment and prevailing medical explanations of madness. It is proposed that many bizarre and ostensibly irrational therapeutic measures can be more fully understood if they are seen in the context of prevailing medical interpretations of the disease.

Finally, the discussion assumes—in Chapter Six—a more speculative quality as an effort is made to tackle the rather awkward question, how was insanity perceived by those who had no particular interest or expertise in understanding or controlling it? How did ordinary people respond to the presence of this disorder, for instance in their friends or relatives, and what does this response tell us about the more general view of madness that was coming to prevail at a particular time? In other words, the chapter consists of an investigation of the various ways in which ordinary people recognised and identified the presence of madness, and, having done so, how they responded to it. What is of interest in this discussion are the criteria by which people judged an individual's state of mind and the relationship between these criteria and other social practises regarding insanity. The intention of this somewhat speculative discussion, as in the preceding chapters, is quite simple. It is to shed some light on the various approaches to insanity during the eighteenth century and to show that this period marks the origin of the view that madness is distinctly different from other types of disorder and that the mad are, inevitably, set apart.

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Historical and sociological research in this area has now yielded a handful of books, among which Michel Foucault's Madness and Civilisation has perhaps provided the most provocative isolated insights. Like Foucault's book this thesis is centrally concerned with the history of

ideas but it differs from Foucault's work in an important respect. Foucault accounts for the emergence of the asylum, and the segregation of the insane, in terms of the abstract and somewhat metaphysical triumph of reason over unreason. Both the confinement of the insane and the development of the asylum itself are portrayed as the visible expression of a rather intangible struggle between the opposing forces of reason and its antithesis—unreason. In the asylum,

> "reason reigned in a pure state, in a triumph arranged for it in advance over a frenzied unreason. Madness was thus torn from that imaginary freedom which still allowed it to flourish on the Renaissance horizon. Not so long ago, it had floundered about in broad daylight: in King Lear, in Don Quixote. But in less than a half-century it had been sequestered and, in the fortress of confinement, bound to Reason, to the rules of morality and to their monotonous nights".[5]

As with so much of Foucault's work such an account is initially persuasive but finally exasperating, for in some ways it does not take us very much further in trying to understand how and why the insane came to be confined in asylums. Moreover, such an interpretation comes close to explaining historical developments exclusively in terms of ideas and their evolution.

Andrew Scull's Museums of Madness marks another valuable contribution to this area, particularly so far as developments in the nineteenth century are concerned. However, in trying to account for the definition of insanity as an 'illness' (over which the medical profession has sole jurisdiction) and the choice of the asylum as the institution in which the insane are to be treated Scull does not devote very much attention to changes in the medical interpretation of this disease and one is left with a somewhat shadowy impression of exactly how physicians characterized it and accounted for its onset. In this thesis detailed attention is paid to the substantial corpus of relevant medical literature and to providing a framework within which to interpret this literature. The thesis attempts to demonstrate that well before the nineteenth century

physicians took more than a cursory interest in madness and, moreover, that their interpretation of the disorder illuminates both institutional and therapeutic changes. These are changes which, in Scull's analysis, seem in large part attributable to a series of manoeuvres, on the part of certain physicians interested in madness, that were intended to,

> "secure such a position for themselves and acceptance of their particular view of the nature of madness, seeking to transform their existing foothold in the market place into a cognitive and practical monopoly of the field, and to acquire for those practising this line of work the status prerogatives 'owed' to professionals—most notably autonomous control by the practitioners themselves over the conditions and conduct of their work".

A process such as this may indeed have been taking place during the first half of the nineteenth century but in the somewhat earlier period covered by this thesis there is less evidence of it and the argument developed in the following chapters pays greater attention to a range of other factors.

The difficulties associated with an account that leans heavily on theoretical notions concerning the role of elites in society, the formation of social classes and the activities of those who assume unto themselves the right to tule, are rather more evident in Michael Fear's Ph. D. thesis on The Moral Treatment of Insanity: a study in the social construction of human nature. In Fear's study a highly developed theoretical perspective is used to explain changes that fall slightly outside the focus of the present thesis and are dealt with more briefly.

Within a narrower compass than that adopted by Foucault, and a rather earlier historical focus than that of Scull and Fears, this thesis tries to provide a concrete grounding for the developments being examined and to explain them within the wider context of the response to other types of social deviant, of the growing preoccupation with crime

rather than idleness, and the associated changes in the function of the workhouse. In addition, the segregation of the insane into asylums is seen in terms of a particular conjuncture of forces, among which one must include specific historical changes, such as the problems of overcrowded workhouses, as well as prevailing ideas concerning the nature of madness, the scope for therapeutic efforts informed by rational principles and the capacity of each individual to regulate his public conduct in a reasonable manner.

NOTES

1. J. Aikin, Thoughts on Hospitals (1771) pp. 65-6.
2. Quoted in P. Gay, The Enlightenment: An Interpretation. 2: The Freedom of Science (1970) 1973 edition p. 7.
3. W. Battie, A Treatise on Madness (1758) p. 1.
4. Aikin op. cit. p. 66.
5. M. Foucault, Madness and Civilization: A History of Madness in the Age of Reason (1961) 1971 edition p. 64.
6. A. Scull, Museums of Madness: The Social Organization of Insanity in Nineteenth Century England (1979) p. 129.
7. M. Fears, The Moral Treatment of Insanity: A Study in the Social Construction of Human Nature. Unpublished Ph. D. Thesis, University of Edinburgh 1978.

CHAPTER 1

EXPERIENCE AND OBSERVATION

The purpose of this and the subsequent chapter is twofold. First, to identify and analyse the goals, methods and assumptions guiding eighteenth century investigations of insanity. Second, to analyse in rather more detail one particular strategy adopted by English physicians as they attempted to understand, or at least to describe, madness; this particular strategy concerns the use of metaphors and it is with the metaphors of eighteenth century medical treatises that Chapter 2 will be principally concerned. The immediate focus of the discussion therefore is not so much the substance of the medical account of madness but rather the methods by which this account was arrived at and, on a more critical note, the failure of physicians to adhere to the guidelines and limits which they had imposed upon their enquiry. The word failure is used advisedly here, for what is at issue is not so much the adequacy of eighteenth century medical accounts of madness as the difficulties which confronted physicians studying this disease; difficulties which, to a certain extent, made it inevitable that the actual process of enquiry should depart somewhat from the guidelines and principles laid down.

At the risk of presenting a reductionist interpretation it may be said that the question common to so many medical discourses on insanity, particularly those dating from the late seventeenth century and early eighteenth century, is, quite simply, from what point of view of from what perspective should madness be studied? Medical treatises from the seventeenth and early eighteenth century period rarely open with questions such as, what is madness, or what is the precise difference between madness and insanity, or where should one fix the point at which excitement yields to curiousity, meditativeness to melancholia, passion to bestiality, or imagination to delusion? In place of these one finds another no less important question.

Is there, in studying madness, a settled perspective, or shared point of view—common to physicians and readers alike—from which the description of madness, in all its forms, can begin? What is the common ground upon which enquiry should be based? It is questions of this order, rather than those concerned with an exact definition or explanation of madness, that present themselves to readers of medical literature, particularly that dating from the first half of the eighteenth century.

In most of the replies to such questions there is, perhaps surprisingly, an often repeated and almost uniform declaration. This is articulated most forcefully by the great physician and mentor of Locke, Thomas Sydenham in 1696. 'I declare that I have published no general method that had not been established and verified by frequent experience".[1] Experience, "the soul of the art", is the ground upon which all enquiry should begin and to which it must return for validation. If diseases are to be accurately described it is imperative that the physician should attend not to hypotheses but solely to experience and that "in writing a history of diseases every philosophical hypothesis which hath possessed the writer in its favour, ought to be laid aside, and then the manifest and natural appearance of diseases, however minute, must be noted with the utmost accuracy, imitating in this the great exactness of painters who, in their pictures, copy the smallest spots or moles in the original". Like the painter the task of the physician, as outlined by Sydenham, is to observe carefully, for it is only "faithful and accurate observation which are the principal foundations of the pathological and curative branches of physick". And experience is "the result of a number of such observations made by ourselves and others".[2]

Here then, Sydenham clearly enunciates the cardinal principles of medical enquiry. The soul of the art is experience which may in turn be defined as the sum of diligent observations—observations made in the belief that the object or 'end' of enquiry is to provide an exact description of the phenomena, to paint, in minute detail, the appearance of disease. The basic datum of medicine is provided by observation and any attempt to go beyond observation, thereby removing the problem

from the solid ground of experience, will provide only false solutions; false because they explain what is unknown in terms of that which is even less understood.

Before going on to analyse these principles, however, and before interpreting the special significance ascribed to experience in medical treatises, it may be helpful to set the analysis in the context of certain more general views concerning the nature of scientific enquiry and the acquisition of knowledge.

Ernst Cassirer, in his valuable study of The Philosophy of the Enlightenment, has observed that,

> "the eighteenth century had seen the real task of philosophy in the construction of the philosophical system. Truly philosophical knowledge had seemed obtainable only when thought, starting from a highest being and from a highest, intuitively grasped certainty, succeeded in spreading the light of this certainty over all derived being and all derived knowledge. This was done by the method of proof and rigorous inference, which added other propositions to the first original certainty and in this way pieced out and linked together the whole chain of possible knowledge".[3]

The first original certainty from which the great rationalistic systems of the seventeenth century begin is the conviction that those innate ideas or "primitive notions" with which each person is born constitute not only the origin of knowledge but also the model for all other knowledge. Philosophy, according to Descartes, begins with a consideration of these primitive notions, notions which are imprinted by God and which provide the guarantee that concepts—when clearly defined—will correspond to empirical reality. Or, as Cassirer notes elsewhere, "reason, as the system of clear and distinct ideas, and the world, as the totality of created being, can nowhere fail to harmonise; they merely represent different versions or different expressions of the same essence".[4] That essence is "the archetypal intellect" of God that guarantees, in the philosophy of Descartes, the bond between thinking and being, between truth and reality. Since both concepts and empirical reality have, as their origin, the same divine source there is accordingly little need to question

the connection between clearly defined concepts and things, nor the applicability of these concepts to the empirical world. If by virtue of his concepts and knowledge man participates in divine being then the certainty of both is assured. In a rationalistic system, therefore, the centre of gravity is marked by clearly defined concepts, derived from innate ideas, and by clear definitions from which inferences can be drawn and the compass of knowledge gradually broadened. The starting point from which philosophy should begin is, so Descartes argued, provided by those innate ideas of 'primitive notions' with which each individual has been divinely endowed. These ideas, which are proof of a divine agency, serve also as the models for all other knowledge. Building upon this firm foundation philosophy progresses by means of clearly defined concepts and judicious inferences.

In England, however, where Cartesianism never gained the same unlimited influence as it did in France, Descartes' fundamental assumptions and methodological injunctions were both challenged and decisively rejected. And it is this rejection, particularly Locke's rejection of the principle of innate ideas and the form of enquiry that is the corollary to this principle, which provides a context in which to place much of the medical literature being examined. At the centre of Locke's enquiry are the same questions which Descartes had grasped. What are the limits of the mind, and related to this, what are the objects commensurate with man's capacity for knowledge? But in answering these questions and in trying to provide a solution to the problem of knowledge Locke decisively rejects any flight into transcendent worlds and, of course, rejects the premise that each individual is endowed with a set of innate ideas. In its place Locke installed, at the very centre of his psychology, the simple axiom, "nothing is in intellect which was not first in the senses". Instead of the Cartesian metaphysics of the soul Locke endeavours to provide a history of the soul and one based, moreover, on the "historical, plain method".[5] The method that is of careful observation and faithful description.

For present purposes, the importance of the work of Locke is not the substance and detail of his "history of the soul", as Voltaire called it, but rather the method by which this history was elaborated.[6] When studying eighteenth century medical accounts of madness there are two decisive considerations to be borne in mind, both of which concern Locke. First, Locke's authority on many questions of psychology and the theory of knowledge went virtually unchallenged in the first half of the eighteenth century. Second, and directly related to this, the aims and methods of his psychology completely dominated subsequent investigations of the mind and its disorders. What Locke provided was a method whereby the investigation of madness could be guided, a method which was itself closely related to Locke's own training in medicine for he combined, like many physicians later, his philosophy and medicine, and indeed, taught his philosophy on medical principles.

What was this method? Perhaps the most succinct statement of Locke's views is provided in the following piece of advice which he gave to Molyneux.

> "I perfectly agree with you concerning general theories, the curse of the times and destructive not less of life than of science, they are for the most part but a sort of waking dream, with which men have warmed their heads, they pass into unquestionable truths. This is the beginning at the wrong end, men laying the foundations in their own fancies, and then suiting the phenomena of diseases and the cure of them, to those fancies. I wonder, after the pattern Dr. Sydenham has set for the better way, men should return again to this romance way of physics. What we know of the works of nature, especially in the constitution of health and the operation of our own bodies, is only by the sensible effects, but not by any certainty we can have of the tools she uses or the ways she works by".[7]

The advice might equally well come from Sydenham, who collaborated with Locke, for both fully shared the view that experience is "the only teacher". It is the corollaries of this consistent affirmation of experience that inform so much of the medical literature. The most important of these corollaries are the following.

First, since experience provides the ground on which all problems must be studied—and solved—any recourse to transcendent truths is wholly

invalid since it negates both the indubitable principle, "nothing is in intellect which is not first in the senses", and the associated assumption that the intellect is self-sufficient. Second, the path to be followed by enquiry is not that taken by Cartesian philosophy in which one begins with axioms and concepts and then proceeds to apply these to empirical reality. Rather, the route outlined by Locke consists in beginning with the data generated by observation and experience and then, on the basis of this data, proceeding to a cautious formulation of general principles and laws. All who are concerned with diseases must, like Locke the philosopher/physician, abandon themselves to the abundance of phenomena, to the varieties of disease in all its forms and appearance. Third, adherence to this "logic of facts" will finally reveal the regularity in phenomena and the repeated conjunction of particular appearances. It is only on the basis of these observed regularities and resemblances that rules may be cautiously generalised. What has to be retained, therefore, is the specific form of appearances, of empirical reality, and the means by which this form will be retained is the art of carefully describing and recording observations. Finally, the goal of enquiry is that of pure description; it is the ideal of a purely descriptive science of nature. Description rather than definition is required, and description based on a wealth of unprejudiced observations which, taken together, constitute the 'experience' or bedrock of observed facts from which to generalise. When, as Bacon remarked, the "stock of experience has increased an infinite amount and the granary or storehouse of matters" is replete, it will then be possible to present a faithful "dissection and anatomy of the world"—and of disease.[8] This dissection could, in principle at least, be performed by anyone, since the great merit of empiricism, of the patient recording of observations and detailing of experience, is that this "way of discovering science goes far to level men's wits, and leaves but little to individual excellence; because it performs everything by the surest rules and demonstrations".[9]

It is time now to return to the medical literature and to examine how physicians applied the rules inherited from Locke and, more distantly, from

Bacon. These rules have as their principle the patient gathering of facts and as their object the ideal of a purely descriptive science of nature in which recurring regularities are judiciously observed and carefully described. It is a science at the centre of which we should expect to find "a fair copy of the smallest moles or spots in the original", rather than the clear definitions of Cartesianism.[10]

Open any eighteenth century medical work on insanity and one will discover that it is rooted in the anxieties, hopes and fears of everyday life. The text is alive, the illustrations vivid, and there is, in the whole tenor of the work, a powerful sensation of an experience being recounted; the experience of an encounter with madness. Given the enormous influence exerted by Locke, particularly at the methodological level, it is not surprising to discover in much of the work in this period an almost unanimous endorsement of the principle that frequent, diligent and sustained observation holds the key to medical knowledge. In the manner of both Locke and Sydenham physicians studying madness roundly condemn abstract speculation or the 'false clue of theory', preferring instead to place their trust in the weight of accumulated observations.[11] "I lay much greater stress", wrote George Cheyne in his treatise on The English Malady (1733), "upon experience and observations themselves than upon any philosophical reasons I, or any other one, can suggest". A few years earlier Archibald Pitcairne had urged fellow physicians to "cultivate physick upon the trials of experience", and in the middle of the century William Battie, who was physician to St. Luke's Hospital from 1750-1764, observed impatiently in his Treatise on Madness (1758), that "it is time to quit the schools of philosophy and content ourselves with a vulgar apprehension of things".[12]

But of what does this vulgar apprehension consist? One answer at least is provided in Cox's Practical Observations on Insanity (1804) in which the author announces that the plan of his work is "to avoid all abstract reasoning, and to detail the results of my own experience in plain ungarnished language"; an ambition which the majority of Cox's predecessors thoroughly endorsed.[13] Indeed, it would be possible to

compile an extensive—but rather tedious—catalogue of statements each endorsing Sydenham's fundamental dictum, "experience is the soul of the art".

What is perhaps more interesting, however, is the consequence that this reliance upon the lessons of experience has for the way in which madness is investigated and described. Having challenged the authority of tradition, and having questioned the disquisitions of the 'Ancients', physicians install the new authority of experience but as a result of this their work takes on a rather special character. The character that is of autobiography. For there is, in many of these texts, a trace of that distinctively autobiographical style so evident in the work of a philosopher such as Montaigne and, indeed, Descartes. What physicians attempt to do is to describe their own particular experience and in so doing they fill their treatises with autobiographical anecdotes.

The medical practitioner and philosopher Bernard Mandeville, for example, in his Treatise of Hypochondriack and Hysterick Passions (1711) vividly recounts his melancholic fluctuations and tormenting delusions during which he became convinced, on at least one occasion, of the imminent possibility of "the losing of my nose, my palate and my eyes"; a delusion associated with his imagined syphillis. During one particularly severe attack of melancholy Mandeville so vividly recalled an account of the influence of the air upon the inhabitants of Virginia—and most notably the case of a woman whose condition deteriorated "upon the rising and coming nigher of the clouds"—that he finally became convinced that the same fate might befall himself; a consideration which, "put me under strange apprehensions".[14] In a rather similar vein the physician George Cheyne, the 32 stone "valetudinarian" and friend of David Hume, dedicates his study of The English Malady to "fellow sufferers" who may find comfort—and instruction—in the author's moving account of his own breakdown. Chronicling, in almost mawkish detail, each onset of bleeding, vomitting, headache, vertigo, delirium, anxiety and terror, Cheyne concludes his dreadful chronicle with an apposite apology. "I know", he confesses, "how indecent and shocking

egotism is, and for an author to make himself the subject of his works, or words, specially in so tedious and circumstantial detail". But Cheyne justifies his autobiographical approach on the grounds that his account may assist those "whose condition may have some resemblance to mine; which everyone's has in some degree".[15]

Personal accounts of breakdown were not, however, confined to the medical profession. Melancholy, in particular, provided the inspiration for many 'lay' disquisitions, as for instance that written by a non-Conformist minister by the name of T. Roger whose Discourse Concerning Trouble of Mind (1690) contained abundant advice on caring for melancholic patients; advice based on the author's own 'trouble of mind', from which he had first suffered during his early twenties.

Reliance upon personal experience may be seen therefore as part of an attempt to provide fellow sufferers with insight into their diseases and, ideally, guidance as to how these diseases may be cured, or accommodated. It would be a mistake however to conclude that the autobiographical mode is simply a feature of certain types of work, specifically those in which the author himself has suffered. On the contrary, most treatises on madness retain an autobiographical quality and even in those cases where the author does not have personal experience of melancholia, for example, there remains nonetheless a marked tendency in favour of describing experience and of making that experience available to the reader. The reason for this is important. Given that the task of medical enquiry is to present a point of view or a common perspective from which author and reader alike can consider madness, it is essential that physicians demonstrate that between their own experience and that of the reader there is no hiatus. When physicians cite the principle of experience as the indispensable basis of enquiry they are referring not so much to an undifferentiated and unordered multitude of observations as to those particular observations or experiences drawn from the common course of everyday life. In the context of medical enquiry what distinguishes relevant from irrelevant experience is it proximity to common, everyday experience.

By now it should be clear that there is, in principle, nothing special or unique about the experience upon which this approach to medical is grounded. The concerns of the physician are of a piece with those of the reader, his prejudices and interests are much the same and, most decisive of all, his approach or method is not distinctive. Indeed, recourse to the authority of experience really marks a denial of the necessity for any method. Neither description nor experience has any theory; in both instances validity is determined by the accomplishment of naturalness, or what Locke calls 'the historical, plain method'. Of course, the very act of recounting experience serves to order and compose that experience, but the guiding aspiration of medical texts is the preservation of the original unity and natural coherence of first-hand experience; coherence and unity which mirrors that indivisible unity and regularity of nature. By placing the problem of madness on the firm ground of experience, and by resisting any transcendent flights—such as a theological interpretation of the disease would entail—physicians hope to provide a true description of the disease. It is the observance of this restriction which ensures the validity of enquiry, for once nature is conceived of as an enormous book then the task of the physician is subsumed under the requirement of reading this book and of doing so in a style that is accessible to all. "I cannot", writes Thomas Sydenham in The Preface to his Complete Works (1696), "forbear mentioning again this fear and jealousy of my own, which I am persuaded is not altogether groundless, that there never will be any great and considerable advances made in the art of healing, till all hypotheses and mechanical reasoning are out of vogue, and till men are come about again to the method of pure experiment, and common obvious reasoning entire from thence".[16]

The apparent naturalness of medical enquiry, the absence of any obvious method or artifice should not, however, obscure the fact that neither experience nor observation are purely neutral activities unguided by interests, prejudices, or hypotheses. Of course, in the work of Bacon, and later of Sydenham, Locke and their successors, the call is to eradicate hypotheses and all preconceived notions which may distort observation

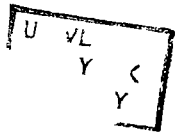
and force description into a Procustean bed. But if one considers the twin principles of enquiry, observation and experience, it soon becomes evident that physicians cannot but fail to depart from the objectives set for enquiry and the constraints within which it ought to be conducted.

Closer examination of the medical literature reveals that physicians were unable to restrict themselves to the limits of experience and uncritical observations from which interpretation and argument have been banished. Concerned that the compass of experience may be too narrow, and their observations fallible—based as they are on the unreliable instruments of the senses—physicians extend the boundaries of that experience on which their accounts of madness draw. In so doing they employ observations which are not derived from what Hume referred to as "the common course of the world" and, moreover, they effectively deploy these observations in support of particular arguments. Indeed, in the sequence, ordering and juxtaposition of these observations and illustrations the thesis and argument of any medical work is implicitly expounded. The regularity that recollection imposes upon experience, upon singular encounters with the disease, is the regularity of an argument in full command of itself. Experience is not, as physicians like to suggest, magically preserved in its original unity; it is constantly transformed and reinterpreted in accordance with the intention of a particular thesis. Each illustration and the menner of its presentation is an abridgment of the argument and it serves to outline, in abbreviated form, an overall picture or interpretation; every recorded observation condenses and exemplifies an argument. True to the spirit of both Locke and Sydenham many physicians, in espousing the method of natural observation, ignored the fact that like seeing or hearing, observing and understanding are not ultimate indivisible qualities but, on the contrary, late developments acquired through learning and constantly refined by learning. Significantly, when the accomplishments of a physician such as Sydenham were later assessed it was his very lack of method and the naturalness of his observation which commentators singled out for highest praise.[17]

Just as physicians fail to adhere to the principle of neutral observation so too they trespass beyond the limits of experience upon which Bacon, Locke, and Sydenham insisted. Of these limits the most important was the restriction, particularly by Sydenham, of experience to the observation of visible appearances. Only that which is immediately visible should concern the physician whose knowledge must be confined, as Sydenham observed " to the surface of things; and can by no means obtain to discover their causes. "[17] If this restriction were lifted and if access were granted to a realm beyond appearance "it would perhaps answer no other end than that of useless speculation and amusement". [18] In much the same spirit one Sam. Bowden, in a poem praising Thomas Morgan's Philosophical Principles of Medicine (1725) commended the author for prudently limiting the scope of his gaze to external appearances.

> "For nature is governed by mechanick laws,
> With nicest skill you paint her outward dress,
> In vain we'd penetrate the deep recess"[19]

Observation freed of the tutelage of tradition succumbs instead to the power of the visible. Seeing is equated with knowing, seeming with being, and while it may be possible to penetrate the essence of madness—since all reasoning which transcends appearance is "full of confusion and uncertainty"—it is at least possible to observe the superficial identity shared by all forms of the disease.[20] In place of the impossible ideals of obtaining an accurate representation of the thing in itself, madness—an ideal which promises transcendence—physicians attend instead to the task of observing coexisting properties. Knowledge of madness can thus be defined in terms of what the disease looks like, for it is the external physiognomy of the disease, the visible surface of it, which stands in for an appreciation of its essential quality. What is essential or definitive about madness are those characteristics by which it can be recognised. The hope of physicians is that their enquiry will offer instruction in "the external face of diseases" and by so doing render the face of insanity familiar.



Viewed then as a composite of regularly recurring properties madness takes on a clearer outline and assumes a particular form. As expressed by Nicholas Robinson, *the goal of any philosopher or* physician—and often *the distinction is nebulous—is to discover* ''the habitudes of things, and their *connection and relations with each other;* so far, and no further, can we *discover certain truth and knowledge''.* [21] In the discovery of the *relation that things bear to one another physicians* find a way of gaining a *particular perspective upon insanity. From the* point of view of relation, of observable resemblances, the visible features of madness can be easily grouped together, named and contained. Madness is, of course, set apart but it does not stand in complete isolation, for it can be shown to be like other things; and one grows accustomed to it.

This limitation of medicine to the realm of appearance raises two significant problems. The first concerns the validity or truth of any knowledge derived exclusively or even primarily from the observation of visible effects. The problem is that the accuracy of such knowledge can only be assured if the infallibility of the senses is beyond question, and few would have endorsed such an optimistic conclusion. Reliance upon the senses as the chief instruments of enquiry inevitably raises a whole series of questions relating to the 'truth' of such enquiry and the status of its findings. Implicit in much of the medical literature, therefore, is a defence against scepticism and the lines of this defence will be examined shortly.

The second problem, which has already been alluded to, concerns the value of any enquiry founded exclusively upon the limited experience of an individual observer. In recognition of this fact physicians endeavour to base their observations and descriptions upon events and situations with which the majority of their readers should be familiar. In other words, physicians invoke the reader's own experience as a way of enlarging the foundation upon which their interpretations of madness can be elaborated. In addition to this physicians cast their net beyond the horizon of everyday life in the hope of finding suitable

observations and illustrations with which to embellish their work. One particular way in which they do this is by using the accounts that travellers have given of their voyages.

Even Sydenham, who had firmly insisted upon the necessity for first-hand observation, recognized that "knowledge must needs be contracted, and narrowed while only confined to the objects of his [the observer's] own country".[22] In view of this it is perhaps inevitable that physicians should, like many other writers, enlarge the compass of their enquiry so as to take in travellers' accounts of exotic places, species and occurrences. This strategy had received considerable impetus from the Royal Society, and from Boyle in particular, in the form of a series of fairly precise instructions to travellers concerning the collection of specimens and the recording of observations. Travel was seen as an integral element in a much wider movement that had as its goal the establishment of history, both human and natural, upon secure foundations. In the case of diseases and their history Boyle, for example, expressly urged travellers to take particular care in noting their nature and symptoms and throughout the mass of travel literature, especially that dating from the mid-seventeenth century onwards, one finds scattered references to diseases of the mind.

From Jamaica, for example, Hans Sloane reported that the effect of the sun and the moon was a decisive factor in the cause of insanity there, while Sir John Chardin noted that in Persia the hot climate induced such perspiration and "vaporization of the spiritous parts of the blood" that people were immune to that bodily disquietude which "goes often to extravagance and madness". Similarly George Sandys, whose Relation of a Voyage Begun in 1610 became something of a classic in the literature of travel, noted that in Turkey those who had lost their wits were highly esteemed "as men ravished in spirit and taken from themselves, as it were, to the fellowship of the angels".[23] The accounts of travellers served, therefore, to augment the experience of those whose knowledge would otherwise have been limited by the horizons of their own country. And in the case of the effect that climate has upon the mind—and its disorders—the accounts of travellers proved a particularly fertile source

of empirical evidence. Thus Sir Richard Blackmore, who was physician to William III and Queen Anne, implicitly invoked travel literature, in his Treatise of the Spleen and Vapours when he noted that "in foreign climates, especially those nearer the sun, disorders of the mind, Lunacy and disturbed imagination are very frequent".[24]

It would be rather limited, however, to conclude that travel literature simply augmented the storehouse of facts about madness. This corpus of work plays a more significant role in the medical literature for it serves to extend the boundaries of medical experience in other less tangible but certainly more important ways. First, in its description of savage customs, extraordinary freaks of nature or simply the dramatic evocation of foreign parts, travel literature provides a source for the metaphors, images and comparisons which physicians employ. Despite the protestations of those who claim to simply detail the results of their own experience in "plain ungarnished language", physicians often abandon the orbit of their own experience and observation in favour of the more vivid images and the more dramatic experience detailed by travellers. As Lord Shaftesbury noted in his Advice to an Author, "monsters and monster-heads were never more in request", and a few years later Blackmore, again in his Treatise of the Spleen and Vapours, drew directly upon the exotic imagery of travel in painting his picture of madness.

> "Predominant judgement and discretion are settled as the limits, which circumscribe the man of sense.... If you pass this frontier you enter into a wild uncultivated region, an intellectual Africa, that abounds with an endless variety of monsters and irregular minds. These absurd understandings are errors and deviations of nature in the formation of the head".[25]

In trying to define the boundaries of wit or sense, hoping thereby to reveal the area occupied by madness, Blackmore abandons faithful description of the disease's appearance in favour of that potent image of a continent untamed, barely explored and populated by extraordinary races. Redolent with mystery the image of an "intellectual Africa" conjures up the impression of a mind not in control of itself, flouting the limits of discretion and of nature. Blackmore's image locates

madness, it fixes it in relation to other phenomena and helps to provide a perspective from which the observer can consider this disease and identify other phenomena to which it bears a resemblance. It is an image which, moreover, conjures up for the reader a far more exciting and memorable picture of this disorder than any detail of Blackmore's own experience might do. Blackmore's description is effective because it locates madness in relation to an experience removed from both his own and the reader's common course of everyday affairs. The image employed by Blackmore, as a supplement to the account of his own experience, thus provides a context in which madness may be examined and described. Although the chosen metaphor refers to a distant and rather exotic continent it is, nonetheless, an image with which some of Blackmore's readers are likely to have been familiar. In other words, the author chooses a metaphor that is striking but not too esoteric or incongruous. To the contemporary reader of the Treatise of the Spleen and Vapours the association between barbarism and Africa would almost certainly have had considerable currency and by relating fairly generalized notions concerning barbarism and Africa to the more specific problem of madness, Blackmore, with considerable effect and economy, creates a useful framework for understanding madness and grasping its particular qualities.

There is one further way in which the accounts of travellers serve to increase the general stock of experience on which medical enquiry can draw. Just as these accounts serve as a useful source of potent images so too they provide, in their descriptions of savage and barbarous tribes, a yardstick against which such an unnatural phenomenon as madness may be measured. One consequence of exploration and the discovery, as Bacon observed, "of a multitude of climates and zones, wherein innumerable nations breathe and live", is the relativization of all customs, assumptions and settled perspectives.[26] Exploration has revealed, according to Blackmore, "great diversity in the countenance, humour and disposition of mind of different people", and the upshot of this apparently infinite addition to the stock of knowledge is, inevitably, the discovery that the established distinctions and classifications are

relative and that there may, after all, be no fixed point from which to determine the precise difference between those who are barbarous or civilized, and perhaps between those who are sane or mad.[27]

The discovery of new continents and customs thus has two significant results. First, such discovery directly increases the basic stock of knowledge about climate, customs and so on, thereby providing a valuable addition to what Bacon referred to as the 'granary or store-house' of known facts. Secondly, this broadening of horizons and the associated increase in knowledge dramatically reveals the range of human behaviour, the immense variation in customs, manners and ways of life. The inevitable corrolary, therefore, of the exploration of new worlds is the discovery of diversity, of the seemingly limitless variety of races, laws, religions, climates and nations. As a result of exploration almost everything is called into question and all the categorizations or divisions that had hitherto seemed to stable and invulnerable are suddenly shown to be unsteady and somewhat arbitrary. When applied to the study of madness the immediate consequence of this relativization of knowledge is to conclude that "the species of madness are as various as men are in their complexions".[28] This conclusion does nothing to settle the problem of perspective with which most physicians grappled.

Rather than settle for such a 'pessimistic' conclusion physicians study the travel literature in the hope of discovering those particular features or attributes that separate the civilized from the barbarous and, by implication at least, the sane from the mad. In the context of medical enquiry travel literature does not provide instruction in the relativity of all knowledge and distinctions, rather it is treated by physicians as a mine of information concerning barbarous behaviour which may, in certain respects, resemble and shed greater light on the behaviour of the mad. In mining this rich vein of information physicians adopt a principle advocated by Bacon. The principle of observing similarities and relations between phenomena, or "the resemblances and analogies of things", no matter how different these phenomena or things seem at first sight.[29]

The centrality of observation is again affirmed but it must be given a specific focus and orientation; the identification of phenomena that resemble each other in some respect. An example may illustrate this process.

The discoveries of travellers have revealed that the one facility common to all those who claim to be 'civilised' is the capacity for scientific enquiry. On occasions where man's unique and distinctive capacity for "science and art" is not employed then, as Thomas Tryon remarked, "man is much worse than the beast and as appears in most or all countries where the nations have no art, sciences or trade, are they not much more brutish than the savage beasts of the desert". Likewise Boyle had observed that "beasts inhabit the world; man, if he will do more, must study and spiritualise it".[30] Those afflicted by madness, seem, at least temporarily, to have lost the facility for science and art and their condition may, as a result, be justifiably compared with the brutish or barbaric side of creation. In the eyes of many physicians madness is clearly analogous to animality or barbarity, conditions characteristically bereft of the capacity to regulate or control behaviour. It is for this reason that Nicholas Robinson, entering the "most gloomy scene of nature" in which the melancholic resides, finds this "lordly creature man almost debased below the brutal species of creation". A finding echoed by Z. Mayne who, in his Two Dissertations Concerning Sense, proposed that when a man "takes part with the brute against his own nature", such as occurs during fits of madness, just retribution should entail the individual assuming the shape of the animal whose appetites he had imitated: "into a goat is lascivious, into a pig if a glutton".[31] There seems, finally, to be very close similarities between the behaviour of those who are barbaric and those afflicted by madness. Like the Hottentots of the Cape whose "inordinate way of living, and lust, makes them grow old before their time and makes them crazy and weak" the insane are similarly, "immoderately given to venery, so that they caress publicly without either dread or shame".[32]

These examples illustrate the way in which the study of madness may be advanced by means of apt analogies and judiciously observed resemblances between ostensibly different phenomena. In the accounts that travellers have given of their voyages some physicians find descriptions of behaviour which resembles that of their insane patients and it is this discovery of similarities or resemblances that forms an integral element in the method of medical enquiry, particularly so far as the study of madness is concerned. Just as Bacon argued that the endless accumulation of facts serves no useful purpose unless it is accompanied by diligent attention to the way in which specific facts resemble each other, so too one finds in certain of the medical texts a profound concern not with the obvious diversity of mental states but rather with the similarities between certain states and, more importantly, the relationship between particular aspects of 'mad' behaviour and the behaviour of other creatures or races. One of the most frequently observed similarities is that between the behaviour of the insane and the instinctual activity of animals, which seems devoid of volition or judgment. By analysing and describing the way in which animality is analogous to madness physicians hope to shed greater light on the latter condition.

In many of the eighteenth century medical treatises, especially those dating from the first half of the century, one thus finds either direct borrowing from travellers' accounts, particularly those concerning the effect of climate on the mind, or other more distant echoes such as the descriptions of savagery and the wilder types of insanity. These same discoveries were of relevance to medicine in much the same way as the discoveries of travellers augmented and enriched the experience and writings of historians and philosophers. At the level of both direct empirical evidence and of imagery the literature of travel seems to have supplemented the medical experience of at least some physicians. In addition to this, travel literature is relevant because many of the problems to which it is addressed were common to medical accounts of madness; problems concerning the distinction between men and animals, for example, and the difference between those who are barbaric and

civilised. In these respects travellers' accounts may be said to have supplemented and widened the otherwise limited experience of physicians. Both the exploration of new continents and the investigation of disorders of the mind potentially have relativising consequences and one way of stemming the intrusion of relativism, and finding a stable vantage point, is by elucidating the similarities between phenomena; by demonstrating, for instance, how madness is like animality. In brief, therefore, the literature on travel constitutes—albeit to varying degrees—part of the experience on which medicine may draw, and this experience is particularly relevant in the context of the study of madness.

Reference has already been made to the two problems posed by the reliance of psychology upon experience and observation. The first concerns the narrowness of such experience and the second its validity. Given that enquiry is based largely upon the observation of visible appearances, given, in other words, the dependence of medical science upon the reliability of the senses, what guarantee is there that such knowledge will be accurate? This dependence upon the senses raises critical questions concerning the status of scientific truths in general and of medical findings in particular. Given that the ideal of scientific enquiry consists in exactly describing the observed regularities in nature, what assurance is there that these descriptions are based on true observations? Can physicians assume that the senses are infallible, or at least sufficiently so?

No detail of personal experience, however carefully executed in plain ungarnished language, will be valuable unless there can be some assurance that the senses are reliable. Just as Locke begins his Essay Concerning Human Understanding with an essentially sceptical formulation of questions concerning the limits of knowledge and the objects commensurate with our knowledge, so too physicians confront the issues raised by scepticism and the doubts which scepticism throws upon the value of their findings. While Locke remains something of an agnostic with respect to the certainty of scientific knowledge, however, physicians try to provide arguments in support of the certainties, albeit limited, attained by medical enquiry. As we have already seen in the early part of the eighteenth century at least

physicians are not so much concerned with fixing the precise and certain points at which madness begins as with providing faithful and accurate descriptions of its visible appearances. By the end of the century, as will be shown later, the point of separation is fixed with apparent certainty but in the case of most early eighteenth century treatises the more immediate task is to paint a faithful portrait of the external physiognomy of the disease. In painting this portrait physicians necessarily rely on the senses of hearing, seeing, and, to a lesser extent, of touching. The arguments offered in defence of this strategy are interesting and it is with these that this chapter will conclude.

"All knowledge is made of sense" observed Thomas Willis in his Two Discourses Concerning the Soul of Brutes (1672). A few years earlier, in his treatise on The Anatomy of the Brain and Nerves (1664) the same author had optimistically declared that "where matters appear to the senses we do not too easily run upon errors", an assertion that implicitly recognises that the possibility of running upon errors is inextricably bound up with the scientist's dependence upon his senses.[33] As noted earlier Sydenham had also defined the limits of enquiry in terms of observable, sensible effects. "We are," Sydenham believed, "entirely in the dark as to the inward structure and composition of the minute particles of all bodies; and can with no degree of certainty judge or determine anything concerning them, but from their outward appearances and sensible effects; when we attempt anything beyond this, all our reasonings are full of confusion and uncertainty".[34] Others, however, conceded that uncertainty and confusion were real dangers even where enquiry was limited to sensible effects. Merely by observing the limits set to enquiry by Sydenham was seen as no guarantee of certainty since, as Nicholas Robinson observed in his New System of the Spleen (1729),"we daily fall into gross mistakes which arise not so much from a necessary error in our judgement, as the imperfection of our organs while the soul is chained down to the conduct of the senses".[35] This is a recognition of fallibility that brings to mind Descartes' dismissal of the 'deceiving senses' as being completely useless instruments of scientific enquiry. On

the other hand, for physicians such as Robinson who, in the tradition of empirical psychology, had to trust to experience and observation such outright rejection was unthinkable. It may be the case that, as Robinson remarked, "only when the hand of Providence is pleased to divest the soul of these walls of flesh, in which it is innured, will it arise capable of divine knowledge", but in the meantime the physician must make do with the inadequate instruments and defend both the status and value of his findings.[36] This defence usually took two forms, both of which are to be found in many of the medical treatises examined.

The first line of defence is based on the simple proposition that the certainty of scientific evidence, including those certainties provided by medicine, are comparable with, and indeed equal to, the certainties on which daily life is conducted. Scientific findings should, in other words, be sufficient to convince a man so long as they stand comparison with the commonsense certainties of everyday life. What unites both the certainties of science and common sense is the assumption that in both cases doubt would, on the basis of the evidence, be unreasonable. Perhaps one of the most forceful and certainly one of the clearest expositions of this view was provided by Boyle who proposed that since it is impossible to acquire absolute, transcendent truths—such as Descartes had lain claim to—the certainty claimed for any enquiry should simply be "enough for a wise man to aquiesce in".[37] To paraphrase Boyle, it could be said that any enquiry may legitimately be described as true where there exist no reasonable grounds for doubting its findings.

This principle of reasonable doubt—itself a forerunner of the current legalistic notions—is absolutely central to the medical work of this period. Physicians claim that their findings are true and their descriptions valid in the sense that to doubt them or throw them into question would be an unreasonable act. If, as Nicholas Robinson proposed to do, physicians "treat these several abstruse subjects in a way familiar to the mind", and if on the basis of due consideration of the evidence the reader is persuaded by the account, then one may justifiably refer to that account

as being certain.[38] In other words physicians invoke the concept of moral certainty, by which they simply mean the kind of certainty that pertains in everyday life. As physicians demonstrate that scientific experience is no different from ordinary experience, as they show that there is nothing unusual about their method of studying madness, they also show, at least indirectly, that the criteria of certainty used in everyday life are quite appropriate to the assessment of scientific treatises. Alternatively, one may be morally certain of the truth of scientific work in precisely the same way as one is morally certain of the existence of God; in neither case is doubt reasonable. The certainty of science, like that of religion, derives from the self-evident truth of shared understanding. Physicians do not claim absolute or transcendent certainty for their findings but they do affirm the principle that the absence of reasonable grounds for doubt is an adequate basis for assent. The intention of physicians is not to demonstrate that their findings are incontrovertible. Instead they are guided by the more modest hope of winning the agreement of their readers, of persuading them that the particular perspective from which madness has been studied is both sound and acceptable. It is on the basis of such agreement that physicians hope to impose order upon the diverse forms of madness, to outline the physiognomy of the disease and thereby forestall the drift into relativism. This defence of medical findings is further evidence of the ordinariness of medical enquiry, It takes its examples from the common course of the world, it has no method save that of treating abstruse subjects in a way familiar to the mind, and finally, it aspires only to the level of commonsense certainties upon which everyday life is founded.

The second line of defence also proceeds from the assumption that the object of enquiry is to provide an accurate description of nature from a point of view or perspective common to both author and reader. Although the senses are unquestionably fallible the fact that an author feels, in an intuitive sense, that his account is correct is quite sufficient. Again Boyle provides a clear statement of the principle. "I think that a clear light, or evidence of perception, shining in the understanding, affords

us the greatest assurance we can have (in a natural way) of the truth of the judgement we pass upon things".[39] However, this light "shining in the understanding" is not the divine light of the Cartesian rationalists; rather it is the quiet feeling of assurance, the inner conviction that the phenomena have been faithfully observed and described. Since the presence of this light can be felt rather than demonstrated it would, furthermore, be unreasonable to demand any measure or standard for it. All that an author can claim is fidelity to his method of observation and description, or, as Locke and Sydenham had done, assert that he had not wantonly overstepped the limits of experience. If, as Pitcairne noted, physick is founded "upon the trials of experience" then the physician may justifiably feel that his description is accurate and it is this inner feeling of assurance, of a "clear light shining in the understanding", that forms the basis for scientific truths which compare favourably with those of common sense and everyday life.

Finally, what unites both lines of defence and effectively prevents the incursions of scepticism is the simple proposition that although his senses are fallible and the knowledge derived from them incomplete, such knowledge as is attained is quite sufficient and perfectly adequate to the needs of man. Medical knowledge is partial, imperfect and limited to the description of visible appearances, but it is, in the opinion of many physicians wholly sufficient. "It is", Sydenham argued, "aptly suited to our present state and condition; it answers all the ends of our wellbeing and preservation". Or as Bayne observed in his New Essay Upon the Nerves (1738), "it is an impossibility and downright contradiction that a finite understanding should comprehend the works of infinity. God hath given us faculties, not adapted to let us into the real and absolute nature of things, but sufficient to instruct us into the relations they bear to us."[40] To demand more either of the senses or of knowledge, to demand certainties that transcend those of everyday life, is thus deemed, in deference to divine understanding, to be quite unreasonable.

In the past such vanity has, according to Bayne, "obstructed the improvement of arts and sciences", the pursuit of which requires due humility on the part

of the scientist and the recognition that knowledge is limited and only commensurate with certain phenomena. A consistent theme in the work of Sydenham, Locke and many who studied madness is the importance of humility and of the recognition that experience and observation, limited though they may be in comparison with the transcendent sweep of Cartesianism, are the sure avenues to a degree of knowledge sufficient to man's needs. Until such time as man is delivered from what Robinson called "these walls of flesh" any attempt to go beyond the limits of description and observation would be mere vainglory. Perhaps the mind is, as Bacon noted, "an enchanted glass" in which the "beams of things" are refracted, but at least these refractions, when allied to an inner feeling of assurance, are adequate and appropriate to the condition in which man has resided since the Fall.[41] And again it is Locke who provides a succinct assessment of the position.

> "Therefore, as God has set some things in broad daylight, as He has given us some certain knowledge, though limited to a few things in comparison, probably as a taste of what intellectual creatures are capable of, to excite in us a desire and endeavour after a better state: so, in the greatest part of our concernment, He has afforded us only the twilight, as I may say so, of probabilities, suitable, I presume, to that state of mediocrity and probationership He has been pleased to place us in here."[42]

FOOTNOTES: CHAPTER 1

1. Thomas Sydenham, The Entire Works of T. Sydenham [1769 edition] p. xxix.
2. Sydenham op. cit. pp. iv and xix.
3. Ernst Cassirer, The Philosophy of the Enlightenment (1951) pp. 6-7.
4. Cassirer op. cit. p. 95.
5. John Locke, An Essay Concerning Human Understanding. Bk. I, Ch. I. Sect. 2.
6. Writing about Locke Voltaire observed that, "so many philosophers having written the romance of the soul, a sage has arrived who has modestly written its history. Locke has set forth human reason just as an excellent anatomist explains the parts of the human body." Quoted in Cassirer op. cit. p. 94.
7. Quoted in Brett's History of Psychology edited by R. S. Peters (1962) p. 417.
8. Francis Bacon Complete Works 7 vols. edited by J. Spedding (1857-1874) Vol. 4 p. 109.
9. Ibid.
10. Sydenham op. cit. p. iv.
11. T. Percival Essays Medical and Experimental (1772) p. 5.
12. George Cheyne, The English Malady (1733) p. 47.
    Archibald Pitcairne, The Philosophical and Mathematical Elements of Physick (1718) p. 17.
    William Battie, Treatise on Madness (1758), p. 4.
13. Thomas Cox, Practical Observations on Insanity (1804), Edition of 1813 p. vi.
14. Bernard Mandeville, A Treatise of the Hypochondriack and Hysterick Passions (1711) Edition of 1730, pp. 47 & 49.
15. Cheyne op. cit. p. 362.
16. Sydenham op. cit. p. xvii. Cf. P. Pomme, A Treatise of Hysterical and Hypochondriacal Diseases (1777) p. 38.
17. See for example John Gregory, A Comparative View of the State and Faculties of Man with Those of the Animal World (1765). Gregory believed that medicine's debt to Sydenham was attributable to his "great natural sagacity in making observations, and to a still more uncommon candour in relating them". pp. 186-8.

18. Sydenham op. cit. p. 522.

19. Thomas Morgan, Philosophical Principles of Medicine (1725) p. xliv.

20. Sydenham op. cit. p. vii. Cf. Percival op. cit. p. 48; J. Glanvill Essays upon Several Important Subjects in Philosophy and Religion (1676) p. 17; E. A. Burtt, The Metaphysical Foundations of Modern Physical Science (1925) p. 179.

21. Nicholas Robinson, A New Method of Treating Consumptions (1727) p. xiii; Cf. Glanvill op. cit. p. 16; A. Pitcairne, The Whole Works (1727) pp. 9-10.

22. Sydenham op. cit. p. xix; Cf. Robinson op. cit. pp. 7-8.

23. Hans Sloane, A Voyage to the Islands of Madera, Barbados, Nieves St. Christopher and Jamaica 2 vols. (1707) Vol. I, p. cxiv; Sir John Chardin, Travels in Persia [1927 edition, which is a copy of the edition of 1720] p. 193; George Sandys, Relation of a Voyage Begun in Anno Dom 1610 (1632) pp. 56-7.

24. Sir Richard Blackmore, A Treatise of the Spleen and Vapours (1725) pp. v-vi.

25. Shaftesbury, Characteristics ed. Robertson (1900) p. 225; Blackmore op. cit. p. 263.

26. Bacon, Novum Organum in Complete Works op. cit., Vol. 4 p. 73.

27. Blackmore op. cit. p. 261.

28. Thomas Tryon, A Treatise of Dreams and Visions: To this is appended a Discourse on The Causes, Nature, and Cure of Phrensie, Manners or Distraction (1689), Augustan Reprint Society Edition, 1973, p. 267.

29. Bacon, op. cit. Vol. 4, p. 167; Cf. T. Sprat, History of the Royal Society (1667) p. 110.

30. Tryon, The Knowledge of Man's Self (1703) p. 11; Boyle quoted in Burtt op. cit. p. 187; Cf. Chardin, op. cit p. 249; Robinson A New System of the Spleen, Vapours and Hypochondriack Melancholy (1729) p. 2.

31. Robinson, A New System Etc. p. 234; Z. Mayne, Two Dissertations Concerning Sense and the Imagination, with an Essay on Consciousness (1728) p. 92.

32. J. Churchill, A Collection of Voyages and Travels 4 Vols. (1704) Vol. 4, p. 838; R. James, A Medical Dictionary (1745). Entry under Madness.

33. Thomas Willis, Two Discourses Concerning the Soul of Brutes (1672) Trans. S. Pordage Scholars Facsimiles and Reprints Edition, 1973, p. 57; The Anatomy of the Brain and Nerves (1664) 2 Vols. Trecentenary edition, 1969, edited by W. Feindel p. 91.

34. Sydenham op. cit. p. vii.

35. Robinson, A New System Etc. p. 8.

36. Ibid. p. 33.

37. Quoted in H. G. Van Leeuwen, The Problem of Certainty in English Thought 1603-1690 (1970) p. 103.

38. Robinson, A New System Etc. p. 9.

39. R. Boyle, Complete Works 5 Vols. edited by T. Birch (1772) Vol. 4, p. 99; Cf. C. Hill, The World Turned Upside Down; Radical Ideas During the English Revolution (1975; Penguin) pp. 366-373.

40. Sydenham op. cit. p. vii; D. Bayne, alias Kinneir, A New Essay Upon the Nerves and the Doctrine of the Animal Spirits Rationally Considered (1738) pp. 4-5.

41. Bacon, The Advancement of Learning (Everyman Edition, 1970) p. 132; Cf. Works, op. cit. Vol. 4 p. 431.

42. Locke op. cit. Bk. IV; Ch. XIV; Sect. 2 and 3.

CHAPTER 2

METAPHORS OF MADNESS

As we have now seen, one of the central goals of medical enquiry in the period under consideration was to find a point of view, or shared perspective, from which madness could be studied. Those who studied madness needed to find a steady orientation to the object of their enquiry—an orientation which would facilitate the gradual accumulation of knowledge about this disease. As demonstrated in the preceding chapter physicians in the eighteenth century, working in the Lockean tradition of empirical psychology, defined the conditions for the progress of knowledge in terms of strict adherence to the limits of experience and the principle of neutral or natural observation. These methodological principles seemed, implicitly at least, to present the medical investigation of madness as being neither more nor less than the judicious organisation of common sense. The absence of either method or artifice in medical enquiry served to guarantee both the authority and accuracy of a physician's descriptions, all of which were alleged to spring from common perspectives provided by everyday experience and observation.

Closer analysis of these principles revealed, however, that unqualified adherence to them was virtually impossible and that physicians frequently overstepped the limits which Bacon, Locke and Sydenham had tried to impose upon experience and observation. Moreover, it could be argued that the methodological injunctions formulated by Locke and Sydenham could, if taken literally, actually work to inhibit the process of enquiry and the advancement of knowledge. In the case of the principle of experience, for example, it has been shown that recourse to travel literature, as a means of broadening the experience upon which the physician is able to draw, had a direct impact upon the study of madness. Having examined the general methodological context in which physicians

worked, and having further shown that they sometimes 'failed' to observe the limits set to their enquiry, it is now time to consider one particular difficulty confronting the study of madness and the methods adopted by physicians to overcome the problem. This problem relates to the status accorded, by Locke and Bacon in particular, to language and its role in the advancement of scientific understanding.

A direct corollary of the emphasis placed upon experience and careful observation is the argument that the goal of enquiry consists of perfectly describing the appearance of phenomena. The ideal of a purely descriptive science of nature is entirely relevant to medicine which is guided, in its study of madness, by the model of Sydenham's painter endeavouring to portray the smallest spot of his subject, although "it is not", observed the physician Thomas Arnold in 1782, "every painter who can give a just and striking representation of his original".[1] The ideal is nonetheless striven for and its presence, as discussed above, is evident in much of the literature examined. However, if this objective is a necessary corollary of more general principles of enquiry then so too is the function and status accorded to language—the instrument with which the physician must fashion his perfect description.

Once the task of science is to duplicate fully the world through description, once, in other words, it is assumed that description is or at least should be isomorphic with phenomena, it is inevitable that a special role must be assigned to language as the instrument of description. In order to achieve a perfect correspondence between description and phenomena it is essential that language should simply record or rather translate sensory experiences of seeing, touching, and hearing into a series of neutral terms faithful to the details of the original. Physicians are, of course, dependent upon language for expressing and formulating their observations—since the visible characteristics of madness are not susceptible to the arts of weighing or measuring—but in order to realise the ideal of a perfect description it is obviously imperative that language be freed of ambiguity or equivocation. It should serve instead as a neutral register or index of experience, playing no constitutive part in that which

it describes. In accordance with the guiding principles of enquiry the language of medical treatises should simply provide an undistorted resumé of observed characteristics. Just as a logical extension of Locke's views is that there should be no distinction between observation and reflection, so too a necessary corollary of his plain historical method is the argument that there should be no break or hiatus between observation and description. Language may be construed therefore as a transparent envelope of thought or, more precisely, of observed characteristics which are, as it were, perfectly preserved in language.

The intention in this chapter is to analyse, in some detail, the language of medical treatises, to suggest how the dictums concerning language could come to constitute obstacles to enquiry and, most importantly, to investigate one particular way in which the problem is overcome. As indicated in the preceding references to travel literature, and also to the autobiographical quality of much of the medical literature, an important technique adopted by physicians in studying madness is that which places this phenomenon in an ever increasing series of relationships with other phenomena. Beginning with its object—madness—medical enquiry proceeds, in a centrifugal manner, to relate or compare this individual phenomenon with an increasing number of other occurrences, for example savagery or animality. In addressing the question, what is madness like, rather than the question, what is madness or how should it be defined, physicians necessarily employ a whole range of analogies and metaphors. It is this recourse to metaphor, seen here as a mode of apprehending phenomena rather than as a mere ornament to language, that constitutes the principal means by which physicians transcend the limits set to both experience and language.

Confronted with a somewhat inscrutable disease physicians approach their subject rather obliquely as they continuously discover other phenomena with which madness may be compared and contrasted. In so doing they inevitably invent a whole series of highly suggestive metaphors which help to locate madness in relation to other aspects of life and to other natural occurrences. Via metaphors physicians are able both to apprehend and to

describe the slightly intangible qualities of madness in terms of more tangible entities. Metaphors provide a perspective upon the object of enquiry and, more significantly, they make some visualisable phenomenon a vehicle for portraying an interior life. Very briefly, what happens with metaphors is that a perceived quality in one kind of existence is transferred to define a quality in another kind of existence; to use a concrete example, the animal metaphor of madness forcefully conveys the impression that those subject to fits of wild behaviour act quite instinctively. The metaphor is suggestive in that it provides a perspective upon the disease and, at the same time, it transcends the narrow limits set to language and experience. The following discussion takes as its focus therefore the metaphors of madness, and, in the latter half of the chapter, the descent of a particular metaphor into "literal" description. By way of providing a context in which to place the discussion it may be helpful to sketch, very briefly, the view of language that prevailed during this period—a view which mistrusted metaphor or figurative expression, and indeed language itself, since this was regarded as the source of so much error in scientific discourse. For present purposes what is important about the position adopted by Bacon, Locke and The Royal Society with regard to language is the incompatibility between this position and the requirements of many physicians to whom the metaphoric and allusive qualities of language were an indispensable means of conveying the vivid, dramatic and often frightening qualities of insanity.

It is Locke who plainly notes the central importance of language.

> "For language being the great conduit whereby men convey their discoveries, reason, and knowledge *from one to* another, he that makes bold use of it, though he does not corrupt the fountains of knowledge that are in things themselves, yet he does, as much as in him lies, break or stop the pipes whereby it is distributed to the public use and advantage of mankind".[2]

For both Locke and his mentor in medicine, Thomas Sydenham, the necessity for clear and precise expression was just as important as the argument that only careful observation would ensure that the ideas

expressed "agreed to the reality of things".[3] Error is unavoidable once ideas depart from reality and once the language used to convey these ideas becomes confused or falls prey to conventional and lazy usage. Where this occurs, or where "subtility is foolishly striven for", then the ensuing "effect of obscure, unsteady, or equivocal terms is nothing but noise and wrangling about sound, without convincing or bettering a man's understanding".[4] This is an assessment with which Locke's predecessor, Bacon, would have agreed for he inveighed more than most against the danger posed by language and his hostility to language—which the Royal Society faithfully upheld—is evident in works dating from the late seventeenth century and early eighteenth century. Just as Bacon exerted a powerful methodological influence so too his views on the role played by language are of considerable importance.

Of all the idols which lead the mind into error, persuading it of superstition's truth, there is none, so Bacon believed, more hazardous than language—the idol of the market place. Insinuating itself between the perception of a thing and the thing itself language assumes, in Bacon's view, the status of an unavoidable obstacle to true understanding. "Words manifestly force the understanding, they throw everything into confusion, lead mankind into vain controversies and fallacies", but there is little that the scientist can do to avoid this cardinal distemper of learning.[5] As imperfect as the unequal glass of the mind language further distorts the already inadequate and refracted "beams of things" which pass for knowledge. Bacon's profound mistrust of language is therefore founded on his belief that like all that is conventional or unquestioned it threatens any attempt at fashioning a true model of the world. In the work of Bacon's successors, notably the enthusiastic champions of a universal language, this mistrust is translated into outright hostility directed against language itself and against those who foolishly prefer the pleasure of words to that of things.

"Witness the present image", requested John Wilkins in 1668, "especially the late times, wherein the grand imposture of phrases hath almost eaten out solid knowledge in all professions".[6] By way of remedying the defect,

so finely expressed in Wilkins's graceful phrase, the author outlines a scheme, albeit a quixotic one, whereby a system of signs each standing for a particular thing would render recourse to words quite unnecessary. In this dream of a universal language Wilkins saw the curse of Babel erased. In the opinion of many members of the Royal Society, for whom Wilkins had drawn up the scheme, the ideal of a perfect language was an integral element in the advancement of science. Descartes had shared this dream but he, like the Royal Society's "virtuosi" whom Swift ruthlessly flayed, found that language would never attain the pure lucidity of mathematics, and when he endeavoured to persuade others of the truth of his findings, as for instance in the late work Le Monde, he could not avoid employing the richly allusive and uncertain language of everyday affairs.[7] Similarly Boyle, while he could conceive of "no impossibility that opposes doing that in words that we already see done in numbers", invariably falls back upon an equivocal vernacular to do with words what only they can do: that is, persuade.[8]

The task confronting those who sought to follow the dictums of Bacon to their logical conclusion, and to give language all the lucidity of mathematics, was quite considerable since the language of science had already fallen so far beneath the standard to be attained. The cause of this decline in good usage was attributable, at least in part, to the intrusion of every kind of trope, and particularly that of metaphor. Thomas Sprat, historian of the Royal Society, was able to observe in 1665 that the chasteness and vigour of the English Language compared favourably with "the swelling metaphors, wherewith some of our neighbours, who most admire themselves, adorn their books".[9] Yet two years later in his History of the Royal Society Sprat's optimistic note had given way to one of indignation and despair.

> "Who can behold, without indignation, how many myths and uncertainties, these specious tropes and figures have brought on our knowledge? How many rewards, which are due to more profitable and difficult art, have been still snatched away by the easy vanity of fine speaking? And, in few words, I dare say: that of all the studies of men, nothing may be sooner

> obtained, than this vicious abundance of phrase, this trick of metaphor, this volubility of tongues, which makes so great a noise in the world".[10]

Significantly Sprat identified metaphor as the most important member of the family of "specious tropes" that had corrupted the language of science and obstructed the advancement of knowledge. It is this same mistrust of metaphor, or what Locke calls the false virtue of subtility, that pervaded much of the work dealing with language and its role in science. In the hope of rescuing language from the condition into which it had lapsed the members of the Royal Society adopted the only remedy that seemed capable of stemming the intrusion of metaphors and associated extravagances; "and that has been, a constant resolution to reject all the amplification, digression, and swellings of style; to return back to the primitive purity and shortness when men delivered so many things, almost in an equal number of words".[11]

When transposed to the realm of medicine, however, and particularly to the study of madness, this ideal of delivering so many things in an equal number of words proved to be somewhat unrealistic. While physicians may have agreed, in principle, with the rules laid down by the Royal Society for the presentation of scientific findings they were unable to adhere to these rules in practice. As a result of this much of the medical literature contains fine examples of those swelling metaphors and other figurative extravagances reviled by Sprat, Locke, and Sydenham. However, this employment of metaphors reflects not so much a wilful refusal to observe the limits set to enquiry and the presentation of findings. On the contrary it strongly suggests that the principles laid down for other branches of enquiry, for instance natural history, are simply not appropriate to the study of madness. In contrast to the natural historian or the traveller, both of whom are able to describe the visible appearances of phenomena, physicians—while they can describe the appearance of madness in much the same way—do not, by so doing, approach a description of madness itself. Simply to describe the external physiognomy of the mad, or to describe specific instances of mad

behaviour, is not the same thing as describing madness. While a superficial description would have marked adherence to the methodological restrictions placed upon any attempts to go beyond experience, or more specifically beyond visible appearances, physicians had, of necessity, to transcend the limits of the visible as they sought to map and describe an inner life of which mad behaviour is simply the visible expression.

A principal function of metaphor in the medical literature is the way in which it enables physicians to visualise madness and in so doing to present their readers with a vivid and persuasive description of the disease. Limited to the flat plane of experience, and mindful of the Royal Society's strictures concerning language, medicine would amount to little more than a bland description of that which is already known. What is central to the study of madness is that although the phenomenon may be recognised and identified it remains extremely difficult to convey its particular qualities. Metaphors, however, make it possible for physicians to express the qualitative dimensions of madness, to present this scarcely understood disease in terms of other, better known phenomena and to thereby visualise the disease. Medical enquiry is, in its study of madness at least, a profoundly visual science and in a double sense.

First of all restriction to the realm of external appearances—such as Sydenham had urged—is inappropriate when the object of enquiry is the mind or the interior life of man. Just as a painter discerns in his subject's face the outlines of his life, so too physicians—while they may dutifully describe the obvious characteristics of the mad—do concern themselves with invisible dimensions and they do endeavour to infer the distinctive qualities of this disease from its visible appearance. In ascribing such importance to experience and observation Lockean psychology creates obstacles to the study of madness, for the qualitative essence of the disease is invisible and intangible. In recognition of this physicians, such as George Cheyne, while they are aware that their "broad figures" [of speech] may be ridiculed, nonetheless endorse the principles of

analogy and of inference from visible appearances. Cheyne argues that in studying disorders of the mind the physician has no alternative to beginning with sensory knowledge which he may then (improve) by means of "analogy, and its appendages, trope, allegory, metaphor and similitude;" a process that will be illustrated shortly.[12] By equating improvement with illustration, and understanding with metaphorical association, Cheyne concedes, at least implicitly, that in the study of the mind imaginative insights are essential and that, as a consequence, the physician will never be able to convince his reader by the mere weight of things or of observed occurrences. Working, as Cheyne does, with the "analogy carried from the things that are seen to those that are invisible, and only intelligible", the physician concedes that the authority of experience and observation will, in the case of medical enquiry, be supported upon the uncertain weight of imaginative inferences.[13] In view of this it would be unrealistic to expect this type of enquiry to deliver "so many things, almost in an equal number of words". On the contrary the "swelling" style of medical treatises and the frequent use of metaphor is an essential means of expressing the invisible workings of the mind and of visualising that which is inaccessible to the senses. Metaphors are an indispensable means of expressing the intangible in terms of something more tangible, the invisible in terms of the visible.

Metaphors offer, therefore, one way of visualising man's inner life but they also play an equally important part in helping both the author and the reader to visualise what madness is like. The second sense in which medical enquiry is a distinctively visual science concerns the value of metaphorical expression as a means of fashioning vivid images of the disease and thereby generating striking impressions with which the reader will be left. In much the same way as a story-teller conjures up a dramatic scene for his listeners physicians, in their equally anecdotal manner, dramatise their observations; and in doing so they naturally employ the 'specious trope' of metaphor since the plain ungarnished language with which some physicians tried to describe their findings is inadequate to the task of dramatic illustration. Thus Harvey, in his Vanities

of Philosophy and Physick (1699) noted that, "the understanding is forced to use all or most proper words in an improper, comparative, resembling, relative, tropical, figurative, and abstractive sense". But, he adds later, "here you observe the use of putting words into different dresses, modes, fashions, or habits, that will conduct you into various new thoughts of things, in themselves very useful and pleasant".[14] By introducing the reader to 'new sorts of things' figurative expression helps the author to portray the phenomena described; the metaphor accomplishes a shift in perspective, a slight reorientation of the reader's point of view, that enables him to see the phenomena in a new and perhaps more striking light.

To take one example. Sir Richard Blackmore, in his collection of Essays Upon Several Subjects (1716), observed that the "language of the present time is so clear and chaste and so different from that of our ancestors, that should they return hither, they would want an interpreter to converse with us."[15] But Blackmore knew better than many of his contemporaries how to move his readers, how to combine the chasteness of language with the need to persuade and how to conjure up in the reader's mind a striking visual image of natural occurrences, and particularly mental disturbances. Recall, for instance, Blackmore's vivid evocation of raving madness in terms of a wild and passionate "intellectual Africa, that abounds with an endless variety of monsters and irregular minds". In sharp contrast to the maniac, who lives in "a zone parched by too much intellectual heat", the individual suffering from melancholia can best be visualised as an inhabitant of "Boetian territories, barren of understanding, extending in a frigid climate and visited but with weak and languishing rays, whence the spirits are benumbed and half-animated". Alongside these two categories one finds "another class of animal", a curious mixture of foolishness and madness in which, "an individual's brain is encompassed with a fence of such impenetrable thickness, and his spirits so clogged with dregs and muffled up phlegm, that his head is inaccessible to all of the powers of sense and ingenuity".[16] Finally, in an attempt to explain the diversity of these conditions, of which the reader should by now have a

striking visual image, Blackmore again employs a metaphor. The cause, he argues, resides in the stomach and the "inferior neighbouring parts" which, "seems a dark and troubled region of animal meteors and exhalations, where opposite streams and rarified juices, contending for domination, maintain continual wars; these fervent and flatulent effluvia strive and struggle for vent with great noise, they sometimes murmur, but croak and grumble". Portrayed as a battleground upon which the constant struggle of the vapours, "imprisoned in vaults and caverns", is vigorously fought, the stomach, so ill-defined and so little understood, is deemed the original location of all mental disturbance. While the reader may appreciate the felicity of these images the unfortunate patient, deafened by the noise from below, may easily conclude that he has, "living frogs in his stomach, which he perceives as he thinks from their croaking and grumbling there".[17] This conclusion may signify the onset of delusion, of entry into a wild unciltivated intellectual Africa, or, in the case of melancholia, into sombre Boetian territories.

Blackmore's metaphors thus enable the reader to visualise madness, in both the senses that the world visualise is being used here. First, the image of contending vapours waging war in the stomach and croaking like frogs, or the image of a mind encompassed with a fence of impenetrable thickness through which neither sense nor ingenuity can pass, provide striking visual images of occurrences that are hidden from view. The metaphors serve therefore to extend the knowledge gained through observation to remoter realms that are, as Cheyne noted, "invisible and only intelligible". In endeavouring to portray a troubled inner life Blackmore uses metaphors in which a visualisable phenomenon, for example the croaking of frogs, is used as a vehicle for expressing particular qualities of an inner life—in this case disorder and confusion. Secondly, other metaphors such as those of an 'intellectual Africa' or 'Boetian territories' provide striking visual images that convey a sense of what this disease is like. These images, if taken literally, would be patently absurd, but they enable the reader to see madness in terms of

other phenomena. The arresting absurdity upon which the metaphor is based has the effect of shifting the reader's perspective upon this disease and, as Harvey had noted, it thus "conducts him to new and various sorts of things." What is useful about Blackmore's metaphors is that they leave the reader with dramatic and vivid images in terms of which madness may be seen. The importance of metaphor to medical treatises on madness derives, therefore, from the fact that metaphors are helpful in conveying, in a fairly precise fashion, a meaning which would otherwise not have been exactly rendered. Moreover, it is unlikely that the same meaning would, without a metaphor, strike the mind with an equal vividness.

It is important, however, to emphasise that the use of metaphors in eighteenth century medical treatises on madness is not simply the sign of mere stylistic subtlety or invention. To see the metaphors of madness as little more than stylistic ornaments, or as embellishments upon an otherwise dry medical discourse, would be to take too narrow a view although one which would be quite in keeping with traditional eighteenth century views on the role of metaphor. As a number of critics have pointed out, the prevailing eighteenth century view of metaphor held both this and other figurative expressions to be nothing more than stylistic devices which enable an author to illustrate a point or, in the case of political discourses, to sway a crowd. Such a view, which may be traced back to Aristotle, did not therefore allow metaphor any cognitive function. On the contrary, metaphorical expression is, as Dr. Johnson observed, "a great excellence of style, when it is used with propriety, for it gives you two ideas in one".[18] The corollary to this view is that metaphor amounts to nothing more than the denotation of one thought or idea by the name of another which resembles it in some respect. In other words, the limited view of metaphor assumes that both the idea and the terms used to express the idea are precisely fixed and understood. All that a metaphor does is to effect an exchange between two ideas which, it is assumed, are both unambiguously defined and expressed. According to the traditional view where one has two concepts, the meaning of which is

fixed and precise, then one can use a metaphor to make one concept stand in for, or illustrate, the other. That is, metaphors serve simply as an embroidery or embellishment of clearly understood facts and as such metaphorical expression is a purely verbal matter.

In the context of this discussion such a view implies that physicians such as Cheyne or Blackmore employ metaphors to illustrate a phenomenon of which they have a clear grasp. But in the case of madness this is demonstrably not the case. Either metaphors are used to express the intangible and invisible qualities of the mind and its disorders or they are used as a means of placing this phenomenon in relation to another that is more fully understood. In neither instance could it be said that Blackmore, for example, begins with two clearly defined and clearly understood entities—melancholia and Boetia—which resemble each other in some fairly specific way. Similarly, Cheyne's comments on metaphor make it quite clear that this and other figurative expressions are employed precisely because the physician's object of enquiry—the mind—is so ill-understood and so difficult to apprehend. The physician has to begin therefore with those phenomena of which he and his reader have a reasonable grasp, for example animality, and then has to discuss madness in terms of that which is already understood. By so doing physicians hope to shed greater light on the somewhat elusive object of their enquiry.

What is being proposed therefore is that the metaphors of madness provide physicians not so much with a way of embroidering medical facts but rather with a way of experiencing and apprehending these facts. It is as a particular mode of apprehending phenomena that metaphors are important. In the case where two determinate concepts are fully understood the discovery of a resemblance between them, and the metaphorical expression of this similarity, serves to confirm rather than determine the meaning of each concept. But in the case of madness, which is ill-defined and indeterminate, the value of metaphorical expression is that it enables the author to determine the meaning of the concept madness. When madness is seen in relation to another phenomenon that is at least partially understood then the effect is to clarify and indeed to determine

the meaning of madness. By comparing madness with savagery or animality the physician is able to indicate, in a fairly precise way, certain qualitative characteristics of the insane. When Blackmore, for instance, introduces a third category of madmen in terms of "another class of animal"he is not suggesting that individuals are animals, but rather that those who are mad resemble animals in certain respects: i.e. their imperviousness to "sense and ingenuity". In this case Blackmore begins with two distinct groups, madmen and animals, and by positing a relation between the two on the basis of an observed similarity he succeeds in clarifying the defining characteristics or qualities of one group. The comparison between madmen and savages or animals therefore provides a way of experiencing or seeing madness. When seen from the point of view of savagery, which travellers have clearly described, the phenomenon of madness assumes a clearer outline. The metaphor of barbarism or of an intellectual Africa provides a perspective from which insanity can be more fully understood. In the mind of the reader the insane assume certain of the qualities associated say with animals and as a result the meaning of the term madness becomes more obvious. As a result of the repeated use of the animal metaphor one of insanity's defining characteristics becomes its affinity with instinctual animal behaviour. The metaphor thus constitutes part of the definition. Far from being a mere illustration of the phenomenon it actually determines its meaning.

In certain instances the full significance of particular metaphors of madness can be appreciated more fully if these individual metaphors are seen in the context of an author's more general metaphor concerning the origin and nature of man. Analysis of an author's root metaphors, or what would be now referred to as a paradigm, sheds light on his metaphorical formulations of particular conditions. In the work of George Cheyne, for example, the particular metaphors of madness are really derivations from an all embracing root metaphor through which the essential qualities of man's nature and condition are apprehended. The necessity of metaphor as a means of grasping spiritual truths, particularly concerning the nature

of man, is a cardinal principle in all of Cheyne's works; "in spiritual truths, imperceptible and immaterial beings, (viz.), about their nature, qualities, and ranks, man can know nothing humanely and naturally, but by analogy, similtude, allegory, trope, metaphor or figure".[19]

Cheyne's metaphors of madness may be seen as submetaphors of his more general theories concerning the fall of man and man's place in the universe since the Fall. At the centre of Chenye's work is a view of the world that sees man as struggling to escape the sensual chains and fetters in which he has been bound since the Fall, seeking thereby to regain that condition in which man was "simple, plain, honest and frugal"; a condition in which "there were few or no diseases".[20] Beginning with sensory knowledge Cheyne employs analogy and its appendages as a way of transcending the limits of experience and observation and thereby gaining some insight into intangible realities: insights that are frequently expressed in metaphorical terms.

Thus, when he endeavours to express the relationship between the body and the soul Cheyne variously refers to the former as "an aggregate of mere mechanical powers viz. of ropes, pulleys, levers, and strainers and tubes", while the soul is visualised "like a musician in a finely formed and well tuned organ case" or, "in a more gross similtude, the intelligent principle is like a bell in a steeple, to which there are an infinite number of hammers all around it, with ropes of all lengths".[21] Elsewhere the "bell in the steeple" is portrayed as "a felon in a condemned hole or dungeon"; the dungeon here being man's body or "Adamical temple" which itself is nothing more than a series of "chains and fetters". It is entirely consistent with this view that Cheyne should portray the earth as being "really and literally a prison or a goal", the inmates of which are, "without a figure, prisoners, slaves, and felons under a state of expiation and purification".[22] The route to purification, to an escape from the lapsed condition in which man finds himself after the Fall, is provided through culture, study and reflection and all the operations of the mind which are, according to Cheyne,

> "really (and not figuratively) but lopping, pruning, dressing and removing obstacles and encumbrances, and forming the bodily organs to a proper suppleness and elasticity for the performance of spiritual exercises, and to produce habits. But the study of arts and sciences, and all other knowledge is but remembrance and recollection, opening passages and apertures, to admit more light into the prison and dungeon". [23]

Where such pruning does not occur, where the mind is not exercised by culture and study or reflection and little light is let into the dungeon then one may speak of "idiots, brutes, and madmen". For it is only culture and reflection that elevates man above the level of brute creation, to which he had been reduced after the Fall. What unites madmen, brutes and idiots is the shared inability to remember and recollect, to improve on the knowledge gained through the senses by means of analogy, metaphor or allegory. It is actually this ability to progress from sensory knowledge to spiritual knowledge that gives man a special place in the chain of being and where the ability is not exercised, as seems to be the case with madmen, then one may justifiably conflate madness with idiocy and animality.

The argument presented so far may be usefully summarised as follows. The necessary corollary of the methodological restriction of all enquiry to the realm of experience and observation is that language, the means whereby observations are transcribed, should fulfil an essentially neutral role, and should not play any constitutive part in that which it describes. In studying madness, however, these restrictions cannot be adhered to since the object of enquiry is somewhat elusive, intangible and it does not admit of the dispassionate descriptions of which a natural historian is capable. In seeking to convey the distinctive qualities of madness, to show what it is like, physicians go beyond a mere description of observable characteristics. In the process of comparing madness to other phenomena, hoping thereby to reveal its characteristic qualities, physicians have recourse to a whole series of metaphors that generate vivid and striking images of the disease. However, these metaphors are not simply artful embellishments upon language or clever illustrations of well understood facts. On the contrary, they serve an important cognitive function. They provide a perspective

from which the disease may be studied, a way of apprehending the facts of madness. Equally the metaphors, such as those that compare the insane to animals, become part of the definition of madness; the metaphors actually determine the meaning of the concept madness. If, for the sake of argument, one was to translate the animal metaphor back into plain language then at least one element of the metaphor—madness—would retain the enriched meanings gained through metaphoric association. Finally, there are occasions on which it is appropriate to examine metaphors for particular phenomena in terms of the more general root metaphors around which an author's work is organised. In the example above, for instance, the metaphorical association between madmen and brutes may be seen as one aspect of a more general *metaphorical treatment of the* Fall of man and of the chain of being.

The cognitive value of metaphors, and this is particularly important in the study of madness, is that they provide one way of visualising the intangible in terms of the tangible, the extraordinary in terms of other phenomena that are closer to everyday life. Although the metaphors become integral elements of the description of madness they still retain much of their "as if" quality. To see something in terms of something else, or to discover a point of resemblance between two phenomena from quite different orders of experience, is to employ metaphor. But the resemblance discovered is always partial. The basis of metaphorical association is an observed partial similarity between phenomena, not complete equivalence. Instead of treating phenomena as identical metaphor begins from and preserves the original difference between two entities. To compare a madman to an animal is not, except in certain instances which are to be examined, the same thing as making an animal of a once sane man. In brief, therefore, one of the defining characteristics of a metaphor is its "as if" qualities. Madmen may be seen "as if" they were brutes, savages, or indeed Hotentots with whom they share the qualities of unbridled lasciviousness.

Such an account is, however, limited in that it implies that metaphors retain their "as if" quality; that they remain, in other words, living

metaphors. But this is demonstrably not the case for metaphors do gradually fade, they do tend to be used in an increasingly literal manner in the course of which their "as if" qualities seem to diminish. There is always a difference concealed in a metaphor, a difference which is identical with the sum of the parts not included in the metaphorical association. But, in the course of time and with usage, this difference dissolves and the once partial resemblance or relation between two phenomena approaches complete equivalence. As metaphors are used in an increasingly literal manner they thus become sedimented in language, which may be seen as the repository of numerous dead or sleeping metaphors. As metaphors fade and as the ideas originally expressed become familiar so the original sense of the metaphor becomes more generalised. The metaphor becomes simply a name or a description, the compass of which is considerably wider than that originally intended. In many such instances instead of using a particular metaphor an author is used by it. This is a danger to which the physician William Battie drew attention in his Treatise of Madness (1758), when he discussed the metaphorical expressions of "nature" and "the Anima" which had been "invented by Willis and deified by Stahl".

> "Which figurative words, though not quite philosophical, are innocent and even useful, in case they are applied only to animal periphrases, and in relating medical matters to fact. But young practitioners, who are often told that they are of imitate and assist nature, must take great care not to be misguided by the literal sense of words, or fancy anything like personal consciousness as intellectual agency in the animal economy. For in such case of misapprehension these and the like expressions become as absurd as all the faculties of the ancients, and, what is much worse, maybe as mischievous as an instrument of death in the hands of a madman".[24]

What Battie is drawing attention to therefore is the danger of failing to recognise the metaphoric status of an expression and in so doing to accept, as a literal truth, the absurdity upon which the metaphor is founded. To take any metaphor literally is to give credence to an absurdity: for example, madmen are not literally animals nor do they literally inhabit an intellectual Africa. The logical, empirical, and psychological absurdity of metaphor

has a specific cognitive function; it makes the reader stop and examine it, to pause or consider the proposed relation and as a result to discover a new way of seeing a particular phenomenon. What is important however is that neither author nor reader should lose sight of the "as if" quality of the metaphor, William Battie, for example, in keeping with his strictures against taking figurative expressions literally is careful to alert the reader to those instances where a metaphor is being used and those where it is not. The result is often surprising. For instance in Battie's analysis of the "chimercial dreams of infirm and shattered philosophers who have variously tried to reconcile metaphysical contradictions, to square the circle, to discover the longitude of a great secret" and who "by excessive attention of body have strained every animal fibre and may without a metaphor be said to have cracked their brains".[25]

Elsewhere in the medical literature one comes across faded metaphors being employed in a fairly literal manner. Thus Thomas Willis, the inventor according to Battie of the metaphors of nature and Anima, seems to literalise metaphors in his description of the soul's condition during melancholy. "The soul", writes Willis, "sinks down inwardly, and leaving the body, enters into a certain metamorphosis, and puts on a new shape, and oftentimes different from humane matters".[26] That is, the soul of a melancholic man loses its intrinsically human attributes, and possibly its shape as well, in place of which it assumes an unspecified but certainly non-human character. On this occasion therefore, the metaphorical association between madness and certain inhuman or brute characteristics is developed in a strikingly literal manner. Instead of seeing melancholia in terms of other, non-human conditions—for example, the similarity to an animal's insensitivity to sense and ingenuity—Willis here argues that as the soul of the melancholic sinks downwards so it literally undergoes a metamorphosis. It is not <u>as if</u> the soul were transformed—the change is, in Willis' view, quite real.

This is a point that may best be illustrated by a further example. Z. Mayne, in his <u>Two Dissertations Concerning Sense</u> (1728), observed that,

> "Wherever reason is, it ought to predominate and rule, and govern as supreme, and he who will not allow this to be so, is most unworthy of the endowments of this faculty, and takes part with the brute against his own nature; and ought, if his demerits did not require a far greater punishment and disgrace, to lose his natural shape and be turned and transformed into another one; that brute which he imitates, and perhaps envies; into a swine, if a glutton, into a goat, if lascivious". [27]

With this apparent literalisation of a metaphor the process is complete. Originally a means of relating two phenomena metaphor here lapses into description. For in Mayne's view, and possibly the same is true of Willis, madness may justly be compared with animality; because they share many of the attributes of animals the mad can validly be characterised as animal-like in their behaviour. But Mayne goes further, for here he proposes that madness literally strips a man of humanity; it literally converts a man into a brute. Where most authors simply compare the two conditions, savagery and insanity, in the hope of fixing the terrain of the latter, Mayne actually dissolves the difference between two states. By arguing for the literalness of the animal image Mayne differentiates one kind of man, the lunatic, from all others. The original metaphor, while it did compare the two conditions, never posited their identity. The difference between the mad and animal is clarified, but this was not accomplished by translating madness into an aspect of animality. While the shamelessly instinctual behaviour of madmen is suggestive of animal behaviour, and while the tendency of animals to be governed by imagination rather than by reason further confirmed the analogy, it is significant that physicians rarely identified animality with insanity; the latter is not subsumed under the former. The same cannot, however, be said of Mayne's account for here the identification is explicit. Beginning with the animal metaphor Mayne proceeds to literalise it; he creates a new category. Madness, particularly the sort induced by intense passion, is identified with the loss of certain essentially human attributes. Literally debased by the disease a man abdicates his title to humanity. By subsuming madmen under the category of animals Mayne totalises the metaphor; the concept of animality which was once the point of partial

resemblance is now elevated to the status of a totality, albeit an imaginary one. Madmen and animals form part of a new totality that one may label "instinct".

It has been suggested therefore that in their search for a steady orientation to the study of madness physicians employ metaphors and that as the ideas expressed by the metaphors become common and familiar so the metaphor gradually sheds its "as if" quality and assumes instead a purely descriptive status. In much the same way as the most commonly used ideas seem to be the clearest so too the most commonly used metaphors gradually seem to provide the clearest literal descriptions. It is as if the mind has an irresistable tendency to equate understanding with familiarity, clarity with convention. This is a tendency that is quite evident in the medical literature where one finds particular metaphors passing into common usage and, as a result, an originally metaphorical association between two conditions takes on the status of a real association. As metaphors fade, therefore, imaginative insights—for example that which discovers a resemblance between madness and savagery—acquire all the solidity of objective findings and clear empirical observations.

What is perhaps more interesting than this gradual sedimentation of metaphors in language is the evidence, in the medical literature, of a ceaseless to-and-fro between metaphors. Although metaphors sometimes manifestly take on the quality of literal descriptions this is not to say that they disappear entirely and, indeed, it is always possible that sleeping or faded metaphors may be revived. In other words, it should be possible to trace the descent of a particular metaphor; to show how it is first used, how it is subsequently literalised and, at a somewhat later stage, employed once again as a metaphor. To take an ostensibly literal or unmetaphoric discourse upon madness as a sign of the advancement of medical science—in that this science is now grounded upon a firm material base—would, therefore, be shortsighted since this text may, on closer examination, be found to be full of faded metaphors. What is being suggested therefore is that even on those occasions where metaphors appear

to have been banished, and the metaphorical dimension of medical enquiry diminished, it may still be possible to reveal the essentially metaphoric basis of enquiry and to show how the literal descriptions of one generation may subsequently reveal themselves as a metaphorical formulations. To demonstrate therefore that metaphors fulfil a central cognitive function in medical enquiry, however literal the presentation of its findings, it is necessary to show how metaphors are originally used, subsequently employed in a more literal manner and, finally, how their original "as if" quality is restored once again. By tracing the descent of at least one metaphor, that which compares life to light and disease to darkness, it should be possible to show the process at work. And it is with this analysis of the constant interchange between metaphors that the chapter will conclude.

Among all the metaphors drawn from natural occurrences to express the nature of disease, one of the oldest and certainly the most common is that which compares life to light, and disease to darkness. In works as widely separated as those of Aristotle, Galen and Paracelsus this image of life as light regularly recurs. Aristotle, in his essay On Youth and Old Age, defines death as a literal extinction of the heart's innate heat or the flame of life and Paracelsus, considering life to be "like a flame", tried to discover the appropriate fuels with which to rekindle the flame. But none of these authors attempted to draw any connection between the changes in the flame and alterations in an individual's state of mind. Such a comparison is, however, explicitly made by Thomas Willis is his Two Discourses Concerning the Soul of Brutes (1672) and it is this metaphor which provides the focus for the following discussion.

The origin of Willis's light metaphor is to be found in his discussion of the animal spirits which constituted, in his view, the source and spring of all action. According to Willis the animal spirits, which are mysteriously distilled from the blood, may be held responsible for all mental and physical activities. As such they occupy the central place in Willis's work and it is with the description of these spirits that much of his work is concerned. This description, however, has to overcome one

major obstacle. The spirits are invisible and, moreover, their existence cannot be proved by "occular demonstration" since they "leave no footprints of themselves". In view of this Willis reverts to a richly metaphorical description of the spirits, the presence of which can be "proved demonstrably by their effects".[28] Amongst the effects that most intrigued Willis were those mental disturbances which could be directly attributed to a particular movement of the animal spirits.

Thus in melancholia, for example, "where every object appears an horrid and huge monster", the animal spirits, instead of being "transparent, subtil and lucid become obscure, thick and dark, so they represent the images of things, as it were, in a shadow, or covering darkness". In addition the animal spirits are, in this condition, subject to continued and slow movement, but within rather narrow bounds. "From the analogy of these conditions", Willis concludes, "it comes to pass that melancholic persons are ever thoughtful, they only comprehend a few things, and they falsely raise or institute their notions of them".[29] In mania, by contrast, the rapid impetuous fluctuations of the mind and the inability to sustain attention, are attributable to the fact that the spirits are "imbued with a notable mobility or unquetness". Observing that in mania or madness the mind is "perpetually busied with a form of impetuous thought", that many of its notions are either "incongruous or erroneous", and that maniacs are prone to outbursts of "audaciousness or fury", Willis tries to account for these symptoms in terms of particular disturbances in the natural movement of the animal spirits. The presence of incongruous and false images, for instance, is to be accounted for in terms of the fact that in mania the animal spirits,

> "becoming very movable, and very much sharpened, out of their morbid nature, do so likewise leave their former tracts of going and returning to and fro, and do cut for themselves, everywhere in the brain, new little spaces and walks, and plainly devious; in which, whilst they flow, they produce unaccustomed notions, and very absurd, whence there is a necessity, that the distempered do speak, and imagine for the most part incongruous and distempered things."[30]

Willis thus attributes all visible effects or symptoms of madness to the animal spirits and in seeking to describe these spirits he has no alternative but to employ a range of metaphors. In addition to the "new little spaces and walks" quoted above, the animal spirits occupy, on different occasions, "various tracts of labyrinths, as it were, so many conclaves and chambers", or "private troops of spirits are shut up within passages, as it were pipes and other machines".[31] The effect of these metaphors, and many other variations on the theme of porticoes and walks, is to convey a sense of the places occupied by the spirits rather than an impression of how they actually move. In order to express the movement of the spirits, and the various disturbances to which this movement is subject, Willis makes use of the old light metaphor. Thus the spirits, "seem as it were light, or the rays of light", and their movement "is compared to the beaming forth of divers rays of light".[32] In his earlier treatise on The Anatomy of the Brain and Nerves (1664), having first tried to illustrate the movement of the animal spirits in terms of the motion of water Willis concluded that "because there is no slight difference between the motions and consistency of the spirits and waters, perhaps it will better illustrate the matter if the spirits are compared to the beaming forth of divers rays of light".[33] This metaphor is subsequently developed in some detail.

What is rather striking about Willis's work is both the range of metaphors and the selfconsciousness with which each metaphor is employed. In drawing on analogous phenomena to illustrate his point Willis almost invariably prefaces the comparison with the phrase, "as it were", and in so doing warns the reader against taking the metaphor literally. The animal spirits are manifestly not rays of light and although they are the spring of all activity it is their movement, rather than their capacity to provide illumination, that is centrally important. In sleep, for example, the "eclipse" of the animal spirits, to which Willis refers, occurs at the level of movement rather than of light; that is, it is their capacity for movement, rather than the capacity to generate light, that is impaired

or eclipsed. In sleep the animal spirits are stilled, rather than dimmed, just as in mania they move very rapidly, as distinct from becoming very much brighter. Willis's light metaphor therefore relates to wholes, animal spirits and light, on the basis of an observed similarity between one element of each, i. e. their diffusion. Schematically this may be represented as follows:

Metaphor: the animal spirits are, as it were, rays of light.

Whole	— part —	whole
Animal spirits	— diffusion/ movement —	light

i. e. the animal spirits move, and are diffused, in a way that resembles the diffusion of light.

In other words a metaphor moves from one whole to a part to another whole; thus the light metaphor unites two wholes—light and the animal spirits—through a common part: their shared capacity for motion and diffusion.

The interest of Willis's work extends, however, beyond his use of metaphor for closer examination of his Two Discourses Concerning the Soul of Brutes reveals the presence of another trope; that of metonymy. Metonymy is here taken to mean the strategy that enables one to simultaneously distinguish between two phenomena and to reduce one to the status of a manifestation of the other. Alternatively, in terms that are directly relevant to this discussion, metonymy provides a way of conveying some incorporeal or intangible state in terms of one that is corporeal or tangible. This definition should not be confused with the earlier definition of metaphor for where metonymy differs decisively from metaphor is that in conveying an incorporeal state in terms of a corporeal one it actually reduces the former to a manifestation or expression of the latter. Where metaphor provides a perspective upon a phenomenon metonymy reduces one phenomenon to a function of another. For example, the metonymic reduction of emotion to a function—or manifestation—of motion. This reduction introduces relations of cause and effect that are

not present in metaphor, i.e. emotion is an effect of the motion of the animal spirits.

Whereas metaphor establishes a relationship between two phenomena on the basis of a partial similarity metonymy, although it distinguishes between two phenomena, actually reduces one to a function of the other. It provides not so much a perspective or point of view upon the phenomena as a way of formulating relationships of cause and effect between them. For example, where metaphor compares life to light, metonymy actually reduces life to a function of light. In place of the partial resemblance established by metaphor this metonymic reduction subsumes one element under a new totality—for example, the element of life is subsumed under the totality of light.

In the case of Willis's work both the tropes of metaphor and metonymy are present. Thus Willis establishes a metaphorical relationship between the animal spirits and light, but in reducing all of life and disease to a function of the animal spirits he employs a metonymy. To say, as Willis does, that the animal spirits "cause animality and life in all" is to make life/animality a function of the animal spirits.[34] Equally, the cause and effect relationship is evident in Willis's metonymic reduction of all mental states to a function of the movement of the animal spirits. This reduction serves to convey an incorporeal state, for example melancholia, in terms of a corporeal one, such as the sluggish movement of the animal spirits. Schematically the difference between the tropes of metaphor and metonymy may be illustrated as follows.

Metaphor:

Whole	—	part	—	whole
Animal spirits	—	diffusion	—	light

Metonymy:

Part	—	whole	—	part
Life	—	animal spirits	—	'effects'/emotion

The metonymic movement from part to whole to part again serves in this case to subsume both life and emotion under an imagined totality—the animal spirits—of which both life and emotion are simply manifestations.

But what, it may be asked, is the relevance of metonymy to an analysis of the metaphorical basis of medical enquiry? How does the analysis of metonymy help to advance the argument that metaphors provide, in eighteenth century medical enquiry, the basic mode of apprehending and representing madness? Finally, what light can such an analysis shed on the attempt to trace the descent of a particular metaphor? In answer to these questions there are three important points to be made.

First, the presence of metonymy is often the sign that a faded metaphor is present or that an association which was originally metaphorical has been totalised: i.e. that a resemblance between two phenomena which was once thought to be only partial is, through metonymic reduction, and the literalisation of the metaphor, later deemed to be total. Metonymy provides, in other words, a clue to a metaphor's progress, to its gradual sedimentation in language and the attendant loss of its "as if" quality. Second, the analysis over time of a corpus of work dealing with a particular topic, for instance medical treatises on madness, sometimes shows that the metonymies of one generation are subsequently re-read as metaphors. That is to say that the ostensibly real relationships between cause and effect, which a particular metonymy establishes, are later reinterpreted as merely metaphorical relationships. To push the point further, it could be argued that scientific progress consists of the gradual revelation that the metonymies of the previous generation are simply metaphorical, and that the postulated causal relationships, which a previous generation assumed to be grounded in material conditions and in reality, are simply imagined relationships. Alternatively, it becomes clear that the totalities out of which the elements are drawn—for example the animal spirits totality—are not real totalities but exist only in the imagination. Thus

metonymies in science and the postulated causal relationships are only as true as the totalities to which they belong. In concrete terms, the causal relationships established by Willis between the animal spirits and various mental states are valid to the extent that the assumed totality—in this case the animal spirits—is real rather than metaphorical. Finally, and related to the previous point, it therefore follows that any equation of scientific progress with the disappearance of metaphor, and any suggestion that the literalisation of scientific discourse is a mark of its increasingly scientific character, would be ill-founded. On the contrary, it could be argued that the literalisation of scientific discourse and the apparent ascendancy of metonymy over metaphor is liable to create the erroneous impression that the metaphorical dimension had diminished and that, as a result, the discourse itself had found a secure base.

In the case of Willis's work it might, for example, be suggested that although the work is self evidently metaphorical at a superficial level—that being the description of the animal spirits—it has, nonetheless, a secure foundation in a demonstrable empirical fact: the movement of the animal spirits. And yet, as will be seen shortly, what seemed a firm material base to Willis is seen by his successors as a metaphorical association. In sum, therefore, the analysis of metonymy is pertinent to the present discussion in that this trope is an essential element in what was earlier referred to as the continuous to and fro of metaphors. To the extent that metonymies totalise certain metaphors, and that the same metonymies are subsequently reread as metaphorical association, it is necessary to widen the investigation of the cognitive value of metaphors to include the trope of metonymy. Returning now to Willis's work it will be demonstrated that metaphors are subsequently literalised and replaced by metonymies and that his metonymic reduction—which makes life/disease an effect of the animal spirits—is later re-read as a metaphor.

In George Cheyne's study of The English Malady (1733) the author, who well appreciated the value of metaphors, directly confronted the problem

that Willis had thought he had solved in ascribing such a central role to the animal spirits. The problem of accounting for physical activity or, as Cheyne expresses it"the most difficult problem in all the animal economy, is, to give any tolerable account of muscular action or animal motion".[35] By way of a preface to his own account Cheyne reviews the efforts of his predecessors and particularly those, including Willis, who had placed their trust in the animal spirits. But, Cheyne argues,

> "the similtude of a machine put into action and motion by the force of water conveyed in pipes, was the nearest resemblance the lazy could find to explain muscular action by. On such a slender and imaginary similtude the precarious hypothesis of the animal spirits seems to be built. But as their existence is, I fear, precarious, so, were it real, they are not sufficient to solve the appearances of muscular action or animal motion".[36]

Bringing his account closer to home Cheyne does concede, however, that "Willis gave the animal spirits hypothesis all the advantages of eloquence and metaphor".[37] And although Cheyne is willing to concede that "life and animation may have some resemblance to light, in its activity, for both spring from a single source", he is not prepared to accept that this single source is the animal spirits, as Willis had postulated.[38] On the contrary, Cheyne rejects the metonymic reduction of life and emotion to a function of the animal spirits and he re-interprets Willis's metonymy as a metaphor, albeit one expressed with considerable eloquence.

In Cheyne's view Willis gave to the animal spirit hypothesis the advantages of metaphor but he did not establish the animal spirits as a real basis from which life and animation could be inferred. What was to Willis a real causal relationship—between the movement of the animal spirits and mental states—is to Cheyne merely an imagined or metaphorical association. The totality on which Willis's account is founded, that of the animal spirits, is seen by his successor Cheyne as an imagined totality, having no real empirical base. Having rejected the "slender

and imaginary similtude" upon which the account of his predecessor is founded, Cheyne then proceeds to articulate his version of animal activity and he tries to identify the material base upon which such activity must be founded. According to Cheyne the only way of accounting for the phenomenon is in terms of "an infinitely subtil elastic, fluid or spirit, distended through the whole system—and by this aether, spirit, or most subtil fluid, the parts of bodies are driven forcibly together and their mutual attractive virtue arises and the beforementioned appearances are produced".[39] Although Cheyne concedes that the existence of this aether has not been established beyond doubt and that it only provides, therefore, "an imperfect account of these difficulties", he nonetheless feels sufficiently confident to account for all diseases in terms of a disorder in this fluid or in the so-called "juices".

> "The most universal and comprehensive sources and causes of chronical distempers are first, a glewiness, fizyness, viscidity or grossness in the fluids, either accidental, or acquired by those persons who were born with sound or good conditioned juices—and secondly, some sharpness or corrosive quality in the fluid".[40]

Having claimed Willis's metonymic reduction as merely metaphorical Cheyne then proceeds to establish a new metonymy in which all activity—including diseased activity—is made a function of the juices or Newtonian aether. In place of the metaphorical association between the animal spirits and mental states Cheyne establishes the real relationship between the juices and mental states; the latter being seen as effects of alterations in the former. Cheyne therefore 'improves' upon Willis's account by restoring its metaphoric basis and by formulating a new relationship that seems to him to be firmly grounded in reality. Although the existence of the animal fluids or juices has not been uncontestibly established they at least provide a more secure foundation for explanation than the slender and imaginary similtude upon which the precarious hypothesis of the animal spirits had been fashioned; an hypothesis to which Willis had lent the benefit of metaphor rather than the sure weight of truth. So far as Cheyne is concerned the flaw in Willis's account is that it is founded upon an imagined totality.

Whereas Cheyne reads Willis's metonymy as a metaphor others, such as Sir Richard Blackmore in his Essay Upon the Spleen (1725), tend to literalise Willis's metaphorical association between the animal spirits and light. Recalling Willis's discussion it should be emphasised that he was at pains to point out that the animal spirits should only be considered "as it were beams of light", for the real point at issue was the consequence of the movement of the animal spirits. To Willis therefore the animal spirits were clearly not beams of light and they did not have therefore any capacity to generate light or, in the case of their diminution, any association with real darkness. In Blackmore's Essay, by contrast, although the author retains Willis's concern with the movement of the spirits he nonetheless proceeds to use Willis's light metaphor in a strikingly literal fashion. Perhaps by the time Blackmore wrote this metaphor had become quite conventional and had, as a result, begun to fade a little. Whatever the reason it is instructive to juxtapose Willis's richly metaphoric description of the spirits with Blackmore's argument that the movement of the spirits literally generates light.

In place of Willis's reference to the spirits being "as it were sooty" Blackmore refers to the "bright and elevated" spirits that are consonant with health and the dark depressed spirits associated with disease. Although Blackmore does on occasions refer to the spirits metaphorically "darting like rays of light through the roads of the nerves" he nonetheless suggests that this movement is literally illuminating. Where the movement of the spirits is obstructed or restricted, as in melancholia, then "the mind is under a total and lasting eclipse", an eclipse unbroken by "lucid intervals". In the absence of the "bright and elevated" spirits "all the images formed by a melancholy imagination are sad, dark and frightful, while gay and delightful objects are always shut out, or very seldom admitted to the fancy and lighter faculties of the mind". Thus it is that the days of the melancholic man are, without a metaphor, "varied and chequered with black and white" and although his mind occasionally seems sedate and calm "yet in a few hours the clouds gather again;

the brain is overcast with darkness".[41] In Blackmore's view therefore the gloomy despondent thoughts of melancholia are genuinely dark; rare moments of lucidity, of light, are soon eclipsed as the mind is once again denied the illumination provided by the spirits. What distinguishes Blackmore's discussion of the animal spirits from that provided by Willis is that the former uses the latter's metaphor in a literal manner. Although Blackmore retains Willis's metaphorical description of the animal spirits moving like rays of light he nonetheless concludes that this movement actually generates "bright" ideas. Clear-headedness is, for Blackmore, not so much a metaphor as an accurate description of a real condition. It could be argued therefore that by the time that Blackmore comes to write his Essay the light metaphor has faded; sedimented within language it assumes litteral connotations and passes for description. Where Willis had defined melancholy in terms of the continued movement of the spirits Blackmore equates the disease with darkness—"the brain is overcast with darkness". In place of Willis's reference to melancholic ideas being presented "as it were in a shadow"one finds in Blackmore's work frequent reference to melancholic ideas as being genuinely "dark and frightful".

The preceding analysis thus indicates that Willis's successors read his work in at least two ways. The first consists in the interpretation of his metonymic reduction of life to the animal spirits as a metaphor—as in Cheyne. The second takes the form of a more literal use of his metaphor which compared the animal spirits to rays of light; the metaphor being used in such a way that it acquires the status of a literal description, as in Blackmore. However, any attempt to trace the descent of this metaphor further is confronted with a problem. For in the work of Blackmore's contemporaries and successors the light metaphor seems to be abandoned and in its place attention is focussed upon the relationship between life and motion. In much the same way as Cheyne had read Willis's metonymy as a metaphor and had discovered, in the movement of the fluids and the juices, a firmer basis on which to ground his discussion

so too physicians writing in the middle of the eighteenth century take up the question of motion and seek, as Cheyne had done, to find a new material base upon which to elaborate their explanations. With almost remarkable uniformity physicians discover in the motion of the blood the key with which to unlock the secrets of many diseases, including madness.

In texts as widely separated as Archibald Pitcairne's Philosophical and Mathematical Elements of Physick (1718) and Thomas Arnold's two volume collection of Observations on the Nature, Kind, Causes, and Prevention of Insanity (1782-1786) the recurring emphasis is upon the relationship between the motion of the blood and disease. Physicians studying madness in this period thus share Willis's concern with movement and his association of life with regular motion, but in place of the animal spirits they install a new totality—that of the blood and its circulation. In the work of Mead, Pitcairne, Whytt, Arnold, Robinson and many others all activities—including disease—can be understood in terms of the circulation of the blood. To Pitcairne, for example, "health is perfect life, or the longest circulation of the blood", and the corollary to this view is that "disease is a circular motion augmented or diminished".[42] This observation is confirmed by Robinson in his New Theory of Physick and Diseases (1725) in which he noted that "an animal body destitute of motion is an animal body destitute of life". Wherever this motion is disturbed disease must follow. In melancholy, for example, "the blood will remit of its motion and hence arises that sudden lapse of the senses, those failures of the spirit, and that casual absence of reason".[43] Similarly James in his Medical Dictionary (1745) attributed the "long continued dejection, dread and sadness" of melancholy to "the difficult circulation of the blood through the vessels of the brain, where it is too copiously congested and becomes stagnant".[44] In James's view, therefore, the brain constituted the seat of this disorder but the cause was to be found in the circulation of the blood and in the changes in mental conditions—for example intense passion—which altered this circulation. Somewhat later, William Rowley in his Treatise on Female, Nervous, Hysteric and

Hypochondriacal Diseases (1788) concluded that "the greater quantity of blood flowing to the brain accounts for the great strength of the insane".[45]

In all of these accounts, therefore, and their number could be easily multiplied, Willis's original concern with movement is taken up but his attempt to ground his analysis in the analogy of the animal spirits is dismissed, by his successors, as simply a metaphorical account. Implicitly at least, authors such as Pitcairne, Whytt, Robinson, Rowley and James, interpret the animal spirits as being nothing more than an imagined totality, having no material existence. The account provided by these later authors represents an improvement upon that offered by Willis and also by Cheyne—who had failed to appreciate that the so-called juices were, like the animal spirits, an imagined entity—in that the circulation of the blood, and the associated loss of movement, provides a secure material base; this circulation is a demonstrable empirical fact, unlike the movement or indeed the very existence of the animal spirits, and as such it provides a real basis upon which to establish enquiry.

But such insistence upon the importance of circulation has a number of significant consequences. First, it indicates clearly the extent to which certain physicians, particularly those writing during the middle of the eighteenth century, had transcended the limits set to enquiry by Locke and Sydenham, for the emphasis upon circulation implies that enquiry cannot be limited to the realm of visible appearances and that Sydenham's embargo upon any attempt to go beyond the surface of things actually constitutes an obstacle to progress. A corollary therefore to the role accorded to circulation is a refusal to limit knowledge "to the surface of things". In place of this authors such as Rowley established the centrality of anatomical enquiry, "the most certain of all" forms of enquiry. Second, the importance attributed to motion, and particularly that of the blood, marks a further departure from experience and observation in that psychology, or the science of the mind, only advanced by borrowing from other branches of enquiry.

Whereas Locke's historical plain method is, as it were, entirely self sufficient in that the data provided by experience and observation are deemed quite adequate, those who follow Locke ignore the restrictions placed upon experience as they look to other branches of investigation for principles upon which to base their theories and explanations. In place of the Lockean emphasis upon an autonomous science of the mind later physicians sacrifice the autonomy of their enquiry as they import rules and principles from other sciences, particularly from physiology and mechanics. Thus, as T. Perceval noted in his collection of Essays Medical, Philosophical, and Experimental (1772) the discovery of the circulation of the blood "gave rise to the introduction of mechanics into medicine; and as that system was founded on the general laws of nature, it was obvious to infer its application to the human body. Which was supposed to differ only from the universal things, in the wonderful complication and variety of its machinery".[46] The importance of mechanistic principles is very evident in the work of many who saw in the circulation of the blood the key to disease.[47] Thus the science of the mind advances by borrowing from mechanics and in more extreme formulations of the role played by mechanistic principles in determining mental states psychology seems to have become an auxiliary to other sciences.

Thirdly, the emphasis upon circulation satisfies the desire for unity in that it justifies the reduction of all activity, and of all diseased activity, to this one central principle. Mental states, whether healthy or diseased, could be accounted for in terms of this single occurrence—the circulation of the blood. The decisive advantage of this metonymic reduction, which translates all incorporeal states into measurable corporeal conditions, is that it seems to be grounded in an incontestibly real and observable totality. With the theoretical underpinning provided by principles borrowed from mechanics late eighteenth century theories concerning mental life tend increasingly to represent the continuous flux of mental conditions as the mere epiphenomenon of physiological changes.

When physicians such as Whytt or Arnold seeks to explain madness in terms of disturbances in imagination, passion, attention, association and so on their concern is twofold. First, to show how disturbances in each of these 'faculties' can upset the balance of the mind and, secondly, how the extremes of say passion generate a disordered circulation of the blood.

This fairly extended discussion of metaphor has thus shown that the methodological constraints within which physicians claimed to operate—notably the constraints of experience, the observation of visible effects and the reporting of these observations in plain ungarnished language—are not wholly appropriate when the focus of enquiry is the mind, in both its healthy and disordered states. In both chapters I and II an attempt has been made to sketch the general methodological context in which enquiry was conducted, and to show how physicians, when studying madness, departed from the guidelines laid down by authors such as Locke, Bacon and Sydenham. More specifically, the discussion of metaphor in this chapter has indicated how physicians were unable—when portraying madness—to employ language in the neutral manner advocated by Bacon and Locke. Confronted with an elusive object of enquiry, which could not easily be described in plain language, physicians used metaphors as a way of visualising madness and of representing—rather than explaining—its essential characteristics to their readers. Metaphors served therefore not as subtle embellishments to medical discourse but, more significantly, as valuable tools of investigation; it is as instruments of enquiry that metaphors are important. For example, Blackmore's metaphor of an 'intellectual Africa' is a useful tool of analysis in that it provides the author with a way of visualising mania, of sketching the characteristic qualities of this disease and, finally, of helping his reader to appreciate what mania is like. The metaphor therefore provides a point of view from which the phenomenon can be apprehended; a way of conceiving of this particular disorder.

In the study of madness metaphors thus contribute to solving the problem of perspective, of the point of view from which the disorder can be considered. They do so principally because they enable the physician to compare and contrast two ostensibly different conditions, for example savagery and insanity, and in so doing to throw into sharper relief certain attributes of the latter. What metaphors do not do is to provide physicians with complete models or explanations of this disorder. The animal metaphor, for example, constitutes one way in which madness can be characterized or represented, rather than explained. Similarly, Willis's light metaphor enables him to characterize the movement of the animal spirits, but the metaphor does not explain this movement. In other words, both of these metaphors provide a partial answer to questions such as, what is madness like, what are the animal spirits like, or what is the common vantage point from which both the physician and his reader can begin to visualize these phenomena? What the metaphors do not do is provide explanations of these phenomena. The animal metaphor could only provide an explanation of madness if it was used in a literal, i.e. non-metaphorical, manner. In other words the animal metaphor would constitute an explanation of mania if this condition was accounted for in terms of a regression to a condition that exactly resembles animal life.

However, the statement that metaphors are not explanations must be qualified. As we saw in the analysis of metonymy, a characteristic feature of some metaphors is that over time and with continued usage they gradually fade and their 'as if' quality diminishes. In the case of the light metaphor, for example, we saw how an author such as Blackmore interprets an originally metaphorical relationship in a literal manner. As a result of this Willis's originally metaphorical association between the animal spirits and light is taken by Blackmore as a literal description of what actually occurs when the animal spirits are either excited or depressed; i.e. their movement actually generates light or darkness. Here an originally metaphorical relationship is interpreted in a literal fashion; the metaphor is literalised. In other words the light metaphor assumes, in Blackmore's work, the status of an explanation albeit one based on an imagined totality.

Having devoted considerable attention to the question, how did physicians in the eighteenth century approach the study of madness, it is time now to take up another question. What substantive conclusions did physicians reach and how did these conclusions develop over time? Against this general methodological background, and the related analysis of the framework provided by metaphor, it would now be appropriate to look closely at the medical image of madness. The first two chapters have demonstrated how this image was built up and how physicians used their own experience and observations in painting, as it were, their portrait of this disease. The next chapter will consider in some detail the portrait they painted.

FOOTNOTES: CHAPTER 2

1. Thomas Arnold, Observations of the Nature, Kinds, Causes, and Prevention of Insanity 2 vols. [1782-6]. Vol. 1 p. LIII.
2. Locke op. cit., Bk. III; Ch. XI; Sect. 5.
3. Ibid.; Bk. III; Ch. XI; Sect. 25.
4. Ibid.; Bk. III; Ch. XI; Sect. 6.
5. Bacon, The Advancement of Learning (1973 edition) pp. 23-25.
6. John Wilkins, An Essay Towards a Real Character and a Philosophical Language (1668) pp. 17-18. Cf. Preface to E. Phillips, The New World of Words; Or a General Dictionary (1658).
7. See S. Romanowski, Descartes: From Science to Discourse. Yale French Studies No. 49 p. 100. Cf. The chapters on Galileo in P. K. Feyerabend, Against Method (1975).
8. R. Boyle, Letter to Samuel Hartlib. March 19th 1646/7. In Works op. cit. Vol. I p. 22. Cf. Works Vol. 5 p. 39.
9. Thomas Sprat, Observations on Monsieur de Sorbier's Voyage to England (1665). Quotation from The Advertisement.
10. T. Sprat, History of The Royal Society (1667) Facsimile Reproduction of the first edition, 1959, p. 112.
11. Ibid. p. 113.
12. George Cheyne, An Essay on Regimen (1740) pp. 160 & 134.
13. Ibid.
14. G. Harvey, The Vanities of Philosophy and Physick (1699) 1702 edition, pp. 48 & 70; Cf. p. 98.
15. Sir Richard Blackmore, Essays Upon Several Subjects (1716) p. 99.
16. Blackmore, A Treatise of the Spleen and Vapours (1725) pp. 260-275.
17. Ibid. pp. 17-19.
18. Quoted in C. Brooks, British Journal of Aesthetics 1965, p. 315.
19. Cheyne, Essay on Regimen p. 134.
20. Cheyne, The English Malady p. 174.

21. Cheyne, Essay on Regimen p. 146; English Malady pp. 3-4.

22. Cheyne, Essay on Regimen p. 174; cf. pp. 26-7.

23. Ibid. p. 175.

24. William Battie, Treatise on Madness (1758) p. 32.

25. Ibid. p. 57.

26. Willis, Two Discourses Concerning the Soul of Brutes (1672) p. 194.

27. Mayne, Two Discourses Concerning Sense (1728) p. 91.

28. Willis, Two Discourses etc. p. 23.

29. Ibid. pp. 188-191.

30. Ibid. pp. 101-102.

31. Ibid. pp. 23-24.

32. Ibid. pp. 22-23.

33. T. Willis, The Anatomy of the Brain and Nerves (1664) p. 126.

34. Willis, Two Discourses etc. p. 23.

35. Cheyne, The English Malady p. 51.

36. Ibid.

37. Ibid. p. 53.

38. Ibid. p. 49.

39. Ibid. p. 52.

40. Ibid. p. 5.

41. Blackmore, Essay Upon the Spleen 1725, pp. 156-160.

42. A. Pitcairne, The Philosophical and Mathematical Elements of Physick (1718) p. 9.

43. N. Robinson, A New Theory of Physick and Diseases Founded on the Principles of Newtonian Philosophy (1725) p. 22.

44. James, Medical Dictionary (1745)Entry under Madness.

45. William Rowley, A Treatise on Female Nervous, Hysterick, and Hypochondriacal Diseases (1788) p. 86.

46. J. Percival, Essays Medical, Philosophical and Experimental (1772) p. 14.

47. See especially Pitcairne op. cit. p. 21.

CHAPTER 3

DIMENSIONS OF DISORDER

Introduction

The intention of this chapter is twofold. First, to provide a general overview of the conclusions reached by physicians in their study of madness. Second, to show how these conclusions developed over time and how they changed. How, in other words, the medical portrait of madness evolved and, in so doing, threw into sharper relief different aspects of the problem posed by this disease. The focus of this discussion differs significantly, therefore, from the focus of the preceding chapters. This chapter is primarily concerned with the substance of medical treatises, with what one might call the substantive 'findings' of medical enquiry, rather than with the methodological principles that guided this enquiry. As was pointed out in the Introduction this thesis examines eighteenth century approaches to madness at a number of different levels and the present chapter marks a shift in the level being analysed. Although attention is still directed at the substantial body of medical literature the questions around which the analysis is organized have now changed. Rather than ask, how did the physicians study madness and what methodological precepts did they follow? the question informing the following discussion is, quite simply, what did physicians actually say about this disorder? How did they describe and characterize it? What this chapter will attempt to do therefore is to reconstruct the medical interpretation of madness and to consider changing shifts of emphasis in this interpretation.

Even the most cursory examination of the medical literature reveals that physicians endeavoured to produce a coherent portrait of madness and that in doing so they adopted a strategy used by Locke in the Essay Concerning Human Understanding. This strategy consists of breaking the

object of enquiry—the human mind—into its constituent elements and then endeavouring to show how these particular elements combine to produce the mental processes with which everyone is familiar. In approaching the study of the mind physicians try to accurately characterize and describe its operations, rather than to discover its nature. In so doing they proceed—as Locke did—to analyse the mind in terms of its constituent parts, to show how these parts relate to and interact with each other and, finally, to show how changes in any one of these elements effects the stability and balance of the mind. It is rather as if physicians were endeavouring to grasp the anatomy of the mind; an anatomy that would show what the key elements were and how they combined together to produce the variety and flux of mental life. What is perhaps most striking about this process of enquiry is the spirit in which it is conducted. Despite the modesty of the claims made and despite the ostentatious limitation of concern to observing the operation of the mind—rather than discovering its essence—one is struck by the increasing confidence with which the enquiry is conducted and the implicit conviction that the methods of rational analysis will finally elucidate all the workings of the mind. Having concentrated their attention on what could be known, rather than speculating about the unknowable, physicians—particularly those writing in the middle of the eighteenth century—proceeded to develop an extremely ambitious science encompassing both mental and physical occurrences.

The framework within which physicians in the eighteenth century conduct their study is provided by the following basic elements; attention, association, imagination, memory, passion or the so-called 'affects', and to a lesser extent, dreaming. Physicians try to grasp and account for the complexity and diversity of mental life in terms of these fundamental elements and it is around the everyday occurrences of imagining, feeling, attending and recalling that the majority of the medical treatises are organized. These activities, which are so much a part of everyday experience, are the raw materials that constitute the medical image of madness. In considering each of these activities physicians try to do two things. First, to show the part played by each element in mental life

and the effect that each element has upon the mind. Second, to examine the degree to which an individual is able to regulate and guide the activities of imagining, attending, recalling and so on. Medical enquiry is therefore rooted in everyday experience, or what Hume called 'the common course of the world', in this special sense. It takes as its starting point the familiar experiences of feeling, imagining or associating ideas. This is not in conflict with the preceding analysis of the part played by physiological processes—particularly the circulation of the blood or the movement of the animal spirits—in insanity. What is of interest to physicians, including those who saw disease as a manifestation of disorders of the circulation, is the relationship between such disturbances and the experiences of extreme passion, disturbing and frightening dreams, or other imagined terrors.

In much the same way as Locke endeavoured to trace the formation of the understanding from its beginning to its full development so too physicians, in their study of madness, endeavour to trace the development of various mental activities, such as imagining or recollecting and, more importantly, to demonstrate how mental stability is dependent upon the harmonious interplay of these various faculties. An interplay in which no one element gains a predominant influence, as for instance happens when a man erroneously believes himself to be "inspired" and acts as if this were really the case. A predicament succinctly characterized by Hobbes when he defined madness as "*nothing else but some imagination* of some such predominancy above the rest, that we have no passion but from it."[1] When studying madness physicians try to show how such a situation develops and to analyse the extent to which it may be avoided, or at least guarded against. What is of interest, therefore, is both the interaction of the various faculties and the possibility of regulating this interaction.

In formulating the relationship between the faculties, and more particularly the interaction between various physiological and mental processes, physicians employ metaphors. Indeed, it would be quite possible to analyse the substantive 'findings' of medical inquiry in terms

of the metaphors used and this chapter could extend the analysis of the preceding chapter by elucidating the metaphors employed to represent the operation of the imagination, the activity of attention or the fluctuations of the passions. Recalling the examples cited in the previous chapter, and particularly Cheyne's richly metaphorical account of the relationship between the mind or soul and the body, one could continue to analyse medical treatises in terms of their metaphorical dimension. Rather than do this, however, the present discussion will take the corpus of medical literature at face value, as it were, and only in the discussion of dreaming and its relationship to insanity will attention be given to metaphors.

In reconstructing the image of madness the intention is not to reproduce this image as a particular point in time but rather to show the changes it undergoes and to indicate changing shifts of emphasis in accounts of the disorder. As a prelude to the later chapters of this work, in which changes in the treatment of the insane will be investigated, this chapter provides an analysis of changing medical interpretations of the disease. These changes are inextricably bound up with those more general therapeutic developments analysed later. The most important of these changes, as reflected in both the medical literature and in particular therapeutic methods, can be formulated as two propositions.

First, that throughout the period of this study those suffering from madness are increasingly held to be responsible for their misfortune. By the end of the eighteenth century, individual responsibility for madness, combined with the belief that due exercise of self-control will prevent its onset, is a cardinal principle of therapeutic practice and a basic assumption informing almost every medical treatise on the disease. Earlier accounts of madness, including those dating from the late 17th century, tended to portray the sufferer as the hapless victim of powerful influences, such as passion or an unruly imagination. Madness, in the opinion of Willis for example, literally seemed to take possession of an individual who appeared scarcely able to resist the wild onrush of ideas associated with mania and equally incapable of diverting his attention from the

gloomy preoccupations of melancholia. Similarly Blackmore's image of an "intellectual Africa" reflects the author's view that madness is, like the wild instinctual behaviour of savages or animals, something over which control cannot be exercised. Yet by the middle of the eighteenth century this interpretation had clearly lost the ground to an alternative view which held that even the most violent excesses of passion, or the most extravagant flights of imagination, were susceptible to control. Subsequently it is the diligent exercise of self-control and self-restraint in all matters that becomes established as the hallmark of a sound mind.

The second proposition follows from this. By the end of the eighteenth century 'custom' had been installed as the indispensable rule by which behaviour should be measured and governed. In the medical literature and therapeutic practice alike the lessons of custom, of the established conventions of conduct, are seen as the secure basis upon which life should be ordered, thereby forestalling any decline into extraordinary or mad behaviour. At the centre of the late eighteenth century view of madness is the conviction that social life can only be sustained if all who participate in it observe the limits imposed by custom and, more importantly, internalise the norms of appropriate conduct.

This insistence upon the supremacy of custom and the internalisation of social norms has two related features. First, it marks a departure from the belief that behaviour should be measured against and governed by essentially external standards. Thus in place of the Hobbesian belief in a binding contract or the Swiftian affirmation of tradition, one encounters the view that adherence to the dictates of custom will, almost imperceptibly, generate habits of thought and action that are beyond reproach. Secondly, in judging an individual's state of mind what is important is the public face that is presented rather than a private inner world. No matter how extravagant or exotic an individual's private thoughts and behaviour might be there is no basis for calling him mad so long as these private vagaries are not translated into public indiscretions. It is this distinction between the private and public world in which life is conducted that comes to play such an important part in both the

medical interpretation of madness and the associated attempts to regulate it. It is against the background of these two related developments, the ascendance of the principle of self-control and of the significance accorded to custom, that the following discussion should be set. As physicians attempt to relate madness to the constituent elements of psychological reality—dreaming, imagining, attending, associating, or feeling—it is possible to detect a gradual shift of emphasis that finally makes the individual the author of his own misfortune and custom his only sure guide.

It is now time to examine these constituent elements and to show how the medical image of madness developed over time. In pursuing this examination the framework used by physicians will be borrowed and each of the following four sections mirror the major divisions to be found in most of the medical literature.

I. ATTENTION AND ASSOCIATION

In accord with the Lockean principle that knowledge is based entirely upon sensation, and that the strength of a particular sensation will determine the vividness of an individual's ideas, physicians studying madness identified two principal disorders to which the faculty of attention is subject. One disorder arises from unusually strong sensory impressions and the other from exeeptionally weak impressions that generate rather faint ideas which are tenuously associated with each other and to which the mind can scarcely attend. On occasions where impressions are particularly strong and have in consequence "so thoroughly possessed the mind with a belief of the realityof the thing represented, it is some time before they can be worn out, or the mind recover itself from the astonishment it was in".[1] Similarly where a forceful impression prompts the mind to brood on a particular idea this results in an inability to redirect attention and the mind finally becomes literally passive. As Thomas Arnold noted, "the thus fascinated and unopposed mind, which is not now at liberty to look around, will become the sport of a variety of absurd ideas and notions which have little or no

proper relation to the real existence of external objects; in a word reason will be overpowered and insanity will assume its place".[2]

What is important in this account is the relationship that pertains between ideas and the real order of the external world. If sensation is seen as the basic spring of knowledge, and if correct ideas are regarded as copies of the external world, than true perception must logically be seen as that which faithfully imitates or duplicates the external world. True perception thereby retains, in the relationship established between ideas, the same link as exists between material objects and the sensory experience of these objects. In the context of such a view the faculty of attention is portrayed as the mere plaything of sensation, and its task is simply to hold in view the objects and sensations upon which knowledge is based. Unguided by hope, desire or intention in any form the faculty of attention may be regarded as an undifferentiated power which, rather like a searchlight, reveals what is already there. Moreover the world of associated images and impressions that attention reveals is held to be completely independent of the activity of the mind. In a process comparable to that of drawing a picture by joining together dots on the page, attention simply unites the different points of sensation thereby forming a picture of experience. It founders once it lingers too long on a particular point—melancholic fixation—or accomplishes the union of points in a disordered and incoherent manner. In consequence, the corresponding ideas will be united by "the most slight and accidental connections and a most unnatural and fantastical association". In both instances what is important is the force of the original impression. Thus, "fear and terror produce insanity, by the liveliness of the impression, from which the mind cannot afterward free itself".[3]

By according a central role to sensation as the fountain of all ideas psychology, as derived from Locke, thus provides a remarkably deterministic view of human subjectivity; a view which may be seen as part of a more general attempt to define all of consciousness in terms of the exact form of scientific consciousness. But in trying to establish an objective science of subjectivity, and one consistent with its basic

philosophy of knowledge, Lochean psychology throws up a contradiction. It formulates an entirely determined version of subjectivity, a version which makes the subject and the various faculties—for example attention—the mere plaything of sensation, and yet it cannot, having asserted that sensation is essentially true, locate error anywhere else but in the subject. In so doing it implies that the subject may, after all, retain a degree of freedom sufficient at least to allow for the voluntary association of ideas and self imposed restraints upon both imagination and passion. In other words, the problem confronting those who wished to hold each individual responsible for his own state of mind is quite simple. How can the argument that each is the author of his own misfortune be made compatible with the seemingly self evident truth that sensation, in its varying degrees of intensity, determines an individual's ability to direct his attention and associate ideas in a manner consistent with sanity?

The relevance of this question will become more apparent in Chapter 5, which traces the development of particular therapeutic principles and techniques. The most striking and significant of these developments has already been referred to. By the latter half of the eighteenth century one finds a therapeutic regimen based almost entirely upon the principle that the due exercise of self-control is the key to curing madness and, indeed, preventing its onset. The work of a physician such as John Ferriar (1761-1815), makes it abundantly clear that each individual is responsible for maintaining the delicate balance between the various faculties and for ensuring that the excesses to which each faculty is prone—particularly the extremes to which a man may be driven by overbearing passion or imagination—are curbed. For the moment, what is of particular interest is not so much these therapeutic developments as the evolution of a theoretical underpinning for them. In the present context the most significant 'theoretical' development consists of the attempt to demonstrate that the faculties are susceptible to control and are not entirely determined by the vividness of sensory impressions. This argument is most clearly developed in the account that is offered of the association of ideas and the role played by association in madness.

The first to describe madness in terms of the associating and sensing mechanisms was Locke himself who suggested, in a strikingly simple formula, that madmen associate ideas incorrectly while idiots are incapable of associating ideas at all. What happens in madness is that an individual, "having joined together some ideas very wrongly, mistakes them for truths", but having joined his ideas together the madman nonetheless remains perfectly capable of making "right deductions" from them. The consequence of this erroneous association of ideas is quite serious. "Wrong connections", argues Locke, "is of so great a force to set us awry in our actions, as well moral as natural, passions, reasonings, and notions themselves, that perhaps there is not any one thing that deserves more to be looked after".[4] Among those who heeded Locke's advice to investigate further the influence of false association one finds many who were particularly concerned with the relationship between this phenomenon and madness. This question assumed particular importance in the latter half of the eighteenth century—most notably in the work of Arnold, Cullen, Crichton and Faulkener—and it is noticeable that in the works of these authors the influence of Locke's definition of madness plays a significant role.

Thomas Arnold's Observations on Insanity (1782), for example, draws heavily on Locke and the later refinements to the doctrine of association provided by Hartley in his Observations on Man, His Frame, His Duty and His Expectation. Following Locke Arnold believed sensation to be the basis of sanity and of knowledge and, furthermore, the mind is assumed to operate according to mechanical principles. Where these principles are disturbed, and particularly the principle by which ideas are associated, then insanity will follow for it is entirely "owing to erroneous associations". This view is also to be found in the work of William Cullen, who noted that the "very unusual association of ideas" that characterised delerium also disturbed the faculty of judgement. Similarly the philosopher/physician Sir Alexander Crichton, in his Enquiry into the Nature and Origin of Mental Derangement (1798), combined the philosophical arguments in support of association with careful medical observation when he chose to define madness in terms of "certain combinations of thought which

experience does not yield". As Crichton went on to observe, "although we are indebted to the principle of association of ideas for all the benefits of knowledge and genius, yet it often becomes the source of such misery and distress, as well as of many false judgements which, although not commonly considered as deleria, are no less aberrations from sound sense".[5] Thus with increasing regularity insanity was regarded in terms of the erroneous association of ideas and one consequence of this is the implication, contained also in Locke's work, that madness consists really in a disease of ideas rather than of men. A further and more important consequence, however, is that when conceived of in this way madness was regarded not as something which literally took possession of an individual but rather as a misfortune which could be guarded against and, where it did take hold, eventually cured.

What is significant about the principle of association is that it provides at least a partial justification for such therapeutic optimism for although the principle seems, as Hume said, to operate imperceptibly it is, nonetheless, subject to influence and control. In the work of Locke the precise limits of such control are not fully spelled out and although Locke attributes an important role to chance in mental life, and while he also recognises that false associations can prove particularly stubborn and impervious to reason, he nonetheless suggests, at least by implication, that an individual retains some freedom regarding the manner in which ideas are associated. In Locke's view the essence of an albeit limited control is to be found in custom which, "settles habits of thinking in the understanding, as well as of determining in the will, and of motions in the body".[6] Indeed it is Locke's concern with custom, and the related concept of reasonableness, that lies at the heart of his discussion of association and which accounts, in large part, for the importance he attached to education—the chief medium through which reasonable habits of thinking and acting may be settled in the understanding. While Locke concedes that making "wrong connections" is virtually unavoidable his point is not that one should therefore see the world as a "great Bedlam", but rather that madness is to be equated with those erroneous associations

that grossly violate custom; associations which find expression in various forms of unreasonable, immoral, and mad behaviour.

In much the same vein those who drew on Locke's work recognised, and in certain instances emphasised, the voluntaristic aspect of association. Crichton, for example, commented on the fact that "we often detach a perception from its usual alliances and give it a place either among an old assemblage of ideas or with a new combination of them". Rather later in his work, in an attempt to illustrate the importance of instilling from an early age correct habits of association and customary connections between ideas, Crichton cited the example of women given to passionate excess in whom, "no sooner does desire rise to a certain degree, than by the laws of association ideas of immorality, danger and degradation attending loose indulgence of such passions will present themselves to their minds and rescue them from danger".[7]

The central importance of association derives therefore from this fact: that it makes it possible for each individual to develop and sustain reasonable habits of thinking and behaving that will spare him from the distress of madness. If the foundations of correct and customary associations have been laid at an early age then so much the better. Hence Locke invites "those who have children or the charge of their education" to "think it worth their while diligently to watch and carefully prevent the undue connection of ideas in the mind of young people".[8] Should this task be neglected or should it happen that an individual becomes deranged by reason of a powerful but false association of ideas it nonetheless remains possible for something to be done. In treating those who are mad what is required, according to the argument put forward by John Gregory, is a knowledge "of the artful association of ideas and of the art of breaking false or unnatural associations, or inducing counter-associations".[9] Once broken these false associations can be replaced by correct ones and, with the assistance of appropriate self-control, new habits of thought can be installed.

Therapeutic methods will be examined in Chapter 5 but for the moment it is sufficient to note that this doctrine implicitly ascribes to each individual

responsibility for ensuring that his ideas follow the associations laid down by custom which, as Hume noted, acts as the "cement of the universe". In fact custom is so important that it may "indeed be the sole principle of correspondance between ideas".[10] Custom justifies our unquestioned confidence in the world and it serves to sustain a minimum degree of social harmony. Without it each would be free to associate his ideas at will and to act upon these associations. But the value attached to custom and the faith placed in the principle of association carries with it a more significant implication. Taken to its logical conclusion the Lockean belief that appropriate habits of thought can be settled in the mind, thereby militating against the possibility of unreasonable, immoral or mad behaviour, projects a view of the world in which all differences are eliminated and life is reduced to a bland uniformity. Such a conclusion was drawn by Hartley in his series of Observations on Man (1749).

> "If beings of the same nature, but whose actions and passions are, at present, in different proportions to each other, be exposed for an indefinite time to the same impressions and associations, all their particular differences will, at last, be overruled, and they will become perfectly similar, or even equal. Association tends to make us all ultimately similar; so that if one be happy, all must".[11]

However, as Hartley also acknowledged, imagination and passion, if they are not brought under control, constitute obstacles to the realisation of an ideal world in which the thought and behaviour of each individual perfectly harmonise.

II. IMAGINATION AND MEMORY

The danger posed by imagination is that it can dominate all the other faculties and sunder the customary association of ideas. Wherever this faculty is "disproportionately great in regard to the other faculties" then, as Alexander Crichton observed, "such a case is to be considered as highly dangerous, not only inasmuch as it is the source of many errors in judgement, but also as it is a powerful genetrix of many permanent kinds of delerium".[1] Thus construed as a threat to sound mind and sober judgement the imagination occupies a central place in many medical

treatises on insanity and it is striking that throughout the eighteenth century medical and philosophical discussions alike generally approach the problem of imagination by way of a discussion of memory; for it is usually in relation to this apparently antithetical faculty that the imagination, and the vexed question of how to constrain it, is analysed.

Approaching this question authors frequently take examples from their own experience or invite their readers to reflect upon the predicament that their own flights of imagination—or episodes of forgetfulness—place them in. In drawing upon everyday occurrences such as dreaming, imagining, remembering or attending, physicians frequently illustrate their arguments by way of examples familiar to every reader; and in so doing they suggest, at least indirectly, that madness—which is born of disorders in these faculties—is not as remote as it may seem and that if it is to be avoided it is important that the disorders to which the various faculties are subject should be scrupulously guarded against. In the context of the present discussion physicians take particular pains to point out the ease with which this magical faculty of imagination may usurp the place of reason and, as Thomas Willis noted, give the understanding "a wrong byass and inclination".[2]

In trying to elucidate the cardinal features of imagination physicians compare and contrast its activities with those of memory. At the heart of eighteenth century discussions of the two faculties one encounters a central distinction. Memory represents the original sequence of sensations, and thereby faithfully preserves the original order of experience and of the world, while imagination reorders sensation, experience and ideas into a dream-like sequence. Memory replicates original impressions and ideas, in sharp contrast to the imagination which refracts and distorts what Bacon had called "the beams of knowledge". Many who wrote on this topic contrasted the kaleidoscopic tendency of the imagination with the tendency of memory to reflect the world, as if in a mirror. "Memory", noted Hobbes, " is the world, though not really yet so as in a looking glass".[3] One hundred years later Hartley echoed this definitinn when he defined memory in terms of the recalling of sensations "in the same manner, and proportion, accurately or

nearly, as they were once actually presented".[4] Memory therefore preserves experience and retains the original relations that pertain between objects, between ideas and objects and, perhaps most importantly, between correctly associated ideas. It is for this reason that Hobbes, like many who subsequently wrote on the subject, equated truth with recollection, "for to know truth is the same thing and to remember". When the power of memory fades, or fails entirely, then the hapless individual will "live a life scarcely arising to the dignity of brutes";[5] a conclusion in which Nicholas Robinson was by no means alone.

Memory is esteemed because, as Addison observed, "it relieves the mind in her vacant modes, fills up the caverns of thought with ideas of what is past".[6] But once the faculty becomes worn out, as with age, or once its influence is overwhelmed by extravagant flights of imagination, as with madness, then the chasms of thought to which Addison referred are likely to become filled with phantasy. It is for this reason that Locke suggested that those who work amidst "a fair of mad beasts" should instruct their charges in the art of training the memory in "checking extravagant and towering flights of imagination"; a task made difficult by the fact that the insane "make very little use of their memory". As a result they inevitably join together "some ideas very wrongly and mistake them for truths".[7] Whereas memory preserves the original sequence and order of experience, imagination simply re-combines rather than re-presents ideas and in so doing diverts the mind from the path which it ought to follow; a path marked by customary associations.

In essence the threat posed by imagination derives from the fact that it can both distort an individual's conception of the world and at the same time imbue these new fanciful conceptions with all the appearance of truth or reality. In place of the reflective quality of recollection the imagination creates "as it were, monsters from a multiplying or distorted glass" and the result, according to Willis, is that the mind is led away from its usual path and takes another path "going crooked, or out of the right or straight way".[8] It is this tendency of imagination to cut the mind loose from the safe anchor provided by memory that provides

a consistent and often repeated theme in discussions of the faculty. Those of either a medical or a philosophical inclination are unanimous in the view that imagination, if unchecked, contains the seeds of profound mental disorder. While none believed that the mystery of the imagination would ever by fully elucidated many agreed that its effects were disturbing and frequently ended in madness. To Hume the danger lay in the fact that the imagination was at liberty to "transpose and change its ideas", and Hartley likewise drew attention to its ability to arrange ideas "without any regard to the order observed in past fact".[9] In much the same vein physicians such as Willis were alarmed by the ease with which the faculty "falsely conceives, or evilly composes or divides, the species or notions brought from the sense or memory".[10] The inevitable consequence of this was, in Robinson's view, that "the whole magazine of most beautiful ideas is shattered, and jumbled into the greatest and most irregular confusion by the force of the labouring imagination".[11]

Small wonder then that an unchecked imagination should be identified as the cardinal feature and frequent cause of madness. Although madness is often compared to savagery and bestiality, and although one finds many references to the dream-like quality of delusion and the related tendency of those suffering from delusion to behave as if gripped by a waking dream, it is nonetheless in terms of the imagination and its disruptive consequences that madness is most usually defined. Metaphors of savagery and of animality provide ways of visualising this disease, of capturing its particular qualities, but it is the imagination—often working in alliance with passion—that precipitates a man into madness and causes him to behave in such a way as to create a noticeable difference between him and his fellow beings. Thus William Battie, having quit the schools of philosophy in favour of a "vulgar apprehension of things" chose in his Treatise on Madness (1758) to define "deluded imagination as not only an indisputable but an essential character of madness that precisely discriminates this from all other animal disorder". In much the same way Mayne declared madness to be "always proportionable to the intenseness and impetuousity of the imagination" since the faculty is invariably "hurtful or prejudicial to

the understanding" and gives it "a wrong byass and inclination". This assessment was shared by Cheyne who went so far as to suggest that the victims of an overbearing imagination are likely to become mad and, in view of their proclivity for sensual pleasure, to die young.[12]

It would be easy to add similar definitions to the catalogue but in the present context it would be more useful to proceed to two important questions concerning the imagination and its relationship to madness. First, if madness is defined in terms of an overactive imagination, and if it is conceded that everyone is to some degree endowed with the faculty, then where should the line be drawn between those who are mad and those who, unbeguiled by the faculty of fiction, retain their senses? Is one to conclude, as Blackmore did in his Essay Upon the Spleen (1725) that no dramatic metaphors will ever encapsulate all the fine distinctions between the two conditions and that although many "express the signs of a distracted imagination, approaching to suspension of reason, or a bestial, distracted state", there nonetheless remain some who "hang pendulous a long time between sober and mad, yet never wholly go over to the lunatic side". A sentiment echoed by Crichton who, in 1798, remarked somewhat dispairingly, that "between clear and unclouded reason, and absolute insanity, there are many shades of greater or less deviation; to enumerate, or point out the distinctions which exist between them is impossible".[13] This difficulty is aggravated by defining madness as a disorder of imagination, since all possess the faculty and all are, to some extent, both beneficiaries and victims of its power. Thus instead of imposing order upon the phenomenon of madness this definition appears, at first sight, to accentuate the difficulty of fixing the precise point at which sobriety of mind gives way to delusion.

Closer examination of the literature does, however, reveal that in order to avoid this outcome physicians apply two criteria by which to judge a truly deranged imagination. According to the first, the hallmark of derangement is an inability to control and regulate the expression of

ideas. This inability reveals itself most forcefully in language, for when the imagination has usurped the place of reason, overthrown memory and broken the correct association between ideas, it invariably happens that "the discourses of the mad are irregular, and frequently break off by incoherent starts".[14] Mania in particular must, according to William Cullen, "be attended very constantly with that absurd and incorrect incoherent speech we call raving".[15] The second criterion concerns the degree to which an individual believes in the images fashioned by imagination and, more significantly, acts upon the mistaken assumption that imaginative insights are true. Thus Battie, in an attempt to restrict the compass of the term madness, concluded that, "that man and that man alone is properly mad, who is fully and unnaturally persuaded of the existence or of the appearance of any thing, which either does not exist or does not actually appear to him and who behaves according to such erroneous persuasions".[16]

What is at issue therefore is the status accorded to the imagined worlds and the consequence that this has for an individual's social conduct. To take a concrete example; in the case of a patient who was, before the onset of delusion, proud, ambitious, or haughty it is quite likely that "upon the access of his lunacy he would imagine himself metamorphosed into a king, a prince or a viceroy".[17] What would distinguish this man from others is that he would proceed to act as if he were a prince, a king, or a viceroy. In making public his private delusions and in translating these into public indiscretions such a man would, in the terms used by the French philosopher Condillac, "create so visible a difference between him and the rest of mankind".[18] The decisive difference therefore between those for whom the imagination is a source of innocent diversion and those for whom it becomes a rule of life turns on the notion, expressed here by Condillac but evident also in much of the English work on the topic, that the behaviour of those beguiled by imagination will be such as visibly to differentiate them from others. Of course, this notion begs a question to which it is supposed to provide an answer. At what point does this visible difference emerge? Nonetheless it serves as a

valuable yardstick by which to judge an individual's state of mind—a yardstick that is buttressed by the belief that those thoroughly possessed by delusion will, in the way they form and communicate their ideas, be unable to conceal the fact and, moreover, that an individual's general demeanour and conduct will indicate the degree to which the insights provided by the "faculty of fiction" are taken as true. As will be shown in Chapter 6 the principle that all appearances, including that of sound mind, can be contrived and sustained plays an important part in the way that madness is generally conceived by the late eighteenth century. The examination of the court cases that provide the focus for the final chapter shows that madness is to some extent viewed by those untrained in its investigation in terms of the delicate breach of social conventions and of the principle that each should be discrete about the phantasies through which his imagination tries to lead him into a "crooked way". Such an interpretation implies that the various faculties from which mental disorder springs can be effectively controlled and the appearance—or indeed the reality—of sound mind thereby sustained.

The second question raised by the definition of madness in terms of an overactive imagination therefore concerns the degree to which the apparently unruly and involuntary flights of fancy can be controlled. To what extent is an individual able to clip the wings of imagination and thus hold fast to the sure ground of perfectly recalled and reasonably associated ideas? Thomas Arnold addressed his attention to this question. "When the mind can regulate all its operations it is then in a sound, and rational state; but in proportion as the reverse of this takes place, in such proportion is it in a state of unsoundness and insanity". In the case of the imagination, or what he calls the representative faculty, Arnold advises,

> " that the wanderings of the imagination may be prevented, and its too great ardour, and activity, controlled, the most exact and unwearied attention should be paid to its operation; and the man who is conscious of its propensity to ramble, or to become too active, should ever be upon the watch, to check its first deviation, and to recall its activity, to solemnity and steadiness.

> It should rarely, therefore, be suffered to move with impatient or unthinking levity, from one object to another; for it should be taught, with great care and pain, to fix its attention on whatever comes in view before it."

To this end Arnold recommends that "writers on subjects of imagination should be carefully avoided".[19] Somewhat earlier Locke, who had been equally confident that the excesses of imagination could be curbed, offered rather more concrete advice when he advised anyone responsible for dealing with lunatics to train their memories in the art of checking extravagant flights of imagination. Where the memory can be trained in this manner it will at least ensure the existence of correctly associated ideas that conform to the real order of experience. It is for this reason that Locke, as noted earlier, places such emphasis upon education as the opportunity to lay a firm foundation of customary and reasonable associations.

In general, however, it would be true to say that many who wrote of the imagination, and its disturbing consequences when left unchecked, displayed a somewhat ambivalent attitude towards the faculty, because as well as precipitating a man into delusion, and erroneously persuading him of his "noble status', the imagination also serves as a source of many pleasures. As well as being "the natural ally of folly", as Arnold calls it, the imagination also provides relief and pleasing diversion. To many who associated imagination with madness the faculty is, to paraphrase Condillac, the most bitter enemy capable at a stroke almost of poisoning the very source of life and, in contrast, it is also the source of so much joy. Thus there is at the heart of many discussions of the faculty a deep ambivalence concerning its effects and, more importantly perhaps, a recognition that an ideal such as Arnold's is somewhat illusory.

In addition to an ambivalence concerning its effects physicians recognise that the imagination is, more than any other faculty, involuntary and that the Lockean faith in the counter-balancing influence of memory may be somewhat ill founded. While physicians may subscribe therefore

to the view that imagination should be controlled they nonetheless recognise the difficulty of doing so. However, rather than abandon altogether the principles of self-control and self-imposed restraint, physicians propose that those suffering from the effects of an over-active imagination should diligently attend to the principle of customary associations, that they should endeavour to control appearances in such a way as to diminish the visible effects of their predicament and, finally, that efforts should be made to curb imagination's closest ally: passion.

III. PASSION

In medical treatises on madness the term 'passion' encapsulates the whole range of the 'emotions', but among these there are some that play a particularly significant role in inducing madness: notably anger, fear, grief and love. Writing about the relationship between the passions and madness physicians sometimes analyse the problem at the level of the passions in general while on other occasions they examine the importance of specific passions in causing or curing madness; fear, for example, is seen as an important cause of this disorder as well as an indispensable component of many therapeutic techniques. The following discussion will deal primarily with the passions in general.

In the context of eighteenth century medical enquiry passion fulfills a dual function. First, it lends intensity to the images formed in the imagination and, by so doing, enhances their persuasive force; passion shatters customary associations, itvivifies flights of the imagination and it concentrates attention upon the object of desire. Secondly, passion constitutes the medium through which mental processes are related to physical processes and vice versa. The passions, according to Nicholas Robinson in his New Theory of Physick and Disease (1725), "are the mechanism that conjoins matter and thought". It follows from this that "whatsoever therefore affects either the mind or the body, will raise or depress the passions, just as the object is more or less disagreeable".[1] To the extent therefore that many medical treatises

present mental states in terms of problems of bodily physics—for example the role played by the motion of the blood in determining emotion—passion occupies an important place. It serves both as the medium through which occurrences at one level, for example physiological processes, are translated into events at another level, for example mental states. In addition to this, passion plays a particular role in relation to the imagination.

To many who investigated the nature of the relationship between passion and imagination the question of whether passion as it were preceded imagination, or vice versa, could never be satisfactorily resolved. Whether the imagination is, as Mayne believed, "never slothful or backward to execute the orders of passion" or whether, as Crichton believed, "the imagination makes the objects of passion appear far greater than they are", it nonetheless remains the case that irrespective of which faculty has precedence they both pose a profound threat to mental wellbeing.[2] In analysing the consequences of passion physicians treat the question at two levels: that of the passions in general and of individual passions in particular. Thus both James in his Medical Dictionary of 1745 and Arnold in his Observations on Madness of 1782, draw attention to the way in which particular passions, and most notably that of anger, often conclude in madness or convert the somewhat languid disorder of melancholia into furious mania. The reason for this transition is that a passion such as anger causes the blood "to be impetuously conveyed from the inferior parts of the head". Although melancholic patients are not naturally prone to anger it nonetheless happens that "once the mind is ruffled by that passion, they rage so furiously that the disorder is not easily allayed".[3] Fear too was regarded as the potential source of prolonged distraction and "insanity of the worst and sometimes most obstinate kind is a frequent consequent of great and excessive terror." The reason being that extreme terror fixes a particular image in the mind, from which the attention cannot be diverted, and related to this, it generates "a sudden and extraordinary determination of blood to the brain".[4]

It happens therefore that extremes of passion often conclude in madness because, as Cheyne observed, "the long and constant habit of fixing one thing on the imagination, begets a ready disposition in the nerves to produce again that same image, until the thought of it becomes spontaneous and natural".[5] Conversely, when an individual is beset by contradictory or conflicting passions the mind then becomes incapable of consistently holding in view any one particular set of ideas and is, instead, confused by an unfamiliar and rapidly changing set of associations. "In fine", wrote Richard Mead, "madness rises to the greatest heights when the mind is racked with contrary passions at the same time; as wrath and fear, joy and grief, which, by drawing it different ways, at length quite overpower it".[6] Physicians studying madness conclude therefore that passion, acting alone or in alliance with the imagination, has the capacity to generate physiological changes—particularly in the blood—and to sunder the ordinary association of ideas thereby creating "diseased associations"; passion therefore plays an important part in both preserving and destroying mental wellbeing.

The association between madness and extremes of passion had been established well before the eighteenth century but what distinguishes the later version from that expressed by those writing in the early seventeenth century is the belief that madness should not be seen as an expression of divine retribution for overly indulged passions but rather that extremes of passion directly cause madness. In other words eighteenth century enquiry removes this topic from the realm of theological discussion in much the same way as happened with the investigation of dreams. The following comment by Thomas Tryon, although it occurred right at the end of the seventeenth century, thus seems rather out of place and faintly anachronistic in the context of the mechanistic principles underlying the analyses of Pitcairne, Robinson or Whytt. "The truth", Tryon believed, "is that madness and frenzy do generally proceed from various passions and extreme inclinations". Under these passions "the soul is set at liberty from the dark confinements of the grosser senses and reason, even as

men in dreams".[7] To those writing in the middle of the eighteenth century Tryon's general assessment of the importance of passion as a cause of madness would have been quite acceptable, but his explanation of it would not. In place of the two propositions that madness is a form of divine retribution for extreme passion or that passion frees the soul from the constraining influences of the senses one finds, in the eighteenth century, a naturalistic account of the phenomenon which, having dispensed with theological presuppositions, proceeds by way of an analysis of the effects that passions have upon both the mind and the body; effects which, when carried to an extreme, are appropriately defined as madness.

A further point of differentiation between the seventeenth and eighteenth century view of the passions is to be found first, in the value accorded to them and, secondly, in the assessment of how best they may be controlled. So far as the value of the passions is concerned it is noticeable that although many eighteenth century treatises on insanity cite the passions as a prime cause of mental distress this assessment is not translated into hostility or antipathy towards them. On the contrary, many physicians display the same ambivalence with regard to passion as they did with respect to the imagination; an ambivalence not found in earlier accounts of the phenomenon which presented the passions as enemies of well-being and advocated, in the tradition of Stoicism, their virtual elimination. Descartes' somewhat optimistic view that "even those who have the feeblest souls can acquire very absolute dominion over all their passions" was incompatible with the mid-eighteenth century view on at least two counts.[8] One, the belief that the passions could be completely quelled was no longer accepted. Two, such a view implies—erroneously—that the passions act only as sources of pain and distress. By contrast, physicians concerned with the relationship between madness and passion concede, as Robinson does, that the passions are "necessary beings" without which a man would be no different from a piece of clockwork. Bayne too, in his New Essay on the Nerves (1738), considers only the excess of passions to be damaging for "they are rather beneficial when moderated, and more in conformity with the health of the body". This assessment is shared by

Richard Mead who noted, in 1751, that the passions "are not only beneficial to individuals on many occasions, but even necessary for keeping up society and connections between mankind."[9]

When the passions are not duly moderated, however, they will almost invariably lead to madness. The point at which this occurs is aptly formulated by Hobbes who in this as in so many of his comments on madness anticipated the views which came to dominate a century after he had first formulated them. In Hobbes's definition of insanity, as in that of physicians such as Mead or Arnold, the decisive factor is not so much the mere existence of passion but its visible effects. "To have stronger and more vehement passions for anything, than is ordinarily seen, is that which men call madness". And, as Hobbes' had earlier noted, "most sober men, when they walk alone with care and employment of the mind, would be unwilling the vanity and extravagance of their thoughts at that time should be publicly seen".[10] Thus, the point at which passion tips over into madness is identified as that point where disturbances of 'affect' surpass what is ordinarily seen thereby creating, as Condillac had noted, a visible difference between one individual and another. The disturbing consequences of passion and imagination therefore assume much the same form. In both cases the public exhibition of private feelings or fantasies, at least beyond the level of what is ordinarily seen, serves to differentiate the insane from the sane.

To say that those studying insanity in the eighteenth century exhibit a certain ambivalence concerning the passions is not to say that these same authors deny either the necessity or the possibility of curbing passion. Thomas Arnold, for example, advised those susceptible to extremes of passion to "do all in their power to avoid the occasions of passion". As Arnold notes,

> "he who has learned to govern passion, to restrain the precipitancy of his imagination, and to fix or withdraw his attention, as may be most expedient, has laid a good foundation whereon to erect that firmness of mind, and soundness of judgement, that are the very reverse of imbecility".[11]

However, the object of such restraint is not the elimination of passion but rather the perfection of "the art of contentment"—an art that will spare an individual from the distress caused by "too much appearing passion".[12]

In eighteenth century medical treatises on insanity the passions are, therefore, regarded as necessary, and indeed as a source of many pleasures, but the necessity of restraining their activity within reasonable limits nonetheless receives considerable emphasis. Moreover, physicians pay particular attention to the way in which the repeated indulgence of either passion of imagination generates certain habits that become increasingly difficult to eradicate. What must be attempted therefore is mastery of the habit of self-restraint—a habit which is consistent with sound mind. "It appears evident", writes Arnold, "that the passions must be powerful causes of insanity, which is itself nothing more than a disturbed state of mind become habitual and permanent".[13]

In the context of eighteenth century medical enquiry the best way to acquire the 'habit' of sound mind is to continually renew the effort to divert attention or passion from the object of desire or, in the case of mania, to regulate the shifts of attention and the fluctuation of the passions. At the centre of late eighteenth century medical accounts of madness one finds a fundamental axiom; that wherever the passions are unguided, the imagination unrestrained or the association of ideas purely arbitrary then the stability of the mind is profoundly endangered. In the opinion of many physicians this stability consists entirely in perfecting the art of self-regulation, of setting and observing appropriate limits to the imagination or the passions. In sharp contrast to the passion/reason antithesis, to be found in the work of Descartes and Thomas Willis for example, authors such as Mead, Bayne, Robinson or Whytt place their faith not in reason but in the authority of convention and the internalisation of conventional norms of behaviour. It is, they argue, only by attending to the lessons of custom or convention, and by duly noting the boundaries set to acceptable expressions of passion

or imagination, that an individual will spare himself from madness. A disorder that so closely resembles one activity with which each individual is familiar and which exhibits no trace of self-control or restraint: dreaming.

IV. DREAMING

In his Discourse on the Causes, Nature, and Cure of Phrensie, Madness or Distraction (1689) Thomas Tryon observed that there is "an affinity or analogy between dreams and madness, so that the understanding of one will somewhat illustrate the other; for madness seems to be a watching or a waking dream".[1] Few would have disagreed with this view since dreams provide a potent image of madness and in the majority of the medical texts examined the image of the madman as a waking dreamer constitutes one very effective way of visualising this disorder. Dreaming, which many believed to be "a short continuance of delusion"[2] or a short lived madness, provided physicians with an appropriate metaphor for madness and the attempt to illustrate the nature of the disorder in terms of its affinity with dreams is quite common.

The following analysis of the relationship between dreaming and madness differs from the preceding sections in an important respect. In most eighteenth century medical treatises on madness the phenomenon of dreaming serves as a useful metaphor for madness and it is this metaphorical relationship—rather than a causal relationship—that receives the attention of physicians. Dreaming constitutes an important component of the medical image of madness primarily because it serves as a useful way of visualising or characterising this disease.

Having said this it should, however, be pointed out that certain physicians postulated the existence of a causal relationship between dreaming and insanity. In certain medical treatises dreaming is portrayed as being closely analogous to madness and, in some instances, a precipitating cause of mental breakdown. In other words there is a strand in medical enquiry which consists of an attempt to show that certain types of dream may cause insanity. Thus Thomas Beddoes wrote that he had "frequently

endeavoured to learn whether dreams are not sometimes continued without a break into insanity, and whether they do not increase the susceptibility to its exciting cause".[3] This comment echoes the earlier conclusion of Sir Henry More who had, in his Enthusiasmus Triumphatus (1622), noted that in a delirium the madman erroneously "takes his dreams for true histories and transactions".[4]

This proposed causal relationship between dreams and madness does, however, play a somewhat secondary role in the discussion. Most usually, when the dream analogy is invoked it is used as a way of dramatically illustrating the special qualities of madness, and particularly of mania, where the mind seems overwhelmed by an uncontrollable rush of ideas bearing little relation to one another. To understand dreams therefore is, as Tryon observed, helpful in understanding madness and it is noticeable that variations in the accounts of what dreaming is are reflected in accounts of what madness is. As the account of dreams changes so does the account of madness and it is instructive to trace these shifts of emphasis.

The interpretation of dreams that prevailed in the middle of the seventeenth century is quite different from that of a hundred years later. What occurs in this period is an attempt to remove the phenomenon of dreaming from the plane of theological discussion and to provide instead a strictly materialistic or naturalistic account of the phenomenon. The relationship between dreams and life had, of course, been a subject of interest for a long time and in the writings of the 'Ancients', for example, one finds a variety of interpretations of the significance of dreaming. Hippocrates had tried to gauge physical health from dreams; Zeno had seen in dream images an index of spiritual purity and Lucretius, to whom dreams were a mark of man's poignant longing for oblivion, had tried to correlate particular dream images with unfulfilled hopes.[5] By the middle of the seventeenth century, however, interest was focussed upon the relationship between dreams and spirituality and, at least by implication, between madness and the soul.

The most important conclusion to be drawn from the literature on dreams in this period is that dreaming separates the soul from the body, thereby enabling it to apprehend truths of a divine nature. In a dream the soul takes wing, or, as Godwin remarked in his Mystery of Dreams Historically Discoursed (1658), "dreams are the agitations, the egressions or sallyings out of the soul in the thoughts of the mind".[6] Dreams are thus seen as heaven sent truths and as such they initiate the dreamer into the secrets of God. Freed from the fetters of the body the soul is able, during a dream, to apprehend the truths of which the waking mind is quite ignorant and it is for this reason that dreams "tell us intimately of ourselves".[7] Indeed, so important are the lessons of dreaming that Godwin believed that "the true knowledge of them to endeavour is man's duty". Likewise Tryon, in his Treatise of Dreams and Visions (1684), proposed that the "science of dreams", as he called it, would prepare the way for spiritual salvation. In support of this view Tryon argued that "dreams are no other than certain forces and incorporeal flights of the soul, loosed from the heavy fetters of the body".[8]

But what light does this account of dreaming shed upon madness, the phenomenon with which it is supposed to have such a close affinity? Should madness be similarly interpreted in terms of the movement of the soul? To these questions Tryon provides an answer. What occurs in phrenzy or madness, "is a real turning inside of all the natural properties and faculties of the soul outward".[9] In madness the soul stands, as it were, revealed, and what distinguishes the mad from the sane is not so much the properties or faculties of the soul but the fact that those possessed by delusion seem unable to restrict the outward expression of their innermost thoughts. Just as in dreaming the soul moves without hindrance so in madness there appears to be no restriction placed upon its activity. What unites dreaming and madness, making one an analogue for the other, is the demonstrable loss of self control in both conditions; neither the dreamer nor the madman is able to restrain or exert control over the activities of the soul and thus it is that "in mad people, all conceptions are promiscuously framed into words, as

they are generated, there being no judge nor counsellors to advise or determine, whether they are fit to be divulged, and carried into language, or stifled and suppressed."[10] It is in this respect therefore that madness may be said to be a waking dream, for in madness as in dreaming the mind has no control over the formation and expression of ideas, or over the activity and movement of the soul. And both conditions "seemeth to be a kind of extasy or trance and separation of the soul from this bodily society".[11] When applied to madness therefore this "theological" interpretation of dreaming serves to emphasise the other-wordly, mysterious and unfathomable quality of mental disorders.

By the middle of the eighteenth century, however, such an interpretation had lost ground to the view that dreams could be accounted for in strictly materialistic terms. The explanation of dreams was removed from the plane of theological discussion and became more firmly rooted in everyday experience. This new interpretation, which is pre-figured in the work of Hobbes, identifies dreams as being nothing but the residues of sensations and ideas which the individual has already experienced. "The dreams of the sleeping man are," according to Locke, "all made up of the waking man's ideas, though for the most part oddly put together".[12] Similarly Hartley in his Observations on Man (1759) identified the causes of dreams as being "first, the impressions and ideas lately received, and particularly those of the preceding day. Secondly, the state of the body, particularly of the stomach and brain. Thirdly, association".[13]

Dreaming is seen, therefore, as a form of recollection in which already existing ideas and sensations are once again brought before the mind. But since dreams occur in the silence of sense, when as Locke noted "the outward senses are stopped",[14] it is inevitable that in dreams all ideas should be randomly or oddly associated and that the mind should mistake these fictions for truths. Arbitrarily composed of old ideas every dream is marked by confusion and a lack of sense. Pursuing this line of thought it is natural to note, as Locke does, "how extravagant and incoherent dreams are, how little conformable to the perfection and order of

a rational being".[15] No longer seen as the harbingers of divine insight dreams are, in the eighteenth century, regarded with a certain mistrust since they are characterised by complete confusion. The very randomness of their organisation constitutes the perfect antithesis to the ordered calm of everyday life, clear-headedness and wide awake thought. Whereas the associations of everyday life reveal an inner coherence those of a dream seem devoid of order and they are, to paraphrase Locke, inconsistent with the perfection and order of a rational being. In the opinion of Condillac, Locke's disciple in France, anyone could therefore "notice a disorder in dreams contrasted with the order of waking states, and judge them to be illusions".[16]

In contrast to authors such as Tryon and Godwin, for whom both madness and dreams had something of a mystical and divine quality, authors such as Locke, Pitcairne, Beddoes and others, employed the dream metaphor as a way of drawing attention to the fact that madness, although it is obviously mysterious, is nonetheless accountable for in terms of the constituent elements of mental life. Just as the once extraordinary phenomenon of dreaming can now be accounted for in fairly simple and straightforward terms so too madness, in all its variety of forms, should finally be explicable in terms of those events that are part of everyday life. In accounting for madness or dreaming there should be no need to have recourse, as Tryon and Godwin had done, to transcendent and undemonstrable notions concerning the movement of the soul. Whatever the problem it is important that it should be placed on the ground of experience and solved there, for any step beyond experience would signify a mock solution. In the case of dreaming, for example, the simple principle that nothing is in the mind that had not previously been in the senses, provides the key to explaining the phenomenon without recourse to metaphysical notions.

In the eighteenth century when the dream metaphor is employed to express the nature of madness it is the incoherence and confusion of mental disorder that is thereby highlighted. Thus Pitcairne defines delirium

as "the dreams of waking persons, wherein ideas are excited without order or coherence", and Locke, who had so strongly emphasised the disordered quality of dreams and delusion, noted that "where all is but a dream, reasoning and argument are of no use, truth and knowledge nothing".[17] In addition to this the metaphor provides further evidence of the proximity between madness and the condition of brute creation. "For raging, or stark mad folks, not being at all conscious, must needs have much like such a perception of their own beings or selves as one that dreams has".[18] The basis for the comparison between dreaming and madness is, in the opinion of Z. Mayne in his Two Discourses Concerning Sense (1728), the fact that in neither instance is an individual conscious of his existence nor of his self, just as "brutes, which are unconscious, do not perceive when awake that they are awake; nor, coming out of the dream, that they have dreamed".[19] In Mayne's view, therefore, these different phenomena—dreaming, madness, brute creation—all resemble each other inasmuch as the defining characteristic of each is a lack of self-consciousness or awareness.

There is, however, one final aspect of this account that is relevant. What further distinguishes the seventeenth century interpretation of dreams from that which prevailed a century later is the profound mistrust of dreaming exhibited by Locke and his successors. To authors such as Pitcairne, Cheyne and Whytt, dreams are a symbol of disorder, of chaos, and they are—as Locke had noted—completely inconsistent with the attributes of a rational being. They somehow seem anomalous and stand in complete contradiction to the clear and rational ideas around which life is organised. As such dreams should be suppressed or at least kept private for, as Hobbes remarked,

> "he that presumes to break the law upon his own or another's dream leaveth the law of nature, which is a certain offence, and followeth the imagery of his own, or another man's private brain; which if every private man should have leave to do, as they must by the law of nature, if anyone have it, there could be no law be made to hold and so all the commonwealth would dissolve".[20]

In the public expression of private dreams Hobbes forsees the commonwealth dissolved. If every private man were to choose the guidance of dreams this choice would render the law covenanted by others completely useless. Although Hobbes's strictures were formulated at just the same time as Godwin was elaborating his theological interpretation of dreams and drawing attention to their divine insights, it was nonetheless this view of the subversive quality of dreaming that came to prevail a century later. It is a view founded upon the belief, which was to be made increasingly explicit, that the public expression of private thoughts was not entirely consistent with the continued existence of social life. If each was free to "order his affairs by dreams" the consequence would be social chaos. When used as an analogy for madness this view of dreams thus emphasises the socially disruptive consequences of publicising private delusions and, as will be shown in the later chapters of this work, madness is increasingly seen in terms of the failure to sustain the public appearance of mental well-being.

Conclusion

Read chronologically, medical treatises on madness during the period 1650-1800 reveal gradual but marked shifts of emphasis which indicate not so much the inexorable progress or advancement of medical enquiry but rather a reorientation of the account of madness. At the risk of over simplification these key changes of emphasis and of direction may be formulated as a series of propositions. Clearly, certain of these propositions will apply more to the work of one author than another but taken together they should provide an accurate characterisation of the major changes at issue.

First, by the end of the eighteenth century the subject of madness has become firmly installed as a branch of medical enquiry, rather than as a topic more appropriate to theological discourse. As part of a more general process of secularisation of thought in the eighteenth century,

madness and the dimensions along which it was investigated—for example dreaming—are finally removed from the plane of theological enquiry and placed firmly on the ground of experience. As a result of this the account of madness sheds many of the earlier references to mystical or semi-mystical experiences in which the mind was literally overwhelmed and possessed by forces beyond human control. In place of references to the mysterious movement of the soul in both dreams and the analogous phenomenon of madness one finds, by the middle of the eighteenth century, a thoroughgoing naturalistic account of this disorder that seeks to explain it in terms of a disturbance in the every day activities of imagining, recalling, attending to or associating ideas.

By the end of the century madness was thus placed securely within the orbit of medical enquiry. Medicine, which in so many respects exemplified the principles and the optimism of eighteenth century philosophy, was seen as an integral part of the scientific revolution and, even more significantly, as an index of general improvement. In the work of authors as different as Bacon, Descartes, Locke and Diderot, one finds a profound belief that medical advance would erode the limitations that disease imposed upon life. Moreover, the combination of the new philosophy of enquiry with medical science—a combination symbolised in the writing of authors as widely separated as Locke and Crichton—added further credence to the view that medical enquiry, for so long associated with alchemy and astronomy, could justifiably count itself a truly philosophical science. Among the subjects amenable to this science one must, by the middle of the eighteenth century, include mental disorder in all its forms. What is so striking about the whole corpus of eighteenth century treatises on insanity is the detectable change in tone and style. The confidence with which physicians such as Arnold, Ferriar or Cox described insanity, identified its cardinal features, noted its various species and accounted for its onset, would have been inconceivable a hundred years earlier. This confidence was born of the belief that madness, like other disorders,

was susceptible to rational analysis; that it could be accounted for in terms of a disturbance or imbalance in the passions, the imagination, or the circulation of the blood, and, most importantly, that its effects could be controlled by means of rational therapeutic measures.

More specifically, the account of madness that came to prevail in the latter half of the eighteenth century, rooted as it was in the common experiences of every individual, emphasised what one might call the voluntaristic character of the disease. In place of the earlier characterisation of madness in terms of savagery or bestiality, two conditions over which neither choice nor control could be exercised, an account developed that portrayed madness in terms of the failure to curb the excesses to which each faculty is prone. In the work of a physician such as Arnold, writing in the 1780s, the key to sanity is to be found in perfecting those habits of thought and action consistent with sound and acceptable behaviour. Arnold, like many of his contemporaries, conceded that every individual is, on occasion, the victim of minor mental disturbances, but what prevents this condition from degenerating into madness is the habit of self-control and self-restraint. Madness consists, in the opinion of Arnold, "in a disturbed state of mind become habitual and permanent".[1] Although every individual is vulnerable to the extremes of passion or uncontrolled flights of imagination, what is essential is that such temporary aberrations should not become habitual.

The emergence of the notion of habit marks a decisive shift in the interpretation of mental disorder. In sharp contrast to the somewhat deterministic account provided by an author such as Blackmore one encounters, by the latter half of the century, the elaboration of a view that acknowledges the considerable scope that each individual has for regulating and directing his own behaviour. The goal of such regulation is the development of appropriate habits that will eventually operate quite imperceptibly. Thus Falconer, in his Dissertation on the Influence of the Passions upon Disorders of the Body (1788), noted that an "important law of the human

system depends on the effects of habit and custom, and consists in a disposition to repeat actions, sensations or motions, in the same manner, and at the same intervals, as they have before taken place". Significantly Falconer emphasises that this law "holds full as strongly in the animal and corporeal, as in the mental functions".[2] One implication of such a view is the belief that the habit of sound mind, like the habits associated with physical activities, can be mastered. As will be shown in Chapter Five this principle underpins many therapeutic innovations and, more interestingly perhaps, it lends support to the growing therapeutic optimism.

Although the argument that madness consists solely in a "distracted state of mind become habitual" is not fully developed until well into the eighteenth century it is nonetheless possible to see the early outlines of this position in Locke's Essay, and more particularly in the Chapter on the Association of Ideas which was added to the Essay after its first edition. The significance of Locke's comments in this chapter is twofold. First, he emphasises the unreasonableness of men and foreefully argues that no one is justified in believing himself to be immune to those vagaries of thought or action that often conclude in madness. Noting that each individual is quick to spot the oddity of extravagance of other men's behaviour Locke points out that to condemn happily—in the name of reason—the actions of another is rarely justified since the man who criticises another's eccentricities is almost invariably "guilty of much greater unreasonableness in his own tenets and conduct, which he never perceives and will very hardly, if at all, be convinced of". Pursuing this line of thought Locke concludes that,

> "there is scarce a man so free from it [unreasonableness] that he should always and on all occasions argue or do as in some cases he constantly does, would not be thought fitter for Bedlam than civil conversation."[3]

In Locke's view the unreasonableness of men is so great that virtually everyone is a potential Bedlamite. Rather than concede, however, that

the world is nothing but a 'great Bedlam'—as Tryon had rhetorically described it—Locke goes on to argue that what prevents the complete erosion of civil and reasonable society is the authority of custom and the force of reasonable habits. Given the unreasonableness of mankind Locke ascribes cardinal importance to the cure of minds and he equates cure with the perfection of appropriate or acceptable habits of thought and action. According to Locke, custom settles habits of thought as well as of action and it is essential therefore that the element of madness that exists in each individual should be contained by the early inculcation and subsequent perfection of good habits. Hence the importance attached to education and its capacity to socialise idiosyncratic individuals.

However, what is missing in Locke's account is any firm indication as to how far habit is a physical effect and, therefore, how far any association of ideas is dependent upon a series of arbitrary physical events—such as the movement of the animal spirits—that may owe more to chance than to volition. In subsequent accounts, such as those of Arnold or Ferriar, this equivocal stance is replaced by a rather less deterministic view that accords to each individual far greater scope in learning good habits and exercising self-control. Whereas Locke equivocates on the important question of how far customary modes of thought and behaviour can be changed and re-learned, physicians such as Arnold or Cox show far less hesitation in portraying each individual as the author of his own misfortunes. While physicians may question the degree to which the imagination can be controlled or the passions subdued, the general tenor of late eighteenth century treatises strongly suggests that although complete control is an unrealisable as the ideal of an absolutely normal person there nonetheless exists sufficient scope for ensuring that one is never declared to be "fitter for Bedlam than civil conversation".

By the latter half of the century therefore it is assumed that each individual's capacity for self-control or restraint is sufficient to preserve

a sound mind and prevent the disabling consequences of overly indulged passion or uninhibited flights of imagination. To a physician such as Cox the presence of madness is to be judged not by the oddities of a man's disposition or the vagaries of his thought, but rather by his public behaviour. "It is not", Cox writes, "the singularity of a man's mode and bent for thinking that should condemn him for a maniac but the acting on them."[4] Cox thus develops a line of thought that is implicit in Locke's work, namely, that when judging an individual's sanity attention should be given to his public behaviour and, more specifically, one should consider how far his private vagaries have been translated into public indiscretions. In other words, it is not the extravagance or unreasonableness of a man's ideas or principles per se that marks him out as unstable but rather it is his ability to contain these idiosyncracies and to prevent them from influencing his public behaviour. Thus William Battie, in his Treatise on Madness (1758), having defined a "deluded imagination" as the "indisputable and essential character of madness" goes on to argue that "that man alone is properly mad who believes in his delusions" and, most decisively of all, "who behaves according to such erroneous persuasions".[5]

As a general characterisation of the changes of emphasis in eighteenth century accounts of madness, the second and third propositions can therefore be formulated as follows. First, there develops during this period an argument to the effect that the key to maintaining mental stability is by exercising an appropriate degree of self-control and pre-empting the development of bad habits. Moreover, it is argued that man's capacity for self-regulation—although not sufficient to completely quell the storms of passion or imagination—is nonetheless enough to maintain the habit of sound mind. The implications of this argument, particularly at the therapeutic level, will be analysed more fully in Chapter Five. The second development concerns the emergence of an important distinction between public and private life, between the

idiosyncratic eccentricities to which everyone is prone and the translation of these into forms of behaviour that visibly differentiate an individual from what Cox had called "the generality of mankind". This distinction between the private and public realms, and its relevance in the interpretation of insanity, is discussed in Chapter Six.

The fourth proposition follows on from this. The corollary to the preceding two arguments is the conviction that since each is ultimately responsible for sustaining the appearance of sound mind what is important is that appropriate norms of social conduct should be fully internalised. It is only internalising the norms of social conduct—norms that constitute the basis for the continued existence of social life—which ensures that an individual's behaviour does not depart too far from the conventional forms and that the soundness of his mind will remain beyond reproach. Madness is thus defined in terms of the observance of custom. But the word custom is used here in the widest sense. It refers not so much to those habitual or customary actions to which Arnold and Locke drew attention, rather it encompasses the whole range of accepted social norms and conventions. The term thus has a dual significance in the discussion of madness. It embraces both individual habits or customs and those wider social norms which set limits to acceptable public behaviour. On occasions where an individual transgresses these limits, and indulges in behaviour to which people are unaccustomed, the verdict of madness is likely to be valid. In the opinion of Cox,

> "whenever an individual is observed to think and act very differently from the generality of mankind, to indulge strange outré, incongruous catenations of thought, calling them exhuberant fancies, or original flights, setting up for what is called a genius, pestering a neighbourhood with unusual garrulity, and pertinaciously maintaining and defending his own opinions, he is only a remove from insanity. Such characters I have known, and they are always to be suspected".[6]

To Cox therefore the presence of unsound mind is marked by the unusualness of an individual's actions, by the observable difference between his behaviour or opinions and those held in common by the generality of mankind. This

definition of madness in terms of the violation of conventional social norms signifies an important shift from earlier definitions; for example, Willis's references to the soul "sinking down inwardly" in melancholia, Blackmore's vivid account of the animal spirits being driven into "vertiginous eddies and convulsive agitations", or Cheyne's richly metaphorical formulation of that "lopping and pruning" of the faculties associated with sanity.

What emerges by the middle and late eighteenth century is a definition of madness that emphasises not so much its mysterious almost other-worldly qualities, such as one associates with savagery, but rather its antisocial nature. It is in terms of a breach in the fabric of ordinary everyday social life that madness is portrayed; in place of references to savagery or animality one finds references to those who pester a neighbourhood with unusual garrulity. Madness is seen therefore as a social disorder, as a threat to harmonious social life in which norms are unconsciously internalised and conventions observed. This disease, which can be explained in terms of a disturbance in the imagination, the passions or the association of ideas, is thus portrayed in terms of social failure, of an inability to regulate behaviour within reasonable and conventional limits. Indeed, reading medical treatises dating from the latter half of the eighteenth century one is struck not so much by the vivid metaphors redolent of an unfathomable mystery, but rather by the somewhat moralising tone and the tendency on the part of physicians to upbraid those afflicted by mental instability.

The series of general propositions may therefore be summarised as follows. First, madness becomes firmly installed as a branch of medical enquiry. Secondly, the disorder is increasingly seen as one over which control can be exercised and indeed its onset pre-empted by appropriate habits of self-restraint. Thirdly, the distinction between an individual's private and public life assumes increasing importance. Fourthly, observance of customary codes of conduct is seen as a guarantee against

the charge of madness. Finally, it is in terms of a social failure that the disease is portrayed and, as a result, it is the disruptive social consequences of madness that receive particular attention.

No longer subsumed under more general but ill-defined notions concerning the nature of savagery or of bestiality madness is increasingly regarded as a wholly intelligible phenomenon that can be both prevented and cured, principally by means of the perfection of the habit of self-discipline. This association of madness with a breakdown in the habit of self-control serves to delineate sharply those who are mad from those who are not. The distinctive failings by which insanity is known, for instance the failure to break an erroneous association of ideas from which the mind cannot be distracted, serves to set this category of disorder apart from others. Madness is, as Aikin had noted in his Thoughts on Hospitals (1771), a profoundly social disorder and to those of sound mind the mad are "multiplied objects of alarm".[7] The reason for this, the reason why madness is seen as a threat to social life, stems from the fact that it is by the time that Aikin writes, seen in terms of an inability to internalise appropriate norms of conduct, to observe the limits set to reasonable or customary behaviour, and to thereby nip in the bud those private vagaries which, when they find expression in public behaviour, serve to differentiate an individual from the generality of his fellow beings. The account of madness in terms of a failure of self discipline serve therefore to emphasise the distinctive qualities of the disorder and to differentiate its sufferers from others who violated the boundaries within which social life is conducted. This process of differentiation will be analysed in some detail in Chapter Five. However, before developing that enquiry it would be appropriate to widen the perspective somewhat and to examine how the problem posed by lunacy was dealt with at a social level in the seventeenth and eighteenth centuries. The seclusion of the mentally disturbed in the asylum cannot be understood without reference to the changing rationales of confinement during this period.

FOOTNOTES: INTRODUCTION

1. Hobbes, T. English Works. Ed. Molesworth Vol. 4 p. 57.

SECTION I. ATTENTION AND ASSOCIATION

1. A. Baxter: An Inquiry into the Nature of the Human Soul. 2 vols. 3rd edition 1745. Vol. 2 pp. 14-15.
2. T. Arnold: Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy or Madness. 2 vols. (1782-6). Vol. 2 pp. 166-7.
3. Ibid.
4. Locke: Essay Concerning Human Understanding. Bk. II; Ch. XI: Sect. 12; Bk. II: Ch. XXXIII: Sect. 9.
5. Arnold, op. cit., Vol. 2 p. 66. W. Cullen: First Lines of the Practice of Physick: 4 vols. 4th edition 1786. Vol. I pp. 129-131; 145. Sir Alexander Crichton: An Inquiry into the Nature and Origin of Mental Derangement 2 vols. 1798. Vol. 2 pp. 381-2.
6. Locke op. cit., Bk. II: Ch. XXXIII: Sect. 6.
7. Crichton op. cit., Vol. I p. 350; Vol. 2 p. 291; cf. Thomas Beddoes Hygeia: or Essays Moral or Medical on the Causes Affecting the Personal State of our Middling and Affluent Classes 1802. Vol. 3 p. 161.
8. Locke op. cit., Bk. II: Ch. XXIII: Sect. 8.
9. John Gregory: A Comparative View of the State and Faculties of Man with Those of the Animal World. 1765 pp. 186-8.
10. David Hume: An Abstract of the Treatise of Human Nature (Bobbs-Merrill) p. 198.

SECTION II. IMAGINATION AND MEMORY

1. Crichton op. cit., Vol. 2 p. 8.
2. Thomas Willis: Two Discourses Concerning the Souls of Brutes (1672). Facsimile reproduction of the 1683 edition, translated by S. Porage. Scholars Facsimiles and Reprints 1971, p. 179.
3. Thomas Hobbes: English Works edited by Molesworth. Vol. 4 p. 449.
4. Hartley op. cit., Vol. 1 p. 3.
5. Nicholas Robinson: A New System of the Spleen and Vapours and Hypochondriacal Melancholy (1729) p. 44.
6. Spectator No. 471.

7. Quoted in The Life of John Locke, with Extracts from his Correspondence, Journals and Commonplace Book 1830. Vol. 2 p. 170ff.

8. Willis op.cit., p. 179.

9. David Hume: A Treatise of Human Nature 1739-40 (Penguin Edition 1969) p. 52. D. Hartley op.cit., vol. I p. 383.

10. Willis op.cit. p. 179.

11. Robinson op.cit., p. 244.

12. Battie: A Treatise on Madness (1758) pp. 5-6; Mayne: Two Dissertations Concerning Sense (1728) pp. 187-8; Cheyne: An Essay on Regimen (1724) p. 159; cf. Beddoes op.cit., Vol. 3 p. 75.

13. Blackmore: A Treatise of the Spleen 1725 pp. 94-5; Crichton op.cit., Vol. I p. 400.

14. Robinson op.cit., pp. 19-20.

15. Cullen op.cit., p. 146.

16. Battie op.cit., p. 6; cf. Willis op.cit., p. 179.

17. Robinson op.cit., p. 245.

18. Condillac: An Essay on the Origin of Human Knowledge, Being a Supplement to Mr. Locke's Essay on Human Understanding 1756 p. 86.

19. Arnold op.cit., vol. 2 p. 285; and pp. 330-1.

SECTION III. PASSION

1. Nicholas Robinson: A New Theory of Physick and Disease Founded on the Principles of Newtonian Philosophy (1725) p. 12. Cf. Arnold op.cit., Vol. 2 p. 60; R. Mead: Medical Percepts and Cautions (1751) p. 485.

2. Mayne op.cit., pp. 69-70; Crichton op.cit., Vol. 1 pp. 381-2; cf. Hartley op.cit., Vol. 1 p. 398.

3. James: Medical Dictionary (1745) entry under Madness;

4. Arnold op.cit., Vol. 2 p. 255; cf. Mead op.cit., p. 558; Crichton op.cit., Vol. 2 p. 277.

5. George Cheyne: An Essay on Health and Long Life (1724) p. 156; cf. Arnold op.cit., Vol. 2 p. 190.

6. Mead op.cit., p. 485.

7. Thomas Tryon: A Treatise of Dreams and Visions: Appendix: Discourse on the Causes, Nature, and Cure of Phrensie, Madness or Distraction (1689). Augustan Reprint Society 1973 pp. 249-250.

8. Descartes: The Passions of the Soul in Philosophical Works edited by Haldane and Ross 1972 Vol. 1 p. 356 and 344.

9. Robinson: A New Theory etc. (1725) pp. 68 & 224; D. Bayne: A New Essay on the Nerves and the Doctrine of the Animal Spirits Rationality Considered (1738) p. 19. Mead op.cit., p. 562.
10. Hobbes: Leviathan 1651. Fontana edition edited by J. Plamenatz (1962) pp. 105-107. Cf. Arnold op.cit., Vol. 2 pp. 187-191.
11. Arnold op.cit., Vol. 2 p. 330.
12. James, for example, noted that, "nothing is a more powerful preventive against melancholia and madness than a due moderation and subjection of the passions" Dictionary, entry under Madness.
13. Arnold op.cit., Vol. 2. p. 330.

SECTION IV. DREAMING

1. Tryon op.cit., pp. 249-250.
2. Beddoes op.cit., Vol. 3 p. 56.
3. Ibid.
4. Sir Henry More: Enthusiasmus Triumphatus (1662) p. 19. Cf. T. Branch: Thoughts on Dreaming (1738) pp. 55-6; Arnold: op.cit., Vol. 2 p. 84.
5. See Hippocrates: Heraclitus on the Universe. Translated by W. H. Jones 1931 pp. 425-443; Lucretius: De Rerum Natura. Trans. W. Rowse 1924 pp. 307-319. Cf. C. W. Bundy: The Theory of Imagination in Classical and Medieval Thought. University of Illinois 1929 p. 76ff. E. R. Dodds: The Greeks and the Irrational. University of California Press 1951. M. Weidhorn: Dreams in Seventeenth Century English Literature. The Hague 1970.
6. P. Godwin: The Mystery of Dreams Historically Discoursed 1658 p. 10.
7. Sir Thomas Browne: Works edited by G. Keynes (1928-1931) Vol. 5 p. 185.
8. Godwin op.cit., p. 20; Tryon op.cit., pp. 45-6; 191.
9. Tryon op.cit., p. 278.
10. Tryon op.cit., p. 262.
11. T. Bright: A Treatise of Melancholy (1586) pp. 11-119.
12. Locke op.cit., Book II; Ch. I; Sect. 17.
13. Hartley op.cit., Vol. 1 p. 384.
14. Locke op.cit., Bk. II; Ch. XIX; Sect. 1.
15. Locke op.cit., Bk. II; Ch. I; Sect. 16.
16. Condillac: Treatise on the Sensations (1756) translated by G. Carr p. 185.

17. A. Pitcairne. The Philosophical & Mathematical Elements of Physick (1718) p. 186.

18. Mayne op. cit. pp. 187-8.

19. Ibid.

20. Hobbes. Leviathan pp. 269-70.

CONCLUSION

1. Arnold op. cit. Vol. 2 p. 330.

2. W. Falconer. A Dissertation on the Influence of the Passions Upon Disorders of the Body (1788) p. 6.

3. Locke op. cit. Bk. II Ch. XXXIII Sect. 4.

4. J. M. Cox. Practical Observations on Insanity (1804) Third edition (1813 pp. 147-8.

5. W. Battie op. cit. pp. 5-6.

6. J. M. Cox op. cit. pp. 6-7.

7. J. Aikin. Thoughts on Hospitals (1771) pp. 65-6.

CHAPTER 4

RATIONALES OF CONFINEMENT

Having devoted considerable attention to the question of how physicians studied and characterised madness it is now time to shift the level of analysis to take in the social dimension of the problem or what may be called the social response to this disorder. This chapter will address itself to the following questions. How were the insane controlled during the seventeenth and eighteenth centuries and how did the social response to insanity compare with that of other categories of social deviant, such as vagrants, vagabonds and criminals? What forms of social control developed to take account of the various types of social 'deviants' and how were these developments reflected in law? In what institutions were the insane confined and how did the rationale of confinement change over time? Finally, and perhaps most significantly, to what extent were the insane as a group differentiated from other categories of social deviant, such as vagrants or criminals? It could be argued that this issue of differentiation—or lack of it—is central to the whole question of why the insane were, by the latter half of the eighteenth century, incarcerated in separate institutions.

To develop this enquiry it is necessary to widen slightly the historical focus of the study to include both legislative and social developments dating from the beginning of the seventeenth century. It will also be useful to consider the findings of two Parliamentary Select Committees set up to inquire into the condition of the insane in 1807 and 1815. The reasons for widening the historical focus are as follows. First, the information on the control of lunacy that can be gleened from local records is extremely fragmentary, frustratingly incomplete, and widely scattered. A narrow historical focus would, therefore, be able to call upon only

a very limited range of evidence. Secondly, seventeenth and eighteenth century forms of social control make very little sense unless seen in the light of the Elizabethan Vagrancy and Poor Laws. In addition, the position of the insane under common law in the sixteenth and seventeenth centuries sheds an interesting sidelight on the problems insanity posed and particularly upon the role of families in treating or controlling their distracted relatives. Thirdly, the enquiries of 1807 and 1815 represent the first attempts at a systematic investigation of the conditions under which the insane were treated, the institutions in which they were confined and the problems that their incarceration raised. Although these enquiries date from the beginning of the 19th century they nonetheless shed light on the situation that prevailed during the latter half of the eighteenth century and upon forms of institutional control that had changed very little during the 100 years leading up to the formation of the Select Committees.

When looking at the historical background to the establishment of asylums in the second half of the eighteenth century it is important to realize that there is nothing new in the idea of confinement itself. As one might expect, the solution to the problem posed by the dangerous or merely alarming lunatic had always lain in confinement of some kind. Thus Andrew Boorde in his Compendius Regyment or a Dyetry of Helth (1542) advocates that "every man the whiche is madde, or lunatycke, or frantycke, be kept in safe guard in some close house or chamber where there is little light, and looked after by a keeper the whiche the madde man do fear".[1] Just over 200 years later Sir George Paul, the High Sheriff of Gloucestershire, informed the Select Committee of 1807 of his belief that,

> "there is hardly a parish of considerable extent, in which there may not be found some unfortunate lunatic, who, if his ill-treatment had made him phrenetic, is chained in a cellar or garret of a workhouse, fastened to the leg of a table, tied to a post in an outhouse, or perhaps shut in an uninhabited ruin".[2]

On occasions where a lunatic's disorder was inoffensive Paul observed that the sufferer is left to wander "naked and half starved through the streets and highways teased by the scuff, and jest of all that is vulgar, ignorant and unfeeling."[3] Confronted by this appalling state of affairs Paul advocated that all the insane should be confined but that this incarceration should be in specially built asylums. The thread that links the proposals of Boorde and Paul is thus a firm belief in the necessity of confinement, and investigation of the records reveals that in practice the insane were, throughout this period, confined and that this confinement assumed a variety of forms.

Domestic Confinement

One of the longest established and most widespread forms of custody was domestic confinement. This took one of two forms. Either the relatives of an insane individual kept him at home or someone outside the family took responsibility for ensuring the lunatic's safe custody. It is worth pointing out that as early as the third quarter of the fifteenth century it was, under common law, lawful to beat and imprison any lunatic who was liable to commit a criminal offence. Thus Dalton in the 1618 edition of The Countrey Justice noted that,

> "It is lawful for parents, kinsmen and other friends of a man that is mad or frantic (who being at liberty attempteth to burn a house, or to do some other mischief, or to hurt himself or others) to take him and put him into an house, to bind or chain him, and to beat him with rods, and to do any other forcible act to reclaim him, or to keep him that he should do no hurt."[4]

The extent to which relatives of the insane exercised this legal right is obviously impossible to gauge, but surviving records do indicate that the practice of confining was fairly widespread. After the passing of the Poor Law Act (1601), which instituted the system of Overseers of the Poor and provided for the administration of poor relief under the supervision of the Justices of the Peace, there occur a number of cases in which the relatives of an insane person petitioned for financial and other assistance

in maintaining a distracted member of the family. Surviving petitions show that domestic confinement was an important method of coping with the insane and that in some cases an individual outside the family was charged with looking after a lunatic.

Thus in Lancashire in 1626 the Justices ordered that the churchwarden and Overseers of the Poor should look after a mad woman who was unable to support herself and whose family were similarly unable to "mayntayne and keepe her".[5] On certain occasions the petitioner was granted an allowance to hire someone to keep watch over a distracted relative, as happened in 1681 when the Lancashire Justices granted a man 12 pence a week since, "he can not leave his wyffe and go to his worke unlesse he hire anable person to stay and looke to his wyffe for feare shee distroy herselfe". Sometimes the parish officers were ordered to find someone to look after a lunatic such as the distracted Lancashire woman who had pulled out both her eyes and was, in 1668, now wandering about. On other occasions responsibility was placed in the hands of several people, as happened in Somerset in 1612-1613 when six people—some of them relatives of the lunatic concerned—were ordered to look after the individual "in his own house if they can rule him there, or otherwise they shall cause him to be sent unto the Bridewell".[6] A little later, in 1628, the Taunton court ordered that Henry Collard, who was unruly and dangerous, should be placed in the custody of John Appledore;[7] this practice of boarding out lunatics is probably an early forerunner of the system of private madhouses which flourished in the eighteenth century. Evidence that domestic custody was often supplemented by further means of restraint is also available. Thus the Lancashire records report the case of a man who, "lyinge bound in cheanes and fetters", could only be kept in awe and subordination by his natural father; the same records tell of a woman who, in 1651, had to be chained and locked to a post.[8]

Given the fragmentary nature of the evidence and the incompleteness of the Quarter Sessions Records it is impossible to estimate how many of the insane were confined either in their own houses or in those of their appointed custodians. Nonetheless, evidence from the Sessions records in Warwickshire, Buckinghamshire, and the North Riding, although less complete than the Lancashire record, reveals considerable similarity in the forms of domestic confinement and the additional methods of forcible restraint. The evidence indicates that domestic confinement was fairly widespread during the seventeenth century and that it played a significant part in efforts at a local level to limit the socially disruptive consequences of insanity. What the Act of 1601 did was to institute a system whereby relatives could petition for financial assistance or, in the case of particularly troublesome lunatics, request that they be relieved of their custodial responsibilities. This form of confinement was satisfactory as long as the lunatic was not actually dangerous, and someone could be found to care for him. In cases where the lunatic threatened the safety of his family and neighbours, or where there was no alternative, the Justices ordered confinement in a more secure establishment, such as houses of correction or workhouses.

Houses of correction

After the Act of 1597 entitling private citizens to build houses of correction, and the Act of James I, 1609, which provided for the establishment of at least one such establishment in each county, houses of correction became an integral element in the system of Poor Relief. Before 1597 such houses existed in Reading, York, Bristol, Winchester and Exeter and they fulfilled, during the sixteenth century, a range of functions comprising the provision of relief for the poor, of work for the idle, of industrial training for the young, and of "the punishinge and correctinge of idle and vagrant persons".[9] By the end of the first quarter of the seventeenth century houses of correction existed in most counties, but following the 1609 Act they increasingly assumed the character of custodial establishments

rather than institutions intended to provide relief and work for the deserving poor. In the Act of 1609 there is, aside from the new powers of the search and apprehension given to the Justices, an important shift of emphasis. Gone are the repeated Elizabethan references to the "feeding, sustenation and relief of the poor, maimed, needy or impotent people." In place of this the harsh tenor of the later act is established by way of references to "rogues, vagabonds, wandering, idle and disorderly persons", all of whom the Justices may seek out and apprehend. Those apprehended are, moreover, "to be examined of their idle and wandering life, to be punished or otherwise by warrant, to be conveyed to the said House of Correction, to be set to labour and work".[10] The Act of 1609 thus grants wider powers to the Justices, it significantly broadens the category of those who may be apprehended and ordered to provide a "satisfactory account of their life" and, finally, it throws into sharper relief the punitive functions of the house of correction. As a result of this re-focussing of legislative concern, houses of correction increasingly fulfilled the role of custodial institutions, suitable for the confinement of all who came under the somewhat elastic and fairly broad categories of the Act. In cases where public funds facilitated the construction of new houses of correction their custodial function received marked emphasis, with the result that, by the end of the Civil War, such houses were virtually indistinguishable from common gaols. It was to such establishments that the Justices despatched the more troublesome lunatics, and those for whom no custodian could be found.

One need make no more than a cursory examination of County records to discover frequent instances of lunatics being sent to houses of correction. Following complaints made by the inhabitants of Eddington, in North Yorkshire, one Alice Hawksworth was found by the Justices to have,

> "Lately fallen lunatique and distracted in her wittes, being not sensible to governe and rule herselfe, but rather subject to commit many outrages and abuses, if she be permitted to stirre abroad; the said Alice is to stand comitted unto the house of correction of Wakefield, there to remain until it shall please God she recover that infirmity".[11]

Similarly in 1685 John Norton, a "frantique and distracted person" from Burton-upon-Trent, was entrusted to the "care and custody of the Master of the House of Correction in Ashbourne, Derbyshire". Lest Norton be found "incapacitated to work for his maintenance" it was ordered that his expenses be covered by the Ashbourne Overseers of the Poor.

In 1684 the Lancashire Justices were requested by the father of a lunatic to send him to a house of correction since he "hath lately become lunatic and so melancholick so that he can not rule him", and a few years later, in 1702, again in Lancashire, a woman who had become "a daily nuisance to her neighbours" was sent to a house of correction.[12] The Court at Nottingham adopted the same policy when, on January 8th 1732 it ordered that Samuel Clay, "a dangerous lunatic distracted in his senses", be confined in the local house of correction.[13] As late as 1815 the Parliamentary Committee learned of a man confined in the house of correction in Kendal who, "has been placed in a cell which has been built for persons under solitary confinement; he has been suffering this dreadful punishment of solitary confinement for ten years".[14] In some instances lunatics were placed in specially built cellars, such as those at the house of correction at Preston; the records of this house give details of expenditure on such items as "mending the prison beds in the dungeon which were broken with a distracted man, and making four boxes in the lower prison for securing of mad people with good planks".[15]

It is impossible to tell from the records how many lunatics were actually confined in gaol when they had been convicted of crimes, and this form of confinement is not discussed here. There is, however, some evidence to indicate that lunatics who had committed crimes may on occasion have been sent to houses of correction rather than prisons which made no special provision for them. In 1689, the Ashbourne house of correction received a lunatic originally confined in the common gaol of the County. The gaoler had complained that Thomas Whyte, the said lunatic, was "troublesome to the prisoners in the gaol, and that place very

unfit for the custody of such persons", and the Justices ordered that he be transferred to the house of correction, "there to remain till further order".[16] In the previous year, 1688, the Lancashire Justices had ordered that a lunatic should be sent to the house of correction because, "in his lunacy (he) broake of his chaines and went to a house and pulled down the slates and spoyled the goods, and but for that neighbours came in would have burnt the house, and is a person not fitt to go loose".[17] Somewhat earlier the Lancashire Justices had recomitted an insane woman to the house of correction because she had "returned to her former evill course, is agen distracted in her senses and hath done severall abuses".[18]

Taken together such records as do exist suggest that the secure custody of a house of correction proved particularly valuable on occasions where lunatics were likely to commit abuses, to threaten their neighbours or break the chains with which their relatives had tried to restrain them. Following the 1609 Act they would have been placed there along with a considerable array of "rogues, vagabonds, wandering, idle and disorderly persons". Thus the London Bridewell, upon which many houses of correction were modelled, was—according to Strype's Survey of the Cities of London and Westminster (1720)—used as a custodial institution for,

> "All strumpets, night walkers, pick pockets, vagrants and idle persons that are taken up for their ill lives and being so comitted are forced to beat hemp in public view, with due correction for whipping according to their offence".[19]

These categories must frequently have overlapped and given that it is likely that a wandering lunatic would be unable to provide a satisfactory account of his life it is reasonable to conclude that many houses of correction would have contained distracted vagrants. On certain occasions the lack of clear definition and legal distinction between various categories of transgressor caused considerable confusion, such as occurred in 1674 when the Court of the London Bridewell was troubled with a woman "who seemed to

be mad" while also being an incorrigible rogue; the punishment for the latter being whipping and the London receptacle for lunatics being Bethlem, the Court resolved its uncertainties by first having the woman whipped and then sent to Bethlem.[20]

Workhouses

During the 1630s workhouses existed in a few towns but it was not until the early eighteenth century that they developed on any significant scale. The idea of collecting all the able poor into one establishment—the workhouse—and providing them with productive employment was embraced with greater enthusiasm following the successful example of the Bristol workhouse which had been established in 1696. In 1722 the significance of the workhouse movement was marked by the passing of the so-called Workhouse Test Act which gave parishes permission to combine together to build a common workhouse if they wished and further empowered Overseers of the Poor, in places where there was a workhouse, to withold relief from those individuals who refused to enter it. Particularly during the early eighteenth century the most enthusiastic advocates of the workhouse system believed that the organised provision of productive and profitable employment for the poor would eradicate the problem of idleness, relive unemployment and contribute to national prosperity by fully exploiting the country's labour potential. In this respect the workhouse differed somewhat from the house of correction which was intended to fulfill the twin goals of providing work for the able-bodied poor as well as "punishinge and correctinge" the more stubborn and deliberate vagabonds, and others who were guilty of petty offences. In certain houses of correction, such as the one at Bury, the punishment for different categories of vagrancy was precisely specified and it would appear that after the Civil War—when the number of genuine rogues and unemployed poor had risen considerably—houses of correction increasingly assumed the character of gaols in which the chief object was detention and punishment, rather than the provision of work. In certain

cases workhouses also doubled as houses of correction and although the difference between them is not always clear cut the evidence available does suggest that, in the early eighteenth century at least, houses of correction were used to confine those lunatics who had been found committing criminal offences, such as arson or other acts of vandalism. Such cases will be cited shortly but for the moment it is important to emphasise that it was the workhouse, rather than the house of correction, which came to play the central role in the confinement of lunatics, certainly by the latter half of the eighteenth century. According to one estimate, before 1789 between four and five thousand lunatics were in workhouses and the heavy reliance upon this institution is amply borne out by the Report of the Select Committee of 1807 which indicates that of those lunatics who were confined by far the largest number were kept in workhouses.[21]

By the middle of the eighteenth century workhouses had become part of the landscape in the larger—i. e. market town—communities and by the end of the century 126 such establishments existed, some of which had been purpose built. As already noted workhouses were originally established in an attempt to relieve the burden of the poor and idle by placing them in institutions in which, to paraphrase Locke, they would learn the habit of labour, but in the course of the eighteenth century this essentially mercantilist inspiration receded before the ever increasing problem posed by mounting numbers of indolent poor, by an increase in crime and, most importantly, by the strain imposed on an institution that had become the repository of every type of social transgressor. (This change in the nature of the workhouse will be examined in greater detail in the second part of this chapter.) By the end of the eighteenth century, therefore, the workhouse occupied by definition an important place in the confinement of the insane. As one moves from the seventeenth to the eighteenth century it becomes increasingly clear that the workhouse has begun to supersede the house of correction as a custodial institution in which a whole range of social transgressors, the idle poor, and the blind

or impotent could be contained. In order to get an idea of the scale of confinement and the extent to which the insane were placed in workhouses it is necessary to adopt the vantage point provided by the Select Committees of 1807 and 1815. The establishment of these Committees marked the first attempt of a systematic study of the conditions of the insane and the reports submitted to them shed an interesting light on eighteenth century practices.

As already noted Sir George Paul informed the Select Committee of 1807 of his belief that in virtually every parish of "considerable extent" one should expect to find lunatics "chained in the cellar or garret of a workhouse" and in the same year it was reported from Suffolk that all but 13 of the country's 47 known pauper lunatics were in workhouses; in Norfolk, in the same year, one finds 51 lunatics in the Norwich asylum, 20 in a separate asylum, 3 in gaol, 4 in houses of correction, 20 in workhouses and 14 not confined at all.[22] However, it would be a mistake to give the impression that every workhouse at this time contained insane inmates and indeed in 1815 Henry Alexander informed the Select Committee that of the 47 workhouses he had visited throughout the country in only nine did he find insane inmates—although in the Bristol workhouse Alexander had counted "a very large number of the insane poor".[23]

Whether or not particular workhouses specialised, as it were, in the confinement of lunatics is impossible to judge but the evidence clearly suggests that this institution was used for this purpose. In trying to determine the significance of the workhouse in this context the picture is further complicated by conflicting contemporary views as to what proportion of the insane were to be found in such establishments. Thus against Alexander's findings that one fifth of workhouses contained a lunatic one should set the assessment of Sir George Paul or that of Samuel Tuke who, in a letter to the Philanthropist on the State of the Insane Poor (1811), observed that, "whoever will take the pains to enquire, I apprehend will find, that a very great proportion of the insane poor

are placed under the care of the master of a parish workhouse".[24] In support of this contention Tuke describes his visit to a workhouse in the south of England in which he found, in a small courtyard a little way from the main building, four adjacent cells each containing female lunatics, none of whom were clothed. Tuke concludes his description of the desperate condition of these lunatics by advising the reader not to take this instance as a solitary one, since "too many parallels may be found to it in different parts of the land".[25] Again any attempt to determine the scale of this practice is thwarted by lack of evidence—a problem which beset the members of both Select Committees. Having cited the figures for Norfolk and Suffolk the Committee of 1807 added the rider that the deficiencies of the data were so great that a "very large addition" would have to be made in order to arrive at a more accurate assessment of the total.[26]

The picture that emerges is, therefore, of a variety of institutional and non-institutional measures used to control the potentially disturbing social consequences of insanity and to contain any serious physical threat. During the eighteenth century these measures were backed up by legislation which probably—though it is difficult to estimate—resulted in proportionately more lunatics being confined in institutions than before. In order to understand this development it is necessary to turn from the discussion about how lunatics were confined to why they were confined.

* * * *

At the most immediate and superficial level it is clear that relatives petitioned for the incarceration of their lunatic kinsmen because they felt threatened and endangered by them. Among the principal reasons for petitioning Justices is the fear of insanity and, more specifically, the concern that unless lunatics are restrained, they will commit abuses, attack strangers and terrify their neighbours. As we have already seen it is in response to the terror generated by this disease that some lunatics were despatched to houses of correction or placed in safe custody and it is possible to find numerous further examples to illustrate this point.

where he doth remayne bound up in iron chaynes".[27] But, in addition to the immediate terror evoked by madness pauper lunatics were often associated with another phenomenon capable of engendering alarm and anxiety, which was vagrancy.

Professor W. K. Jordan, in his study of Philanthropy in England: 1480-1660, has drawn attention to the widespread fear and hatred of vagrancy that prevailed during the sixteenth and early seventeenth centuries.[28] This fear and dislike finds public expression in a range of proposals designed to clear the streets and highways of beggars and of the wandering poor. Moreover, there emerges during the sixteenth and early seventeenth centuries an association between wandering lunatics and vagabonds, many of whom "having sound and perfect limbs can yet notwithstanding counterfeit all sorts of diseases". Among this group of counterfeiters Halsworth, in his Description of England (1543), includes so-called "Abrams or Abram men" whom he describes as idle vagabonds.[29] The meaning of 'Abrams' is literally "naked men" and contemporary evidence points to a strong association between so called Abram men and those who feigned madness. Thus in 1561 John Awdeley referred to an Abram man as "he that walketh bare armed, and bare legged, and feigns himself mad".[30] Just over 200 years later, in Grosse's Classical Dictionary of the Vulgar Tongue (1785) the accepted meaning of a 'mad tom' is given as "an Abram man, or rogue that counterfeits madness".[31] What such definitions reveal is that madness, whether counterfeited or genuine, is unavoidably associated with the quasi-criminal activity of begging, under false pretences. The association between madmen, vagrants and vagabonds, is further confirmed with the passing of a number of laws that subsumed lunacy under more general categories of vagrancy. The Vagrancy Act of 1714 empowered Justices of the Peace to order the confinement of "persons of little or no estate who, by lunacy, or otherwise are curiously mad, and dangerous to be committed to go abroad".[32] The law gave Justices the authority to order such lunatics to be kept safely locked up, to be chained if

In ordering 24 men of the parish to take care of a distracted man, the Lancashire Justices took note of the report, in 1641, that, "every of the neighbours (is) fearfull to come neare into him in his fitts often befallinge him both night and day in most fearfull terible shrikes and shoutinge". A few years later in 1668 the Justices heard of the case of the woman who, having pulled out one of her eyes, "now offers violence to her owne children". Aside from these tangible dangers one finds reference to the alarm caused by lunacy, as for example occurs in the case of a woman who, in 1653, "hath for a long tyme beene suffered in that distracted condition to wander and begg to the great terror of the people of this commonwealth". In 1661 a man informed the Lancashire Justices that his sister had been capable of work untilshe became afflicted by a "violent lunacy", as the result of which "she hath continued pulling herself and her apparell in pieces to the great danger not only of spoyling herself by some sudden death but to the danger of her neighbours". Finally, in Somerset in 1613 the Justices sent an insane women to the house of correction after she had set fire to a house and they ordered that, "she ought to be kept there as the law requires for such dangerous and disorderly persons". In each of these cases some form of compulsory confinement was ordered to contain the dangerous consequences of lunacy and to spare villagers the terror and apprehension generated by this disorder. From the petitions to the Justices there is evidence that the presence of a lunatic in the family imposed considerable financial burdens and, in some cases, endangered the wellbeing of other members of the family. Thus when a lunatic who had been forcibly confined at home "broke off his chains and went to a house and pulled down the slates", it was quite understandable that more drastic and secure measures should be requested and granted. Similarly, an unexpected encounter with a terrifying lunatic was liable to provoke a seemingly savage response, such as occurred in Lancashire in 1671 when a woman asked that her mad husband be cared for since he had fallen into an "extreame lunacy" and wandered off only to be "grievously beaten and wounded and turnd home,

necessary, and, where they did not belong to the parish in which they were apprehended, to be sent to their last place of settlement. The Justices had of course been able to do this before but the significance of this Act is that it is the first to deal with problems posed by extreme or 'furious' forms of madness as distinct from other forms of transgression and to make special provision for those of the insane who directly threatened the social order. Those detained under this act, and the subsequent Act of 1744, were—as the Select Committee found—sent to workhouses, houses of correction or gaols.

The absence of a distinction in law until 1714 between genuine lunatics and those vagrants who passed themselves off as "mad Toms" accounts in large part for the fact that well into the eighteenth century the situation of lunatics was, as Sir George Paul observes, "no otherwise treated than together with rogues and vagabonds".[33] When one looks closely at the vagrancy statutes it becomes apparent that successive pieces of legislation served to broaden the category of those coming within the provision of the law and, more significantly, that this extension is accompanied by an increase in the punitive powers of the Justices and a growing emphasis upon the criminal aspect of vagrancy and idleness. Given the breadth of the terms used in the relevant Statutes—particularly those of 1571, 1597, and 1601—it is not surprising to find lunatics apprehended and confined as part of a wider effort to control the movement of vagrants. Even with the passing of the 1714 Act, this association between vagrancy and lunacy persisted, and an important aspect of this association was the assumed connection between madmen and those who feign diseases or indulge in activities that were, by the seventeenth century, defined as criminal.

An important component of the legislative measures intended to control vagrancy and associated disorders was the conviction that the migratory tendency of the indigent and labouring poor must be curtailed and that poverty must, as it were, be sealed off within parishes. The Act of 1601

expressly forbids any person to "go wandering abroad and beg in any place whatsoever, by licence or without, upon pain to be taken and punished as a rogue" and just over 60 years later, with the passing of the Law of Settlement (1662), this restriction upon the population's mobility was given further weight.[34] As early as the middle of the fourteenth century one finds an attempt to control the movement of the population but it was not until the mid-seventeenth century that this thrust of policy comes to fruition and with the passing of the 1662 Act the previously implicit association between social stability and a non-migratory population is finally formalised.

Although the anti-migratory policy underpinning much of the vagrancy legislation is not specifically designed to cope with the problems posed by wandering lunatics it is inevitable that those "distracted vagrants" who had wandered from their own parish should be dealt with under more general provisions for controlling mobility, to ensure that the precarious finances of each parish were not placed under even greater strain by being deployed to support and maintain wandering, lunatic strangers. Thus one reads in the records of lunatics being "grievously beaten wounded and turned home", of others who are "wandering about" or of the distracted girl in Warwickshire who "goes peddling up and down disturbing the peace and is abusive and troublesome".[35] Incidental evidence concerning the effect of these laws, particularly so far as 'Mad Toms' are concerned, is provided by John Aubrey, in his Natural History of Wiltshire, written in the mid-seventeenth century, in which he observes that "until the breaking out of the civil warres Toms o'Bedlam did travell about the countrey; since the warres I do not remember to have seen any of one of them". A marginal note to this observation, written in another hand, reads "I have seen them in Warwickshire within these thirty years, 1756".[36]

From the earliest legislative attempts to restrict the population's mobility until well into the eighteenth century it is quite clear that for purposes of framing social policy the insane are to be regarded as

"disorderly persons" whose way of life closely resembles that of other vagrants, beggars, rogues and vagabonds. What is perhaps most interesting about successive pieces of legislation during this period is the gradual enunciation of the principle that it is the State's responsibility to control social processes, such as migration, in such a way as to ensure the stability of society. In trying to understand the treatment of the insane in this period, it is necessary therefore to place this question in the wider context of vagrancy and attempts by the state to deal with this phenomenon.

At the local level it has been shown that the response to lunacy was determined, in large part, by the fear aroused by disordered vagrants and the assumed association between madmen and various forms of petty crime. So far, therefore, the confinement of the mad has been explained in terms of the direct threat posed by some lunatics, the more general fear and hatred of vagrants and, finally, the attempts—on a broader scale—to restrict social mobility. Such an account is, however, rather partial since it is restricted to the most apparent and obvious reasons for confinement and does not make any serious attempt at analysing the more deeply rooted but rarely articulated processes at work. Attention has so far been limited to what may be called the surface phenomena, to the most obvious and easily discernible rationales of confinement. It could be argued however, that other rationales were at work, and that there were other underlying considerations that led, for example, to the establishment of the workhouse and the incarceration in these institutions of multifarious social transgressors. It is the contention of this thesis that the explanation of this widespread process of confinement, in which the insane were included, is to be found in a broader context; and that the response to the insane is inextricably bound up with more general notions concerning crime, idleness, the role of labour and the duty to work. It is with these issues that the remainder of this chapter will be concerned.

* * * *

During the period 1600-1800 both the considerations governing the confinement of the insane and the institutions in which they were confined changed significantly. Of course the progress of these developments is slow and often uneven but looking at the period as a whole it is quite evident by the middle of the eighteenth century that the predominant rationale of confinement differed markedly from that prevailing one hundred years earlier. Similarly the role of the institutions to which the lunatics were confined changed in important ways. At the most general level the changes can be expressed in terms of two related hypotheses. First, that up until the first quarter of the eighteenth century one of the major reasons for incarceration of lunatics was that they were idle; like other rogues and vagrants the insane were regarded as an economic burden upon the community, but one which could be alleviated if they were apprehended and placed in institutions in which they could be "set to work". From about 1720 onwards considerations of idleness give way to a new preoccupation: crime. Throughout much of the eighteenth century the insane are confined principally because it is assumed they are liable to commit criminal acts; this is particularly true after the enactment of the Act of 1714, which made special provision for the confinement of "the furiously mad". In place of the seventeenth century concern with idleness and its economic consequences one finds, in the eighteenth century, a preoccupation with increasing crime and, related to this, the assumption that the insane are to be confined so as to prevent them engaging in criminal activities.

The second hypothesis follows on from this. During the same period the workhouses to which the insane are sent change from being institutions in which the poor could be engaged in profitable employment to more explicitly custodial establishments, the chief function of which is to discipline and punish the poor rather than to employ them. At the institutional level therefore the change in the rationale of confinement, the shift from a concern with idleness to a preoccupation with crime, is mirrored in the gradual transformation of workhouses into custodial

institutions where discipline—not productive employment—is the desired goal. In the early proposals for establishing workhouses, however, the operation of essentially mercantalist principles is quite evident and it is clear that the principal function of the workhouse is the provision of productive and a profitable employment for the idle poor.

In his Discourse of the Rise and Power of Parliament (1677) T. Sheridan proposed that the most effective way of stemming the economic decline of the country would be to force the "idle and unwilling to the necessity of working and by giving the poor that want it full employment".[37] In order to accomplish this Sheridan suggests that "workhouses be erected in several parts of the kingdom, and all persons forced unto them, who cannot give a satisfactory account of their way of living".[38] Throughout the latter half of the seventeenth century one encounters this firm conviction that idleness is the greatest social evil and that its eradication must be accorded absolute priority. Underlying Sheridan's proposal are a series of related assumptions that acquired considerable currency during the late seventeenth century. First, the belief that the wealth of the nation will be determined by the amount of labour that can be called upon. Secondly, that the more populous a country is the more wealthy it should be, at least in principle. Thirdly, that the economic cost of idleness is so great that every effort must be made to employ fully the population and to ensure that all men—whose "bodies are the most valuable treasure of the country"—are engaged upon productive labour. According to Davenant providing employment is the only way to make "the whole body of the people useful to the public".[39] Finally, it was assumed that the establishment of a system of workhouses, rather than the enactment of new laws, was the most effective way of ensuring that the potential of the nation's labour force was fully realised. In the words of John Cary, a committed mercantilist, Governor of the South Sea Company and prime mover behind the Bristol workhouse, "success may not always accompany private mens' labour, yet the public gets

thereby". Unless the reader qualifies this optimism with the thought that not every man is capable of productive labour Cary forthrightly observes that there is "scarce anyone who is not capable of doing something towards his own maintenance". What is required therefore is that employment be provided, that the slothful should, as Cary noted, "come by use to be in love with labour, so 'twill be strange to see an idle person".[40] This conviction is reiterated in the work of all the major mercantilist authors, including Davenant, Sheridan, Petty, Child, Mun, Mandeville, Bellers and Brewster. All these authors emphasise the necessity of employment, the moral shortcomings of idleness and the economic viability of self-supporting workhouses.

Taken as a whole the body of seventeenth and early eighteenth century treatises on the subject thus reveals the ascendancy of the idea that labour is the key to national prosperity;[41] that the age is one of "idleness and luxury" and, as Locke noted, that the increasing number of idle poor is attributable to "nothing else but the relaxation of discipline and the corruption of madness".[42] It was felt that by disciplining and enforcing idle and vagrant beggars to work one would exploit a vast reservoir of untapped wealth. Indeed, Mandeville argued that national prosperity must be founded upon a "multitude of laborious poor" and that so long as the poor were allowed to be idle they would, in the words of Davenant, "eat out the heart" of the kingdom and "like drones live upon the labour of others".[43] As many historians have observed, the condemnation of idleness and the related exhortation to labour acquires, during the late seventeenth century, an almost axiomatic status. At the centre of seventeenth century mercantilist thought is the belief that certain activities are beneficial to the country while others are detrimental—particular to its prosperity—and that it is the duty of the state to distinguish between and separate each type of activity. Thus the proposals for establishing workhouses should be seen not so much as an attempt to punish and brutalise the population but rather as part of a more concerted effort to discourage all activities that brought no profit to the nation. To those,

such as Cary and Child, in whom mercantilist principles combine with ideals of social reform, one finds a firm belief that the problems of poverty and of the mass of the unemployed poor could be and should be treated directly.

Up until the second quarter of the eighteenth century therefore an important function of the workhouse was to enrich the nation by exploiting the labour of the people. On the whole the disciplinary character of the workhouse receives only incidental attention, although certain reformers attached more importance to this than others. Locke, for example, had forcefully argued in his report on the poor (1697), that the essential requirements of any policy designed to deal with pauperism was that it should promote habits of industry and labour. The problem, as Locke saw it, was to get the poor to work and to ensure that in the establishments to which they were sent they should be "mended by the discipline of the place" and only dismissed after "manifest proof of amendment" had been given. If this policy was followed the upshot would, Locke hoped, be a situation in which "there would not be many who have the pretence that they want to work".[44] In general, however, those workhouses that were set up during the last two decades of the seventeenth century had, as their principal goal, the creation of employment and the practical implementation of an axiomatic belief in the value of labour. According to one advocate of the workhouse system, "the wealth of the nation will be increased, manufacturies advanced, and everybody put into a capacity of earning his own bread".[45] This belief, which subsumes individual interest under the all-embracing national interest, finds clear expression in a project championed by John Cary: the Bristol Workhouse.

In Cary's opinion the increase in idleness and debauchery could be attributed to the "want of workhouses to set them [the poor] to work and of sufficient authority to compel them to labour".[46] In Bristol, however, following an act of Parliament of 1695—the so-called Bristol Poor Act—the local parishes combined to provide for the poor and the Corporation of

the Poor purchased the premises of the redundant Bristol Mint in 1698. It was in these premises that the Mint Workhouse, later renamed St. Peter's Hospital, was established. In his account of the project Cary defined the undertaking as "being nothing less, than to put to work a great number of people, many of which had been habited to the lazy trade of beggary". "In all things", writes Cary, "there was a regard, as much as could be, to put people on living by their own labour".[47] Recalling Cary's argument that "scarce anyone is not capable of doing something towards his maintenance", it is perhaps not surprising to discover that among those dispatched to the workhouse some were lunatics. Indeed, as early as 1707 the Court Books refer to a lunatic housed in the Mint and from this date onwards there was always a number of such inmates. By the early nineteenth century, when the establishment fell awkwardly between two stools of being a hospital—as its name implied—and a workhouse, its "proper and legitimate use" was deemed to be that it should be "the general lunatic asylum of Bristol". However as late as 1820, when 97 of the 446 inmates were classified as insane, one of its governors thought that the title of 'hospital' was somewhat misleading since the establishment was principally a workhouse. Rather earlier , in 1768, two physicians had been "desired to visit (once a week at least) the frenzied objects and report the state of their health", and in the previous year a separate ward had been built for the insane.[48] In the present context what is interesting about the Bristol workhouse is the evidence that, from the outset, it served as an institution in which insane paupers could be confined and yet its principal function, as described by Cary, was that it should provide profitable employment for the poor, in whom the habits of industry were to be instilled. The project was so successful that by 1700 Cary could write, "the face of our city is so changed already" and, as the records show, the insane were among those who had been removed from the streets.[49] As will be shown later their presence in such establishments caused a number of difficulties but for the moment it is important to emphasise that during the second half of the seventeenth century the insane were incarcerated along with others who led idle,

wandering lives and who subsisted on what Cary called the "lazy trade of beggary".

Apprehended by reason of their idle and wandering lives, perhaps unable to give an account of how they lawfully get their living, and almost certainly unable to prove that they have been engaged in "some honest labour and so continuing three days" the insane would have been despatched to workhouses for the express purpose of being set to labour and work. In many cases it is perhaps not so much their mental disability as their idleness that brings them to the attention of Justices of the Peace and in ordering the confinement of lunatic paupers the Justices make it clear that it is assumed that they will be set to work. Of course, in some instances, the Justices recognised that the individual may be unable to work as for example happened in 1685 when John Norton, a lunatic from Burton on Trent, was confined in order to be set to work; but, the Justices added, "in case the said John Norton be incapacitatedto work for his maintainance the overseers of the poor are to provide for him".[50] However, such explicit exceptions are rarely found in the records and it is reasonable to conclude that the insane were assumed to have at least a minimum capacity for productive employment.

The hypothesis formulated above proposed that during a period from about 1650 to 1720 the confinement of the insane could, in large part, be understood in terms of a more general effort to eliminate idleness and place the poorin productive employment. At the institutional level this development is reflected in the establishment of workhouses intended primarily as self-supporting establishments and, indeed, profitable units of production. Both these arguments have been advanced largely on the basis of inference, since it is impossible to find cases in which idleness is explicitly invoked as the major reason for confinement. Nonetheless the function of workhouses during this early period is unambiguously formulated by many advocates of the system and, in

addition, close analysis of the relevant statutes, the most influential economic treatises, and the history of poor relief does lend credence to the view that the insane are unlikely to have been exempted from a policy of social control that had as its chief object the eradication of idleness and the removal of idle, wandering vagrants. Such cases that have been cited indicate that the insane were sometimes charged with vagrancy, with leading idle lives and being unable to satisfactorily account for themselves or prove that they were gainfully employed. Moreover, given the absence—in law—of a precise differentiation between lunacy and vagrancy, given the parallel lack of a distinction on the part of social reformers between those capable of work and those who, because of their mental disability, are unable to work and, thirdly, given the concern of Justices to implement all laws against vagrants, vagabonds and indolent strangers it seems reasonable to conclude that in the general effort to provide employment for the poor some of the insane are very likely to have been included.

By the third quarter of the eighteenth century, however, a change has taken place both in the rationale of confinement and the function of the workhouse. By the middle of the eighteenth century one of the most important reasons for confining pauper lunatics is that they are regarded as potential criminals and, more importantly, it is believed that in the attempt to curb a seemingly inexorable increase in crime it is necessary to confine all who are liable to break the law. This is not to suggest that the insane are, by this time, deemed to be criminals. What is more likely is that they would not have been excluded from a policy designed primarily to stem the tide of criminal activity that appeared to be sweeping the country. Moreover, from 1714 onwards the law explicitly recognises that among the population of pauper lunatics there are some who are "dangerous to be permitted to go abroad", and after the Act of 1744 Justices are empowered to apprehend potentially dangerous lunatics who are to be "kept safely locked up or chained". In legal terms the new imperative is custody, not labour, and in the workhouses

of the period this imperative finds clear expression. By the middle of the eighteenth century the workhouse had developed into a custodial establishment in which the mercantilist hope of economic gain had given way to a new concern with the maintainance of discipline and the preservation of order. In economic terms the imperative is much the same. "It is a regulation of the poor that is wanted in England, not a setting them to work", so argued Defoe in his pamphlet Giving Alms no Charity and Employing the Poor a Grievance to the Nation [1704];[51] (Defoe's pamphlet marks the earliest formulation of a view that gained ascendancy during the next fifty years). In order to understand this re-focussing of legislative and economic concern it is important to appreciate the growing concern with crime. The reason for this is intimately bound up with the belief, common at the time although now the subject of historical debate, that a crime wave of epidemic proportions was sweeping the country. Although the problem of idleness had not disappeared it was now subsumed under the concern with crime; for idleness quickly became identified as a principal cause of crime.

In Henry Fielding's Enquiry into the Causes of the Late Increase of Robbers (1751) the locus classicus of the view that crime was increasing, a bleak view of personal safety and security of property is painted. In this portrait crime is, like an incoming tide, on the very point of sweeping all before it. "In fact, I make no doubt, that the streets of the town, [London], and the roads leading to it, will shortly be impassable without the utmost hazard".[52] Even as things stand in 1751 the "notorious increase of late years" has exposed the profound vulnerability of both property and person; and unless this tide is stemmed it would, as Fielding vigorously argued, endanger the public, undermine the authority of the law and make a mockery of the principle that the first duty of the state is to protect the property of its subjects. But Fielding was by no means alone in his belief that at every point crime threatened. Throughout the pages of the Gentleman's Magazine, for example, one finds an almost endless catalogue of abuses, the number of which seems to increase daily.

By 1731 London, once a remarkably safe place, had become "notorious for the danger persons are exposed to who walk the streets after 10 at night". By 1749 robberies had become so frequent "that several parishes make voluntary subscriptions for maintaining extraordinary guards for the roads"; by the following year the "little prisons are quite full", and in 1751 the London streets were "more than usually infested with a desperate bloody gang of villains, and with numbers of artful thieves, sharpers and gamblers, who are daily practicing new contrivances to take advantage of the ignorant and unwary". In brief, "the papers are filled with robberies and breaking of houses, and with recitals of the cruelties done by the robbers, greater than ever were before known".[53]

All of this was happening despite legislative attempts to protect every conceivable sort of property, including the property of the poor. Despite the fact that every year saw new additions to the list of capital offences, notably 1723 the year in which the Black Act was passed, crimes against property—most of which were punishable by death—continued to increase. To quote E. P. Thompson. "What was now to be punished was not an offence between men, but an offence against property".[54] It was property, more than anything else, which it was the State's task to protect for as many writers argued, following Locke, the end of government is "that men might have and secure their properties". If, as Locke argued, men have an unlimited right to expropriate property and if, moreover, a man without property may be said to have abdicated "all proprietorship of his own person" then it is natural to conclude that the state should legislate in the interest of the propertied.[55] As E. P. Thompson had tried to show this is precisely what it did. Legislation confirmed the supreme status that Locke had granted to property; a status which crime violates.

If crime was increasing and property everywhere in danger the cause was comparatively easy to locate. To Fielding, drunkenness, luxury, debauchery, indolence and cheap gin were all-important causes while to

others all of these causes could be subsumed under a single heading: idleness. Thus Sam. Johnston in a sermon preached at Beverley on October 10th 1725, declared that an indolent man must "by an almost unavoidable necessity, either starve or subsist by villainy''. Furthermore, "the crimes, which are the consequence of sloth, are of such kind as to injure the public" and should, on that account, be harshly punished and the law thereby rendered "what it is designed to be, a terror to evil doers". Unless the judiciary adopted a policy of exemplary punishment the tendency of the slothful to lapse into "a wicked course for the supply of their wants" would, Johnston believed, never be checked.[56] That idleness made an imperative of crime was recognised by many, including Lawrence Braddon whose proposals for a Bill of Employment (1717) were tinged with sympathy for the unemployed. "It is both our duty and interest that no poor Briton should be forced to beg or steal, or take any other vile course for bread".[57] Nonetheless it was widely felt that the poor contrived to 'take a vile course' whether to supply the minimum wants of subsistence or to fleece the rich. Of course this was not an entirely unprecedented development. As early as 1620 in England's Treasure by Foreign Trade Thomas Mun had noted that, "great multitudes of our people (through lewd idleness) cheat, rob, roar, hang, beg, cant, pine and perish", while in 1695 Josiah Child simply chose to be more precise than Mun. Those who incur idle habits in their youth are, Child believed, "rendered for ever after indisposed to labour, and serve only to stock the kingdom with thieves and beggars".[58]

Although seventeenth century observers such as Child and Mun associated idleness with crime—particularly theft—their chief concern was to compute the economic cost of sloth and tap the economic potential of the unemployed in the service of increasing national prosperity. Their successors, by contrast, combined a growing scepticism of mercantilist doctrine with a strengthening conviction that idleness merited punishment, rather than the remedy of labour. Moreover, since their establishment

in the late seventeenth century workhouses had not proved to be viable economic enterprises and this failure lent further support to the view that discipline was more important than the pursuit of an elusive profit. As a result workhouses had become, by the 1720s, an integral part of the general scheme to discipline the poor and to pre-empt their criminal activities. As envisaged by the anonymous author of An Account of Several Workhouses (1733), "workhouses seem to be the most likely means to prevent or remove the mischiefs arising from numbers of unemployed poor; as also the villanies that are committed by idle, beggarly vagrants".[59] By providing safe custody for a heterogeneous group of vagrants, vagabonds, idle, poor and unemployed persons, the workhouse plays a crucial role in deterring potential criminals and, more directly, in eliminating petty 'mischiefs' and preventing more serious 'villainies'.

On the basis of the evidence concerning the incidence of crime and the attempt to account for this in terms of the growing population of the unemployed poor it would be plausible to suggest that many of the insane, by reason of their idleness and poverty, would have been associated with that class of people most likely to commit criminal acts. Just as large numbers of the poor were confined in an attempt to forestall criminal activities so too certain of the insane would have been confined for exactly the same reason. Underlying much of the chaos and seemingly wanton brutality of eighteenth century poor law is the frustration, failure and occasional panic of a generation faced by a problem that seemed beyond its power to control and one that appears to have got worse as the population began to expand after 1740, partly as a result of a fall in the death rate. One attempted solution was to confine, in both workhouses and houses of correction, all those who seemed to threaten public order and to remove the troublesome poor from the streets. Thus in Edinburgh in 1774 the contributors to the correction house fund added this qualification to their donations. "That it should be the last, if the grievance of an

intolerable number of vagrants and common beggars, who daily infest the streets, was not removed".[60]

The pre-emptive nature of the measures used against the poor would support the view that pauper lunatics were liable to suffer arbitrary incarceration. Moreover, given the breadth of the categories adopted by advocates of the system it seems highly unlikely that a significant proportion of the insane would have avoided confinement. In the Account of Several Workhouses (1733) the author proposes that all 'constables' and other 'officers' should be obliged,

> "under severe penalties, to search into all publick houses, and lodging houses, and to compel all vagabonds and vagrants and other idle persons, who have no visible means of living, and who do not betake themselves to some lawful employment, and all, and every person or persons, who shall be found within their respective parishes begging or seeking relief, and who do not belong thereto, to go and dwell in the County Workhouse".[61]

When one takes into consideration the changing role of the workhouse, the breadth of the categories used in vagrancy legislation and the problems of crime and idleness that were—at least by the 1750s—accentuated by an expansion in the population, it seems reasonable to suggest that the insane were hardly likely to have been exempted from the process of workhouse confinement. But there is, aside from this plausible inference, rather more tangible evidence available. Indeed, the records dating from the second quarter of the eighteenth century clearly reveal a new process at work. The insane are confined because they are found comitting criminal acts. As the law of 1714 points out certain lunatics constitute a danger to the public and as the evidence shows this danger often took the form of crime.

In January 1765 Edward Little, an insane vagrant who had been found in a stable in Barnby in the Willows, "therein making a fire to the great danger of burning the stable and barn adjoining with a large quantity of unthreshed corn in it" was ordered by the Court at Newark to be confined. Similarly, at East Retford on October 5 1770, a lunatic by the name of

John Rogerson who had been "committed to the house of correction for threatening to set fire to Mr. Sellers's house at Touxford" was re-committed until such time as a surety for his good behaviour could be found. Again at Newark on April 19 1732 Elisabeth Willow, "a lunatic or mad woman", who, "has committed great disorders in the said town of Cromwell particularly in breaking the windows of the church and chancel there and that she very much terrified the inhabitants", was ordered to be confined "in a secure place". On the same day the Newark Court confined Elizabeth Smith of Normanton on Trent "so that she may not damage or hurt any persons or their goods". Confinement was not always the favoured method as is revealed by the case of Richard Wilson who, in 1773, had been found wandering and begging in Staythorpe, Nottinghamshire, and was then "ordered to be sent to the borders of Scotland, he appearing at particular times to be insane".[62]

Of course it is rather hazardous to generalise on the basis of such isolated cases but these later records do reveal a shift in concern and the recognition that the insane are liable to commit crimes. As pointed out much earlier in the chapter the insane were, throughout the seventeenth century, confined because they seemed to endanger or threaten the well-being of their relatives and neighbours. This preoccupation persists throughout the eighteenth century but in addition one comes across rather more detailed accounts of the crimes committed by the insane and a clearer statement of the view that many are, in the words of the law, "dangerous to be permitted to go abroad". Moreover, it is significant that the select committee of 1807 found that many of the insane inmates of workhouses, poor houses and houses of correction, had been detained under the Act of 1744 which empowered justices to keep potentially dangerous lunatics securely locked up. There is therefore a certain amount of tangible evidence to support the argument that in many instances in the eighteenth century lunatics were incarcerated in an attempt to control crime and maintain public order. This rationale is quite distinct from

the preoccupation with idleness and the economi benefits of employing the poor that had prevailed earlier.

There are therefore two issues involved in this discussion. First, the development which makes of idleness not so much an economic burden as an obstacle to law and order. It is at the level of public order and security that the debate about idleness is now pitched, not—as was previously the case—at the level of economic policy. Secondly, the insane are increasingly confined in response to recognised acts of violence or arson and, inasmuch as they are identified with the indolent poor, their incarceration may be seen as a precautionary or preventive measure. What is at issue is the possibility that lunatics will commit crimes; a possibility confirmed both by specific cases and by the more widespread association of insanity with indolence. As Johnston had argued, "the indolent must by an almost unavoidable necessity either starve or subsist by villainy".[63] If the insane continued to be removed because they lacked gainful employment this is due in part to the recognition that such a situation is necesarily productive of crime. Given, moreover, the political and legislative premium accorded to property and its protection it is reasonable to conclude that measures to preserve the rights of property would be adopted; principal amongst these measures was a process of fairly indiscriminate confinement.

At the institutional level this re-focussing of concern and the assumed connection between idleness and crime had important repercussions. By the middle of the eighteenth century authors who turn their attention to the problems of the poor and of increasing unemployment argue that enough had already been done to provide employment and that what is now required is a system of enforced discipline that would compell the poor to labour. Enforced labour was no longer seen as a foundation of national prosperity, rather it is, as Fielding observed, "a true and proper punishment of idleness, for the same reason as the excellent Dr. Swift gives why death is the proper punishment of cowardice".[64] Accompanying this new

emphasis upon the necessity for discipline and the punitive aspect of work there is a definite change in the ethos of confinement; a change which transforms workhouses from the profitable manufactory dreamed of by Cary into the harsh custodial institutions advocated by Defoe and Fielding. 'Regulation' rather than 'employment' thus becomes the corner-stone of social reform.[65]

The reason for this development is, in part, attributable to the growing belief that idleness is deliberately incurred and that the majority of the indolent poor merely "pretend to want work". Reading eighteenth century treatises on the subject it becomes clear that idleness is increasingly regarded as a matter of choice, or, as Johnston remarked in his sermon in 1725, "many choose rather to be idle, than to labour in vain".[66] Similarly Defoe vigorously argued that the "general taint of sloth upon the poor" should arouse not sympathy but outrage. "For the reason that so many pretend to want work is, that they can live so well with the pretence of wanting it, they would be mad to leave it and work in earnest".[67] Indeed, it is generally argued by the 1750s that there are very few who are genuinely unable to work. "The number of such cases would", Fielding believed, "on a just inspection be found so trifling that two of the hospitals in London might contain them."[68] Those who do not work, and in this group the insane should be included, can therefore be held responsible for their condition. The function of the workhouse in such a situation is consequently quite clear. It is instituted for the "preservation and removal of great mischiefs arising from great numbers of the unemployed poor".[69]

Reviewing the period as a whole it is apparent therefore that the considerations governing the confinement of the insane are numerous and often overlapping. Throughout the period confinement is ordered as a direct response to the fear and terror generated by the presence of lunatics, particularly those who are 'furiously' mad. In addition to this it is clear that lunatic siblings imposed a considerable financial burden upon families and surviving seventeenth century petitions to the Justices make it clear

that requests that lunatics be locked up are often prompted by financial considerations and an inability on the part of the family to pay for a full-time keeper. Close analysis of the relevant statutes further indicates that by the middle of the seventeenth century a central thrust of social policy consisted in the attempt to maintain a geographically stable population and to prevent unlicenced movement of the indolent poor from one parish to the next. Thus great efforts were made to stem the migratory tendencies of the poor, to seal poverty off within the parish and to maintain social order by restricting mobility. In the implementation of this anti-migratory policy it is inevitable that the Justices, who were granted wider powers of search and apprehension during the early seventeenth century, should have ordered the confinement of a number of wandering lunatics. Underlying this process of confinement one discovers, in the late seventeenth century, a profound concern with idleness and its economic consequences. Yet by the middle of the eighteenth century it is crime rather than idleness that threatens the social order and it is towards the containment of crime that effort is directed.

However, it is important to emphasise that whatever the prevailing rationale of confinement the insane are, for the most part, treated as part of a rather heterogeneous population of social transgressors. This is not to say that the insane were regarded simply as vagrants and that no distinction was drawn between insanity and other forms of social disability. The Lancashire records, for example, clearly demonstrate that such distinctions were made and the range of terms used by petitioners—such as mad, melancholic, lunatic, frantic, raving, furious, frensic, crazed, hunted, non compos mentis—reveals an awareness of the many forms that madness takes. But, given the latitude of legal categories it is inevitable that the insane should be apprehended and confined along with a whole range of social transgressors who led "idle and disorderly" lives. The situation of the insane was, to reiterate the observation of Sir George Paul, "no otherwise treated than together with rogues and vagabonds, and in a way showing that the security of the

public was more in view than the care and relief of these objects".[70] It was therefore in an attempt to maintain social order that the insane were dispatched to workhouses and houses of correction. But their presence in such establishments causes considerable difficulties and for a number of other reasons it became increasingly clear that they could not be classed with other transgressors in this fashion. Having examined the reasons for confinement of the insane it would now be appropriate to consider the effects, at the institutional level, of this fairly indiscriminate confinement. In doing so, it will be possible to show why the insane were finally separated from other groups of social deviant and placed in separate institutions where the interests and care and custody were united: the asylum.

NOTES

1. A. Boorde. A Compendius Regyment or a Dyetry of Helth (1542) Edition of 1870 pp. 298-299.
2. Report of the Select Committee Appointed to Inquire into the State of Lunatics (1807) p. 17.
3. Ibid.
4. Quoted in P. Allderidge. Hospitals, Madhouses and Asylums: Cycles in the Care of the Insane. British Journal of Psychiatry 1979 no. 134. pp. 321-334; p. 322.
5. Quoted in A. Fessler. The Management of Lunacy in Seventeenth Century England: an investigation of Quarter Sessions Records. Proceedings of the Royal Society of Medicine Historical Section 49, 1956 pp. 901-907: p. 902.
6. Fessler op. cit. p. 903.
7. Allderidge op. cit. p. 326.
8. Fessler op. cit. p. 903.
9. Quoted in E. M. Leonard. The Early History of English Poor Relief (1900) p. 14. The quotation is taken from the statutes governing the hospital in Reading, a large part of which was converted into a house of correction in 1590.

10. 1597 39 Elizabeth I Cap. 5; 1609 7 James I Cap. 4.

11. J. Lister (ed.) Quarter Sessions Records of the West Riding 1611-1642 (1915) Vol. I p. 220.

12. Fessler op. cit. p. 904.

13. Nottinghamshire: Extracts from the County Records of the 18th Century K. Tweedale Meaby (1947) p. 203.

14. Minutes of Evidence taken before the Select Committee Appointed to Consider Provision being made for the Better Regulation of Madhouses in England May 1815, First Report p. 23.

15. Fessler op. cit. p. 904.

16. J. C. Cox (ed.) Three Centuries of Derbyshire Annals 2 vols. (1890) Vol. I. p. 180.

17. Fessler op. cit. p. 905.

18. Ibid. p. 904.

19. A Survey of the Cities of London and Westminster: Written First in the Year 1633 by John Straw: New Corrected, Improved and Very much Enlarged by John Strype 2 vols. (1720) Vol. I p. 191.

20. E. G. O'Donoghue. The Story of Bethlem Hospital from its Foundation in 1247 (1914) p. 128.

21. K. Jones. Lunacy, Law and Conscience 1744-1845 (1955) p. 15; 1807 Report op. cit. see Appendix, (No. I).

22. 1807 Report op. cit. p. 13.

23. 1815 Report op. cit. p. 54.

24. S. Tuke. The State of the Insane Poor. The Philanthropist Vol. I 1811 p. 357.

25. Ibid.

26. 1807 Report op. cit. p. 5. According to this Report there were 1765 lunatics confined in Poor Houses, but the members of the Select Committee noted that the figures were "so evidently deficient in general instances, that a very large addition must be made in any computation of the whole". The Committee did not attempt to assess the total figure.

27. Cases cited in Fessler op. cit. pp. 902-907.

28. W. K. Jordan. Philanthropy in England 1480-1660: A Study of the Changing Patterns of English Social Aspirations (1959) pp. 77-80.

29. Halsworth. Description of England (1543) Bk. 2: Ch. 10 pp. 217-218.

30. Quoted in B. Clarke. Mental Disorder in Earlier Britain (1975) p. 238.

31. F. Grosse. A Classical Dictionary of the Vulgar Tongue (1785) Entry under Abram.

32. 1714 12 Anne An Act for Reducing the Laws Relating to Rogues, Vagabonds, Sturdy Beggars and Vagrants into One Act of Parliament.

33. 1807 Report op. cit. p. 18.

34. Quoted in Jordan op. cit. p. 57.

35. Fessler op. cit. p. 20.

36. J. Aubrey. Natural History of Wiltshire (first published posthumously in 1847) 1969 edition quoted p. 93.

37. T. Sheridan. A Discourse on the Rise and Power of Parliament (1677) p. 192.

38. Ibid.

39. A. Davenant. An Essay on the Probable Methods of Making a People Gainers in the Balance of Trade (1699) pp. 50 & 59.

40. J. Cary. An Essay on the State of England (1695) pp. 154-9.

41. See especially Davenant op. cit. p. 68.

42. See the Report presented by Locke to the Lords Justice in October 1697 outlining his proposal for dealing with pauperism. Board of Trade Papers Journal 13 pp. 170; 242-5.

43. Quoted in E. Furniss. The Position of the Laborer in the System of Nationalism (1920) pp. 16-23.

44. Locke op. cit. pp. 263-9.

45. Quoted in Furniss op. cit. p. 91.

46. J. Cary. Appendix to A Discourse on Trade 1745 edition p. 127.

47. J. Cary. An Account of the Proceedings of the Corporation of Bristol, in Execution of an Act of Parliament for the Better Employing and Maintaining the Poor of that City (1700) pp. 8 & 4.

48. E. Butcher. Bristol Corporation of the Poor 1696-1834. Bristol Record Society Publications (1932) Vol. 3. pp. 63, 84, 111, 114.

49. J, Cary. Accounts of the Proceedings... op. cit. pp. 19-21.

50. J. C. Cox. Three Centuries of Derbyshire Annals op. cit. Vol. 2 p. 180.

51. D. Defoe. Giving Alms No Charity and Employing the Poor a Grievance to the Nation (1704) p. 36.

52. H. Fielding. An Inquiry into the Causes of the Late Increase of Robbers (1751) p. 1.

53. The Gentleman's Magazine: 1731, p. 59; 1749, p. 522; 1751, p. 327; 1777, p. 443.

54. E. P. Thompson. Whigs and Hunters (1977) p. 207.

55. J. Locke. Two Treatises on Government (1690) 1910 edition p. 379; C. B. Macpherson. The Political Theory of Possessive Individualism (1962) p. 231.

56. Sam. Johnston. The Advantage of Employing the Poor in Useful Labour, and the Mischief of Idleness or Ill Judg'd Business: Sermon preached at Beverley October 10 (1725) pp. 19, 21, 28.

57. L. Braddon. Proposal for a Bill of Employment (1717) p. 78.

58. T. Mun. England's Treasure by Foreign Trade (1664) 1908 edition, p. 72. J. Child. A Discourse about Trade (1690) p. 56. Cf. Brewster Essays on Trade (1695) p. 47.

59. Anon. An Account of Several Workhouses (1732) p. x.

60. Memorial Respecting the Charity Workhouse of Edinburgh December 22, 1774 p. 4.

61. An Account of Several Workhouses op. cit. p. xi.

62. Nottinghamshire: Extracts from the County Records op. cit. pp. 121 & 203-4.

63. S. Johnston op. cit. p. 21.

64. H. Fielding op. cit. p. 64.

65. Cf. E. Furniss op. cit. p. 105.

66. S. Johnston op. cit. p. 21.

67. D. Defoe op. cit. p. 14.

68. H. Fielding op. cit. p. 45.

69. An Account of Several Workhouses op. cit. p. 5.

70. 1807 Report op. cit. p. 18.

CHAPTER 5

THE ASYLUM

Before 1750 there were two hospitals in England devoted exclusively to the care and custody of the insane. By far the oldest, and best known, was Bethlem in London, founded in 1377; the other was Bethel in Norwich, opened in 1713. During the latter half of the eighteenth century Bethlem contained upwards of 200 beds, while the capacity of Bethel was just over 50. There may also have been an asylum at Box in Wiltshire dating from the mid-sixteenth century. In addition to this, Guy's Hospital had, from 1728, a separate "lunatic house" for 20 incurable lunatics and during the 1730s the French Protestant Hospital in London made similar provision for 42 such patients.

During the second half of the eighteenth century however the scale of hospital provision increased considerably with the establishment of hospitals for lunatics in London, St. Luke's 1751, Manchester 1766, Newcastle 1767, York 1777, Liverpool 1790, Montrose 1781, The Retreat (York) 1792 and Leicester 1794. In Ireland two asylums were opened, the first in Dublin in 1757—St. Patrick's—and the second in Cork in 1789. In some cases the establishment of these lunatic hospitals was closely associated with physicians whose work has already been discussed. Thus William Battie was instrumental in founding St. Luke's; Thomas Arnold, owner of a large private madhouse in Leicester—Belgrove Asylum—instigated the Leicester Asylum and became its first physician; John Ferriar was closely involved with the Manchester Asylum and his observations on lunacy, contained in his volume of Medical Histories and Reflections (1795) are drawn largely from his experience there. It is also possible to find examples of institutions being founded by putative patients. Mrs. Mary Chapman, endowed and maintained Bethel hospital both as a mark of gratitude for her continued sanity and out of compassion for

wretched pauper lunatics. St. Patrick's in Dublin was endowed by a man who was, according to Dr. Johnson, always afraid of going mad; he was the Dean of St. Patrick's—Johnathan Swift. It should also be noted that the first book in which lunatic hospitals were discussed, John Aikin's Thoughts on Hospitals, appeared in 1771 and in the account of the establishment of the Manchester Hospital—which Aikin in 1771 described as being 'lately published'—there occurs one of the earliest uses of the word "asylum" for lunatic hospital.[1]

It is with the emergence of the lunatic hospital and the establishment of the asylum that the present chapter will be concerned. More specifically, the chapter will address two central questions. First, why were lunatic asylums set up in the late eighteenth century and why was an attempt made, albeit on a fairly modest scale, to provide separate institutions for the insane? Secondly, how were the insane treated in these asylums and how do prevailing therapeutic principles relate to the medical accounts of insanity examined in Chapter 3. ? Having examined the range of Poor Law Institutions used to confine the insane throughout the seventeenth and eighteenth centuries, and having discussed the changing rationales of confinement, it is time now to look more closely at the institution which will assume, in the nineteenth century, the central role in the care and custody of lunatics: the asylum. What is so interesting about the latter half of the eighteenth century is that it marks the first attempt to formulate a coherent rationale of confinement which takes account of care, custody and rehabilitation. Although the number of asylums established during this period is relatively small, they mark the start of a process of differentiation and seclusion that will come to fruition in the great nineteenth century asylums where the insane are treated as a quite distinct group, with particular therapeutic and custodial requirements. Moreover, the treatment accorded to the insane in the asylums established after 1750 marks a significant departure from that which prevailed at the beginning of the eighteenth century. The principles underlying this

treatment are informed by a medical interpretation of the disease that places much greater emphasis upon the ability of each individual to control or regulate his own conduct and to do so in such a way that the debilitating consequences of insanity are avoided.

Before considering the reasons for these developments, however, an important qualification must be entered. It has already been mentioned that the establishment of the asylums referred to represents a relatively modest increase in the scale of hospital provision. More importantly, the evidence suggests that until well into the nineteenth century a large number of the insane poor were still to be found in the workhouses and the other forms of confinement already examined. Even with the passing of the Asylums Act of 1808, which gave counties new powers to build asylums at the expense of county rates, asylum construction progressed very slowly and although the establishment of asylums in the late eighteenth century to some extent set the pattern for the county asylum system of the nineteenth century it is nonetheless evident that the movement did gather much momentum before 1808. By 1824 only 9 counties had established lunatic hospitals, with a further 6 following suit by 1844, and it was not until 1845, when the problem posed by insane paupers had exceeded the scope of private efforts, that counties were charged with the erection of asylums. Financial stringency combined with the somewhat permissive recommendations of the 1808 Act no doubt impeded progress. However, the repercussions of this have an important bearing on the present discussion. First, it was precisely the absence of adequate provision that necessitated the continued use of workhouses as custodial institutions for the pauper insane and, secondly, the slow rate of progress promoted the expansion of the private madhouse system.

The origin of the private madhouse can be traced back to the seventeenth century practice of boarding out lunatics with individuals nominated by Overseers of the Poor, but the system as a whole flourished during the eighteenth century and first half of the nineteenth century.[2] The private

madhouse system consisted of a number of privately owned houses used for the confinement and treatment of the insane. These houses were run for profit, often by inexperienced and wholly untrained "mad doctors" whose therapeutic and custodial practices brought the system into considerable disrepute. Legislative attempts—in 1774, 1779 and 1786—to curb the manifest abuses of the system were somewhat ill-conceived and their effect was minimal. In the following discussion, however, the private madhouse system will not be considered in any detail and the focus of the chapter will be limited therefore to the type of provision made for only a minority of the insane population: those confined in asylums built during the second half of the eighteenth century. This apparentlynarrow focus can be defended on the grounds that the developments examined are of lasting significance. Moreover, it is important to understand the reasons for this development in order to complete the picture of how the insane were treated during this period. The first step in completing the picture is to consider why the asylums were built, thereby facilitating a separation—which would eventually become definitive—of insanity from other forms of social disorder.

Why then, did asylums start to be established after 1750? In accounting for this development a number of alternative strategies present themselves. First, it could be explained in terms of a reform fostered by medical advance and by the gradually widening horizons of medical science in the course of which the somewhat intractable disorder of insanity became more fully understood. Thus the asylum could be portrayed as a product of a medical breakthrough and the therapeutic principles upon which it is organised could be directly tied to a particular medical interpretation of the disease. The difficulties with this strategy are considerable. It ignores the social dimensions of the problem posed by madness and fails to take account of the fact that physicians—such as Battie and Arnold—in advocating the construction of asylums were endeavouring to overcome both a medical and a social problem. It is also essential that the emergence of the asylum should be seen in the context of the development of other institutions, such as the workhouse, that had been designed

to contain the problems of idleness, crime and poverty. In accounting for the separation of the insane into separate institutions reference must be made to the particular institutional pressures underlying this development and the institutional developments that made specific establishments, notably the workhouse, increasingly unsuitable for the reception and the custody of lunatics. To identify medical advance as the motor of change is to ignore other, extra-medical considerations that played a significant part in the development.

The problems with this particular strategy apply with equal force to the argument that asylum construction marks the triumph of the medical profession in its battle to gain an absolute and undisputed right to both study and treat madness. To portray the establishment of asylums in terms of the attempt, on the part of the medical profession, to acquire a monopoly over this disorder is to ignore the fact that physicians had for a long time taken a keen interest in insanity and as the earlier chapters have shown medical accounts of this disorder are available throughout the period being examined. Granted, the number of medical works devoted to the subject significantly increases during the course of the eighteenth century but it seems unreasonable to infer from this that the subject had only recently come within the orbit of medical enquiry and that physicians, having belatedly asserted their interest in the area, then embarked on a campaign designed to wrest the subject from any other professional group. As pointed out in Chapter Three madness is, by the end of the eighteenth century, firmly installed as a branch of medical enquiry, but this is not to say that previously physicians had displayed scant interest in the subject. It was also noted in the Introduction that the interpretation offered by Andrew Scull, in which particular attention is devoted to the role of physicians as a professional group and to the monopolising tendencies of such groups, may well be a valid characterisation of developments in the nineteenth century. But in the period being examined in this chapter there is less evidence of this process and a rather different account of the emergence of the asylum will be developed.

A third and final alternative—as outlined by Michel Foucault—is to see in the asylum the visible expression of the ascendancy of reason, of its final triumph over and subjugation of unreason. In the asylum, so this argument runs, reason reigns in a pure, unfettered state, and madness, which had hitherto been part of the landscape, is finally contained, hidden from view and subjected to the dispassionate rule of reason. The latter is seen as a force that acts independently, while the asylum—in one sense at least—seems to fulfill purely intellectual goals. In the elaboration of this argument recourse is necessarily had to rather rigid categories and there is a danger of explaining historical developments entirely in terms of ideas and their evolution.

In accounting for the emergence of the asylum and the treatment of lunatics as a quite distinct group it would be a mistake to rely too heavily upon any one of these alternative explanations. Here, an attempt will be made to account for this development in terms of three groups of factors. First, the unsuitability of existing poor law institutions as places of confinement for the pauper insane. In part at least the asylum develops in response to the problems created when the insane are incarcerated in workhouses or houses of correction. Secondly, the problems of order and discipline created by the presence of the insane in workhouses were aggravated by two factors. One, the seemingly inexorable rise in the number of lunatics, which will be examined shortly. Two, the continued increase in the number of vagrants, vagabonds, criminals and other social transgressors for whom confinement in the workhouse was deemed necessary. In part this increase can be attributed to the expansion in the population after 1740, but one should also bear in mind the pre-emptive nature of many of the measures of social control and the expressed concern that the streets should be cleared of those liable to commit petty mischiefs or engage in criminal activities. Removal of theinsane from the workhouse was seen therefore as one way of easing the problem of overcrowding. The third group of factors is slightly less tangible. As argued in Chapter Three the medical interpretation of madness undergoes important changes during

the course of the eighteenth century and a major corollary of these changes is the belief, widely held by physicians in the latter half of the century, that madness was a disease that could be cured. As will be shown later in this chapter some of the 'therapeutic' measures used in the late seventeenth and early eighteenth centuries are compatible with the system of discipline and punishment adopted in the workhouse. But by the end of this period it is widely argued that random confinement of lunatics with criminals and other social deviants is incompatible with treatment designed to rehabilitate lunatics and restore them to society. Rehabilitation rather than punishment therefore becomes an important goal of the asylum and this decisively sets this institution apart from the late eighteenth century workhouse in which enforced labour was seen as suitable punishment for idleness. In such an establishment the presence of the insane was almost bound to hinder the maintenance of peace and order.

In his review of The State of Prisons in England and Wales (1780) John Howard found "in some few gaols are confined idiots and lunatics. These serve as sport to idle visitants at Assizes and other times as general resort. The insane, where they are not kept separate, disturb and terrify other prisoners".[3] Evidence that the insane terrified and disturbed their fellow workhouse or correction house inmates is available throughout this period. It has already been noted in Chapter Four that in 1689 at the Easter Session of the Derbyshire Quarter Sessions Thomas Whyte, a lunatic from Great Langton who had been kept in "the common goal of the county" was removed to the house of correction on the basis of a complaint lodged by the prison governor to the effect that Whyte "was troublesome to the prisoners in the goal and that place was very unfit for the custody of such persons". In the previous year the same court heard a petition from the governor and the prisoners in which it was alleged that one of the prisoners, Richard Johnson, "is lunatic and very quarrelsome and that they were in danger of their lives of him".[4] Rather later, in evidence to the Select Committee of 1807, Edward Wakefield argued that "in workhouses the rooms in which the insane are kept are ill-adapted to the confinement

of such persons; lunatics in workhouses are an extreme annoyance to other inhabitants of these houses".[5] Elsewhere Wakefield drew attention to "the very great inconvenience" caused by the confinement of the insane in workhouses and by the time that the Select Committee of 1815 took evidence the position seemed much the same as it had been 150 years earlier.[6] Thus Henry Alexander informed the 1815 Committee that in many workhouses the insane "were extremely troublesome, very noisy; they were kept with the other poor, constantly walking about and making great noise".[7] The Report, dating as it does from the early nineteenth century, nonetheless shed light on a situation that had prevailed for a considerable period of time. Again the incompleteness of the evidence frustrates any attempt to produce a detailed account. The picture which does emerge points to a situation in which the insane seriously disturbed and disrupted the life of workhouses, correction houses or prisons. Their behaviour terrified others, they appeared to have been noisy, no doubt unpredictable and given to outbursts that alarmed and exasperated workhouse superintendants. In short their confinement seemed wholly incompatible with the goals of the workhouse and in response many workhouses made special provision and constructed cells or outhouses in which the lunatics could be kept and the disturbance they provoked thereby minimised.

In Edinburgh, for example, a committee was appointed in 1675 "to visit the correction house to try out for some fit room for keeping the distracted people that are sent to the house of correction". Following the Committee's Report, the Edinburgh Council, on October 27 1675, "ordains the Town Treasurer to build some little houses for keeping mad people on the south side of the correction house".[8] Again evidence of separate provision within the workhouse is available throughout the period. In an anonymous Account of Several Workhouses, published in 1733, the author cites the case of a workhouse in Westminster in which,

> "a lunatic that had been discharged out of Bedlam, as an incurable, had a brick cell built on purpose for him, and such as may hereafter in the like circumstances need it".[9]

Rather later, in 1787, the physician William Perfect recounted the case of a manaical patient confined in a Frindsbury workhouse whom he was asked to examine. The maniac, who had committed "many acts of outrage and violence", was kept in a separate room—occasionally used as a kitchen—and here he was fastened to the floor by means of a staple and an iron ring. Through the bars on the windows "continual visitors were observing, pointing at, ridiculing, and irritating" the maniac. Perfect's advice was simple. "To have a small hovel built for his solitary residence, in the most remote part of the premises at a distance from the workhouse".[10] This separate confinement, combined with the prohibition of curious spectators and close attention to the maniac's diet, led to a complete recovery.

Further evidence of separate provision is available in the Select Committee Reports in the first of which (1807) Sir George Paul noted that when sent to workhouses the insane "are generally confined in some outhouse or cell, or other place in which their noise gives least disturbance and trouble to the keepers of these houses".[11] Such evidence thus indicates that although the insane were sent to workhouses along with a diverse array of other social transgressors they were, on many occasions, separated from other inmates and confined in rooms, cells or outhouses specifically adapted to ensure their safe custody and to prevent them from undermining order. But such a solution to the problem had obvious shortcomings and the records further suggest that separate provision could not always be made.

Changes in the rationale of confinement and associated shifts of emphasis in the function of the workhouse have already been examined, but it is important to note that, so far as the insane are concerned, the upshot of these changes was to accentuate the problem created by their confinement in workhouses. When viewed as economically self-supporting and potentially profitable manufactories, workhouses—as envisaged by Cary or Child—were unsuitable establishments in which to confine the insane for the simple

reason that lunatics were unlikely to have been capable of sustained and productive labour. Although Cary optimistically believed that virtually anyone would be capable of making some contribution to his maintenance there are isolated instances in the records that suggest that this may not always have been the case. We have already seen, for example, that in Derbyshire in 1685 the Justices made special provision for a lunatic by the name of John Norton whom they had sent to the local house of correction. It was ordered "that in case the said John Norton bee incapacitated to work for his maintenance the Overseers of the poore in Ashborne are to provide for him during such his imprisonment according to Lawe".[12] In addition to this the evidence concerning the disruptive effects of confining the insane in workhouses strongly suggests that workhouse superintendants rarely found them amenable to the discipline of work and it seems reasonable to suggest that many lunatics, particularly those afflicted by violent mania, were probably not quick in learning "to be in love with labour". In the context of a broadly mercantilist view of the workhouse, the chief function of which is to exploit the labour of the unemployed poor, the presence of indolent and ungovernable lunatics therefore constituted something of an anomaly.

As the workhouse assumes an increasingly custodial role, and as the question of discipline receives more than incidental attention, the anomalous position of lunatics is likely to have become even more acute. In the workhouse of the late eighteenth century the presence of noisy, troublesome, insane inmates, who often wander about terrifying other inmates, is wholly incompatible with the principle of order and discipline upon which such establishments are expected to run. Until such time as the workhouse is purged of this group, it is unlikely that goals of order and discipline could be realised or, as a contributor to the Liverpool Advertiser pointed out, "when the poor house shall be relieved of the insane the respectable magistrates will then find it easier to extirpate vice, disorder and guilty idleness, from this great family of the lowest and most ignorant class of society".[13]

In the face of such problems the construction of separate cells or rooms for lunatics constitutes only a partial solution and to those who devoted their attention to the question it became increasingly apparent that the twin goals of maintaining a disciplined workhouse and keeping the insane in safe custody were completely irreconcilable. What was needed was not an expansion of the system, which would mitigate the problem of overcrowding caused by the insane, but rather the establishment of separate institutions fulfilling quite different objectives. By the middle of the eighteenth century one finds, for the first time, an explicit recognition and acknowledgement of the unsuitability of workhouses as custodial institutions for the insane. Among the reasons given for the building of St. Luke's Hospital in London it was noted that "the common parish workhouse is no ways proper for their [lunatics] reception, either in point of accommodation, attendance, or physical assistance".[14] This argument underpins all the proposals for the construction of asylums. One such formulation is provided by Dr. Andrew Duncan, prime mover of the Edinburgh asylum. In an Address to the Public (1792) on this matter Duncan, having commended the managers of the local charity workhouse for their efforts at improving the parlous conditions in which the insane were confined, proceeds to argue that such efforts will never eradicate the evils complained of,

> "for, in the first place, the objects of the charity workhouse, and a proper lunatic asylum, being by no means analogous, the accomplishment of both of them cannot easily, and with equal advantage to each, be carried forward under the same system of discipline and administration".[15]

What was required, in the opinion of Duncan and many of his contemporaries, such as Aikin, Arnold, Perfect and Ferriar, was a separate system of discipline and administration geared specifically to the needs of the insane. As envisaged by these physicians the objectives of an asylum and a workhouse were mutually exclusive and the methods appropriate to disciplining lunatics were quite different from those used against the idle or criminal.

But there was a further reason that made the removal of the insane from the workhouse more urgent. The continuing increase in their number was compounding the strain already imposed upon the institution.

Again it is John Howard who draws attention to this problem. In a footnote to the passage quoted earlier Howard adds that "many of the Bridewells are crowded and offensive, because the rooms which are designed for prisoners are occupied by lunatics".[16] Unfortunately it is impossible, as the Select Committee of 1815 discovered, to ascertain accurate figures for the number of lunatics during the eighteenth century but in the opinion of many who wrote on the subject the disease was incontestably becoming more prevalent and, in consequence, the pressure on existing Poor Law institutions was becoming much greater. At the close of the seventeenth century when Thomas Tryon declares the world to be a "great Bedlam" he is simply satirising the state of man and yet a few years later when George Cheyne was writing his Essay on Health and Long Life (1724), the world did indeed seem to be approaching Bedlam. "Scarce anyone", observes Cheyne, "especially those of the better sort, but becomes crazy and suffers under some chronical distemper or other, before they arrive at old age".[17] An assessment concerned by Cheyne's own poor health. By 1742 in his Treatise on the Natural Method of Curing the Diseases and Disorders of the Mind Depending on the Body Cheyne informs his reader that he "has lately been told, that a late worthy and learned physician, that had examined into the numbers confined by lunacy and madness, upon the strictest examination, found they reached to a number I dare not name".[18]

By the time that William Battie writes his Treatise on Madness (1758) insanity is accepted as a "very frequent calamity" and in William Perfect's Annals of Insanity it is reported that "instances of insanity are at this day more numerous in this kingdom than at any other former period".[19] Others, such as Faulkner, found the progress of insanity "truly astonishing" and Thomas Arnold, owner of the third largest private madhouse in England, observed that "insanity sometimes appears to be epidemic".[20] Whether

or not the high incidence was peculiar to England was a subject of considerable debate but many believed insanity to be "more common here than in other countries" and foreigners were often "struck by the frequency of our recurrence to the idea of lunacy, and by the stress we lay on it as the last of human calamities".[21] Perhaps, as the London physician John Reid observed in 1808 "madness, strides like a Colossus in the country", but there are no reliable figures to substantiate such an alarming conclusion.[22] However, by 1807 when the Select Committee met it was generally accepted that madness was on the increase.

Contemporary reasons put forward for this increase are of interest and they have a direct bearing both upon the emergence of the asylum and the view of insanity prevailing among those foremost in the asylum movement. To Cheyne the cause was to be found in "gluttony and intemperence in fermented liquors, and unguarded leachery; ennervating habits which had been given an enormous boost by the discovery of new worlds and the excursions of navigators who had, "ransacked all the parts of the globe, to bring together its whole stock of materials for riot, luxury and to provoke excess".[23] This assessment effectively set the tone for much of what followed for in the work of physicians such as Mead, Arnold, and Cox, the increasing incidence of madness could be attributed, in large part, to the multiplying opportunities for over indulgence, drunkenness, debauchery and avarice. Habits which endanger the soundness of a man's mind. Mead, for example, recounts the story told by Dr. Hale—physician to Bethlem—to the effect that in 1729, the year of the "iniquitous South Sea scheme" he had received more patients "whose heads were turned by the immense riches which fortune had suddenly thrown in their way, than of those who had been completely ruined by that abominable bubble". And as Mead concludes, "such is the force of avarice in destroying the rational faculties".[24] But this specific instance can be generalised and it is to the great increase in luxury, of every description, that blame is frequently attributed.

Thus Arnold can find no other way of accounting for melancholia and its influence, "than by attributing it to the present universal diffusion of wealth

and luxury to almost every part of the island". What Arnold refers to as the "pernicious influence of ennervating indulgence" in singled out as the most important cause of some of the worst types of insanity and this association between indulgence, particularly in drink, and insanity is frequently confirmed.[25] Hallaran, for example, the first physician to the lunatic asylum in Cork, ascribed the increase in insanity almost entirely to drunkenness and he advocated that the sale of alcohol should be strictly limited. Similarly Cox, who ran a large private madhouse and had the distinction of being the first man to study medicine in order to specialise in mental disorders, identified "early dissipation, unrestrained licentiousness, habitual luxury, inordinate taste for speculation, defective systems of education and laxity of morals", as important causes of lunacy.[26] But the assessment that captures the late eighteenth century mood most accurately is provided by John Ferriar, physician to Manchester Infirmary, lunatic hospital, and recovery house, who observed—in his Medical Histories and Reflections (1795)—that,

> "the most general causes of insanity which I have had occasion to notice are, hard drinking, accompanied with watching; pride; disappointment; the anguish arising from calumny; sudden terror; false opinions respecting religion; and anxiety in trade. These operate chiefly on men".[27]

But, it may be asked, what is the relationship between such experiences and insanity?

To physicians such as Ferriar, Cox, Arnold or Percival—all of whom were closely involved in the day-to-day business of running an asylum—the least equivocal signs of madness included an inability to regulate attention, to shatter an erroneous association of ideas, to sustain a balance between the passions or to clip the wings of an overbearing imagination; in brief, madness was most often marked by an individual's difficulty in maintaining the fine balance between his private and idiosyncratic habits of mind and his public behaviour. More precisely, where an individual's idiosyncratic views—for example on religious matters—interfered with his daily life and shaped his behaviour then madness could not be ruled out. According to Percival, for instance, madness "has its commencement" once a set of

false ideas are mistaken for truth and this association,

> "gives rise to a train of subordinate wrong associations, producing incongruity of the behaviour, incapacity for the common duties of life, or unconscious deviations from morality and religion".[28]

In other words, it is not an individual's habits of mind per se that indicate lunacy but the effect that these have upon his social conduct. What is important about the explanations provided for the increase in insanity is the assumed link between particular social experiences—such as excessive venery or drunkenness—and those habits of mind which, becoming fixed and permanent, amount to madness. Take the example of drink or extreme licentiousness. According to many physicians repeated indulgence in either of these activities not only causes an ungovernable rush of blood to the head but it also sets in train a whole series of ideas or emotions which gradually assume a firm hold over the mind. Venery, in particular, which generates the "very worst and most formidable kinds of insanity", does so by virtue of its effect on the brain and, according to Arnold, "its tendency to produce debility, regret, disappointment, anxiety and remorse".[29] The habit disturbs the mind, it accentuates particular passions or lends intensity to certain ideas, and as it becomes more firmly established so it is likely to lead to madness which consists "in a disturbed state of mind become habitual and permanent".[30]

Many late eighteenth century treatises on insanity exhibit therefore a keen awareness of the power of habit and the likelihood that certain habits, if over indulged, will inevitably conclude in madness. Cox, for instance, believed that "we are such slaves to habit that when it is strengthened by frequent repetition its domain remains even in the absence of the causes that originally occasioned it".[31] It is striking how frequently the explanation for the higher incidence of insanity invokes this idea and seeks to correlate certain types of disorder with particularly pernicious social habits. In the work of physicians, such as Cox or Arnold, who placed great emphasis upon this aspect of the disease the intention is twofold. First, to demonstrate that certain activities, such as hard drinking, bring about harmful physiological changes incompatible with peace of

mind. Secondly, to argue that such indulgence is morally reprehensible. By the late eighteenth century a striking feature of many medical treatises is their moralising tone and the implicit assumption that continued membership of what Cox called the 'generality of mankind' requires adherence to the conventional moral code.

At the superficial level this interpretation of madness is similar to the account that is given for the increase in the number of vagrants, vagabonds and criminals. In both cases attention is focussed upon the deleterious consequence of certain social habits and particular ways of life. Thus those who are poor have most usually got themselves into this state by "a loose and disorderly way of living" and their habits of idleness and sloth are to be viewed as "immoralities as well as publick nuisances".[32] In many respects the social habits productive of poverty and vagrancy are identical with those that lead to madness; intemperance, licentiousness, venery, drunkenness and a range of 'immoral' acts for which the poor are assumed to have a peculiar proclivity. But this apparent affinity belies an essential distinction, and one that is drawn with increasing frequency as the century progresses. Whereas the idle poor are to be pubished and subjected to the harsh discipline of the workhouse the insane are to be weaned off their former bad habits and instructed in the art of self-discipline. Although madness, poverty and criminality may well be the upshort of a 'disorderly way of living' many physicians nonetheless distinguish between those who are to be punished for their irresponsible behaviour, i. e. criminals and paupers, and those who are to be 'cured' and rehabilitated, i. e. the mad.

In the work of certain physicians writing during the latter half of the eighteenth century one finds therefore an acute sensitivity to non-medical factors in causing madness and a sense of peril in relation to the social world in which individuals seem beset on all sides by those opportunities for over-indulgence that so often conclude in distraction. It is almost as if the progress of society, and the associated increase in luxury and wealth, carries in its wake a disorder that is "so subversive to the dignity of the

human character".[33] Ironically, by the time that madness is firmly installed as a branch of medical enquiry and its treatment comes within the orbit of medical practice the disease itself seems almost more attributable to "social" factors rather than strictly defined medical causes; thus financial embarrassment, the loss of property, religious anxiety, overarching ambition or uncertainty in business all play an important part. It would be dangerous however to suggest that during the late eighteenth century madness is accounted for purely in terms of a variety of social, economic, political or religious factors. Such an explanation fits somewhat uneasily with the general tenor of the arguments put forward by, for example, Ferriar, Arnold and Percival. But it would nonetheless be true to say that in the work of such authors there is a marked appreciation of the relationship between madness and the continuing pressures of everyday life; and this appreciation finds tangible expression in certain asylums in which an attempt is made to eliminate systematically both the social pressures and those opportunities for indulgence to which much of the increase in insanity could be attributed. Although it would be an exaggeration to say that physicians working in the newly established asylums correlated madness with a group of factors that today would be labeled "social and environmental", this should not detract from the profound awareness shown by many physicians of the relationship between madness and its social context. Indeed the disease, so Arnold believed, "takes its peculiar turn from the prevailing notions, and fashionable prejudices, of the times and the places, in which it occurs".[34]

At one level asylum development can be understood in terms of the institutional problems created by the confinement of the insane in workhouses; problems that were compounded by the rising incidence of poverty, crime, and finally, it appears, insanity itself. It is the explanation of this increase that gives a further clue to the asylum movement. The corollary of the view that madness was caused by certain habits of mind, and other psychological factors that were often aggravated by the pressures of social life, is the belief that these habits can be broken, the disease cured and its sufferers restored to society. At the heart of many arguments in support of the asylum, and the separation of the insane for therapeutic

purposes, there is an optimistic assumption that insanity is curable. Much of the late eighteenth century work on the subject contains a strong vein of therapeutic optimism and a conviction that special provision for the insane will facilitate recovery and rehabilitation. By isolating the insane from those social pressures that precipitated breakdown and by creating an atmosphere in which false associations and detrimental habits can be broken, it should be possible—in the opinion of Cox, Battie, Arnold, Ferriar or Percival—to restore an individual's mental wellbeing. In an asylum purged of any opportunity for intemperance, licentiousness and alcoholic indulgence the habits of self-control and regulation may be slowly nurtured and finally mastered. By the late eighteenth century the prognosis for madness has brightened considerably. In sharp contrast to the deterministic account provided by physicians such as Willis or Blackmore the late eighteenth century emphasis upon the voluntaristic character of lunacy, and the related argument that the disease can be prevented by the elimination of bad habits, justifies a therapeutic strategy aimed at cure and rehabilitation.

In the prisons visited by John Howard 'no care is taken of them [lunatics], although it is probable that by proper medicines, and proper regimen, some of them might be restored to their senses, and to usefulness in life".[35] This is a sentiment with which William Battie would have agreed, for it was his form belief that,

> "madness is, contrary to the opinion of some unthinking persons, as managable as many other distempers, which are equally dreadful and obstinate, and yet are not looked upon as incurable; and that such objects ought by no means to be abandoned, much less shut up in loathsome prisons as criminals or nuisances to society".[26]

Instead of confining lunatics in prisons, where they will be punished rather than treated, they should—so Battie believed—be placed in purpose-built asylums such as St. Luke's; and the chief advantage of this system is that it would reduce the number of "useful members who have been lost to society" because of the difficulty experienced in obtaining treatment for their disorder before it became "beyond the reach of physick".[37] This

belief in the possibility of cure and rehabilitation is central to the emergence of the asylum. In the past, as Dr. Andrew Duncan pointed out, the relatives of an insane individual frequently thought that they had done all they could when they had "placed him not in an asylum for cure, but in a prison house for detention", but by the end of the eighteenth century the ethic of cure and rehabilitation has superseded detention. According to Duncan,

> "it is now [1792] incontestibly established by experience, that, in a large proportion of cases, skilful practice, in an appropriate institution will either totally remove this complaint, or, to a desirable degree, will soften its violence. Thus restoring to mental health, to comfort, and to usefulness many valuable citizens, who would otherwise have been lost to themselves, to their friends, and to the world ".[38]

The goals of the eighteenth century asylum are therefore clear. By separating the insane from other groups of social deviant and by placing them in a setting systematically purged of pernicious social influences, the asylum should remedy bad habits and rehabilitate the patient. But the key to this process involves a separation, at two levels. First, the removal of the insane from workhouses. Secondly, their removal—albeit temporarily—from the world of everyday social encounters.

As madness is seen as a disorder over which individual control can be exercised, and as the goals of treatment become defined in terms of order, rationality and self-restraint, so the gulf between the workhouse and the asylum widens. In the harsh custodial workhouses of the late eighteenth century externally imposed punishment and discipline are the central principles. But in the lunatic asylums encouraged by Battie, Ferriar or Duncan punishment is to be resorted to only occasionally and inmates are to be schooled in the habit of self-control and restraint. In sharp contrast to criminals, who should be punished and disciplined, lunatics—although they may be locked up on the grounds that they may commit criminal acts—should nonetheless be treated and, ideally, restored to usefulness in society. By the late eighteenth century therefore lunatics may be confined in workhouses for much the same reason as the idle, the poor and the unemployed but it is now argued—particularly by physicians—

that such indiscriminate confinement and punishment will not solve this particular social problem. Seclusion becomes a pre-requisite of cure.

Repeated experience had convinced William Battie "that confinement alone is oftentimes sufficient, but always so necessary that without it every method hitherto devised for the cure of madness would be ineffectual".[39] This assessment was endorsed by Ferriar who believed that while lunatics

> "remain with their friends, the disease seems to acquire additional strength, from the concern and exclusive detention of which they are the objects; among strangers, they find it necessary to exert their faculties, and the first tendency to regular thinking becomes the beginning of recovery".[40]

Both William Cullen and J. M. Cox likewise advocated seclusion and in the early nineteenth century William Stark, in presenting his architectural plans for the Glasgow lunatic asylum, observed "it is certain that the cure of insanity is no way so difficult, as where the patient is confined in his own house". In Stark's opinion the great merit of the asylum is that it sets up a "new order of things for the patient and the usual train of his ideas and associations is suddenly and violently broken".[41] Indeed, exceptions to this general proposition are rare and a search through the literature has yielded only one outright rejection of the need for seclusion.[42]

In the emergence of the asylum a number of factors therefore converge. Most notably, the need to alleviate the problem of overcrowded workhouses, in which peace and order was shattered by the presence of the insane; and, changes in the medical interpretation of this disease that promoted a belief in its curability. The latter development has important implications for the way in which the insane were treated and it would now be appropriate to take up the second set of questions to which this chapter is addressed. How were the insane treated in asylums, how did this treatment change, and how do therapeutic principles relate to particular accounts of the disorder?

* * * *

During the period 1650-1800 the various physical and medical methods used to treat madness are refined, elaborated and, in one or two cases, abandoned. At the same time new therapeutic principles and techniques are formulated and it would be fair to argue that by the end of the eighteenth century the considerations governing the treatment of the insane are rather different from those that prevailed 100 years earlier. This is not to say that forms of treatment change out of all recognition or that a sea-change occurs in therapeutic practice during this period. On the contrary, one is again dealing with gradual shifts of emphasis, with developments that are often contradictory and overlapping, and with therapeutic innovations that may have been more widely publicized than rigorously implemented at the day-to-day level of asylum care.

Rather schematically these developments may be expressed as two related propositions, First, many late seventeenth and early eighteenth century forms of treatment exhibit a reliance on externally applied physical restraint, upon medicinal compounds designed to subdue the patient, and upon other physical remedies—such as blood-letting or cold-bathing—intended to restore regularity to the circulation of the blood or the animal spirits and to cool and over-heated brain. In general, it was believed that the range of measures appropriate to the disease was limited, that one or two general remedies were the most effective, and, finally, that certain of the apparently harsh remedies were entirely justified by the medical explanation of the disorder. Secondly, there develops during the course of the eighteenth century, and particularly during the latter half of it , a marked concern with what may be called the psychological aspects of madness. At the therapeutic level this interest shows itself in the development of various methods of management and the institution of a therapeutic regimen characterised by 'mildness and conciliation' rather than the severe physical remedies favoured earlier. This is not to say that the 'traditional' methods are abandoned, but what one does find is a fairly concerted attempt to formulate reasonable justifications for the continued use of these methods, which are to be applied with greater discrimination than was previously the case.

By the end of the eighteenth century therefore the picture that emerges is one of a slightly uneasy alliance between 'moral' and 'medical' means, of the continued but rationalised use of established techniques and, not surprisingly perhaps, of the argument that in the treatment of this disorder no one general method, or group of methods, will ensure success.

Before examining these changes two qualifications must be made. First, the development of milder forms of management, such as those proposed by Ferriar in the 1780s-1790s, must be seen in the context of the continued use of rather brutal methods, particularly at Bethlem and the York asylum. In the second decade of the nineteenth century both places were found to be riven with abuses and cruelties of every description and yet, at the same time, an energetic reformer such as Sir George Paul continued to hold the view that a combination of chains and the judicious excitement of terror in the patient were aptly suited to his condition; the deleterious consequences of such a view were fully exposed by the committees of which Sir George Paul was a member. Secondly, in many of the private madhouses to which the insane were dispatched the evidence strongly points to a situation of comparable squalor and it is apparent that forcible, violent restraint remained an integral part of the therapeutic armoury at this level.

In addition to this it should be borne in mind that throughout the eighteenth century, and indeed during the first half of the nineteenth century, one encounters scattered examples of rather more esoteric, primitive methods of dealing with lunacy. Principal among these was the practice of plunging lunatics into certain wells which were thought to have particular curative properties. For instance, approximately 200 lunatics were plunged into the well at Strath Fillan, in Scotland, each year at least as late as 1723.[43] Similarly, in 1727 it was reported that St. Nunne's Well in Cornwall was regularly used for the same purpose.[44] A rather more extreme form of this practice is to be found in Scotland in the nineteenth century where it was widely believed that lunatics could not be made to sink on account of the fact that the defining characteristic of their disease

was popularly believed to be a ruptured gall bladder. This belief perhaps explains an incident that occurred in the Western Isles when a furious lunatic by the name of 'Wild Murdoch' was repeatedly towed through the sea to the rocky crags of Melista or Grenian where he was abandoned. Despite enthusiastic efforts to sink Wild Murdoch, particularly on the part of his relatives who "tried to press him down in the water" and forced him to swim with "a stone fastened to him", the wretched man survived only to slaughter his sister and be removed to an asylum in the South where he finally died; or as the local legend has it, "he died in the cell of a gloomy prison, under which the sea wave came and went for ever".[45]

These traditional methods apart, late seventeenth and early eighteenth century records reveal a variety of therapeutic endeavour in which recourse was had to blood-letting, vomiting, cold bathing, castration, blood transfusion, sedative medicines and a range of physical restraints. The extent to which two of the more dramatic remedies—blood transfusion and castration—were used is impossible to judge, but the available evidence would suggest that adoption of both methods was probably limited. An instance of the former occurred on November 23rd, 1667, when a lunatic by the name of Arthur Coga received the blood of a sheep and although the outcome of the experiment is unclear it would appear that Coga survived and was rather more fortunate than the man who had died in Paris in the previous year following a similar operation.[46] So far as castration is concerned the least equivocal recommendation of this method is to be found in an innocuous sounding book entitled The Poor Man's Physician, published at the end of the seventeenth century by J. Moncrieff who intended that his work should serve as a manual of domestic medicine. Moncrieff's prescriptions were succinct. "For madness: geld the patient. For melancholy: rub the body all over with nettles".[47] Again one has no idea as to how widespread such practices were but it is worth pointing out in passing that the Edinburgh physician Alexander Pitcairne noted, in 1718, that "by castration of a patient,

some have boasted they have restored maniacs to a (shameful) health".[48] Such bizarre practices seem, however, rather marginal to the main body of therapeutic effort at this time.

Turning to the work of Thomas Willis (1621-1675), one finds one of the clearest illustrations of the range of measures employed in the late seventeenth century. As noted in an earlier chapter Willis had accounted for madness in terms of a disorder in the animal spirits, which in turn affected the brain, and his proposals for curing raving madness—as distinct from melancholy—reveal that custody and physical punishment were regarded as an indispensable part of general treatment. According to Willis the 'curatory' part of medicine,

> "requires threatnings, bonds or strokes, as well as physick. For the mad man being placed in a house for the business, must be so handled both by the physician, and also by the servants that are prudent, that he may be in some manner kept in, either by warnings, chiding, or punishments inflicted on him, to his duty, or his behaviour or manners."

But such methods are to be used in conjunction with a "course of physick, which may suppress or cast down elation of the corporeal soul. Wherefore in this disease, bloodletting, vomits, or very strong purges, and boldly and rashly given, are most often convenient". Finally, in the more intractable cases, or what Willis refers to as 'inveterate and habitual madness', it is recommended that the victims,

> "being placed in Bedlam, or an hospital for mad people, by the ordinary discipline of the place, either at length return to themselves, or else they are kept from doing hurt, either to themselves, or to others".[49]

Willis's suggestion that spontaneous remission may result from strict confinement and enforced discipline brings to mind Locke's proposal that the problem posed by idle vagabonds could be best tackled by placing them in strictly run houses of correction in which they would "be mended by the discipline of the place". At a time when madness and idleness were often confused, and lunatics confined with idle vagabonds, one finds—in Willis's work—a system of treating madness that could be applied, with some modification, to the problems of idleness with which Locke had been so deeply

concerned in the last year of his life. Indeed, it is reasonable to suggest that the houses of correction championed by Locke would have met many of the requirements formulated by Willis regarding the treatment of lunatics and one suspects that Willis would have conceded that the objectives of this institution and the anonymous 'house' in which lunatics were to be confined were quite compatible.

The curative effect of harsh discipline, particularly when such 'severe and rigid handling' is combined with 'depleting' medicines, is quite consistent with Willis's portrayal of raving madness in terms of the wild agitations of the animal spirits and the associated 'storm of impetuous thoughts' that absorb the maniac's attention and over which he seems incapable of exerting any influence.[50] The logic underlying such measures is simple: to the powerful and uncontrollable forces that overwhelm the mind of the maniac, and usurp the place of reason, the physician must oppose a force of at least comparable strength in an effort to subdue the patient and quell the 'audaciousness and fury' that most usually accompanies this disorder. To the seemingly ungovernable force of madness a physician such as Willis opposes the force of harsh restraint; the 'severe government and discipline' he advocates should be equal to—or stronger than—the strength and fury of maniacal behaviour. Given Willis's strongly deterministic account of madness, an account formulated in terms of vivid metaphors redolent of ungovernable and violent forces, it is hardly surprising that the measures he proposes should be premised on the need to subdue the patient, to restrict his movements and to so deplete his constitution that the restless animal spirits are finally immobilised.

Much the same logic underpins the repeated advocacy, by a number of physicians, of cold bathing, vomiting, bloodletting or the use of sedative medicines. Thus Sir William Blackmore (1653-1729) recommended the use of opium in cases of madness, primarily because it "calms and sooths the disorders and perturbations of the animal spirits; which when lulled and charmed by this soporiferous drug cease their tumults, and settle into a state of tranquillity".[51] Recalling Blackmore's dramatic

descriptions of the animal spirits darting restlessly and chaotically through the nerves one can see why he readily endorsed the use of a strong 'pacifick medicine' that could 'remove and abate' the worst symptoms of madness. As with Willis, Blackmore's intention is to bring madness under control, to contain its severest effects and to prevent the transition of what he called 'hypochondriack and hysterick' disorders into 'melancholy, lunacy and phrenzy'. The great merit of opium therefore is that it subdues—or disciplines—the otherwise impetuous movement of the animal spirits.

Given the close association between the state of the animal spirits and the condition of the blood any attempt to impose order upon the former necessarily requires some alteration to the latter. Most usually this could be achieved by bloodletting and Thomas Sydenham, for example, believed that a judicious combination of bleeding, purging and 'strengthening the blood' was the most effective of means of 'assisting nature' in its battle against hysteric diseases.[52] Much the same view was held by Gideon Harvey, Archibald Pitcairne, George Cheyne, Nicolas Robinson and other physicians writing on insanity between 1650 and 1740. During this period the only voice raised against the great vogue of violent physical remedies was that of Thomas Tryon, who was a 'student of physick' and as such something of an amateur student of insanity.[53] Despite Tryon's criticisms, and his attempt to divert medical attention to the psychological aspects of mental disorder, the use of bloodletting, 'stupefactive medicines' and similar measures continued and in the hands of certain physicians their employment became rather more refined. Robinson, for instance, who believed that madness really consisted in a disorder of the brain, proposed that the use of such methods should be "proportioned to the greatness of the causes" of the disease and he therefore recommended that in the most chronic or severe cases "the most violent vomits, the strongest purging medicines, and large bleeding are to be often repeated".[54] In addition such methods should be supplemented by cold bathing and, more drastically, by plunging the patient "from a considerable height into the water".[55]

This particular technique underwent something of a revival in the late seventeenth century and according to one observer it had been "so much revived" by 1707 that many believed it "would be as much in vogue among us, as heretofore among the Ancients".[56] One person who devoted considerable attention to this method was an Aberdeen trained physician by the name of Patrick Blair who favoured 'a cataractick way of cold bathing' over the more traditional method of ducking the patients in the water; the latter procedure often led to drowning and although Blair's technique avoided this danger it must have been equally alarming. Blair's description of the procedure, as applied to a violent raving lunatic, is striking.

> "I plunged him ex proviso into a great vessel of cold water and at the same time throwing with great violence 10 or 12 pails full of cold water on his head: but that not succeeding, the next day, having the conveniency of a waterfall, about a mile off, I caused him to be placed in a cart, and stripped from his clothes; and, being blindfolded, that the surprise might be greater, there was let fall on a sudden a great fall or rush of water, about 200 feet high, under which he was continued so long as his strength would well permit. This succeeded so well, that after his return home, he fell into a deep sleep for the space of 29 hours, and awakened in as quiet and serene a state of mind as ever, and so continues to this day, it being now about 12 months since."[57]

In explaining the effectiveness of this technique Blair cites the following factors: the surprise of being blindfolded, the shock of the fall of water, the pressure of the falling water (which can also be measured), and, on subsequent duckings, the terror and horror occasioned by the recollection of the previous experience. Quite simply, Blair believed that the great virtue of this method lay in the fact that the physician could accurately determine the amount of water to be dropped—and the appropriate height of the fall—in accordance with the tenacity of the symptoms. As with the techniques favoured by Willis or Blackmore, Blair's 'cataractick' method of cold ducking subdued an otherwise raving lunatic and literally shocked him into a more sober and manageable state.

The thread linking all these methods is an almost exclusive concern with the physical aspects of the treatment (and their refinement) combined

with only a passing interest in the patient's mind or those psychological aspects of mental disorder to which Tryon had tried to draw attention. The fundamental premise of all these methods is the belief that "there is no surer or more general maxim in physick than that disease are cured by the contrary or opposite methods to that which produced them".[58] (Cheyne) Against the violent agitations of the animal spirits, or the disorder of an overheated brain, the physician must set the tranquillising effect of opiates or the cooling and frightening effects of a cold ducking.

To say that such methods are indicative of a coherent therapeutic logic would be to put the case too strongly but it is quite possible to see how the methods favoured during the early eighteenth century are consistent with the prevailing interpretation of madness. To portray the practice of Blair, for example, as being simply arbitrary and callous would be to take a rather short sighted view for such methods are informed by a particular interpretation of madness which draws attention to its animal-like qualities, to the capacity of the insane to withstand extremes of heat or cold and the apparent affinity between the behaviour of the mad and those loosely described as 'savages'. In many of the early eighteenth century medical treatises there is an implicit—and sometimes explicit—belief that madness somehow strips a man of his humanity, that it subverts those faculties that distinguish man from animals or savages. By the late eighteenth century such a belief is still encountered—in the work of Cox for instance—but in a rather muted form, and there is not quite the same sense of the awesome strength or violence of insanity.

Blackmore's image of madness as "a wild uncultivated region, an intellectual Africa, that abounds with an endless variety of monsters and irregular minds" simply gives dramatic expression to a view held by many physicians in the early eighteenth century, although they may have expressed it in rather milder terms.[59] Nicolas Robinson, for instance, believed that when a man acted quite instinctively and indulged his 'sensual appetites'—as seemed to happen in insanity—this would inevitably,

> "bear down the understanding, reason, and whatever else is sacred in the animal economy, and, from the noblest of all creatures, reduce him upon a level, or rather beneath the condition, of a mere brute".[60]

Unlike many of his successors Robinson took a grim view of the degree to which an individual was able to so regulate his passions that he would not slip from his place in the great chain of creation. Rather more dramatically a private madhouse keeper by the name of William Salmon observed in his System Medicinale (1686) that "those that are taken with this disease [insanity] seem to be as mad as wild beasts, nor do they differ much from them". Among the chief symptoms of madness Salmon cited "a prodigous Herculean strength", an ability to "endure also the greatest hunger, cold and stripes without any sensible harm" and a dangerous unpredictability. "Those that are mad are as desirous to bite as mad dogs, or ravenous wolves".[61] In the slightly more measured tones of Andrew Snape, preacher of the Spital Sermon in 1717, the insane "now had nothing but their natural shape to distinguish them from creatures below them".[62] The reason for this judgement is that in fits of insanity man's distinctive faculty—reason—is overthrown and the mad are consequently "bereft of the dearest light, the light of reason".[63]

As we saw in Chapter Three, by the latter half of the eighteenth century the agreed yardstick by which a man's conduct is to be measured—and his sanity judged— is provided by 'custom', rather than reason; but in the early part of the century madness is defined in terms of the overthrow of reason. This overthrow being accomplished by forces, such as a disturbance in the animal spirits, the ascendancy of 'phancy' or the indulgence of sensual appetites, over which an individual can exert negligible control. This process is most aptly expressed in Willis's description of "reason becoming brutal" and it is the manifestly brutal or animal-like qualities of madness that justify recourse to 'threatnings, bonds or strokes' as well as 'pacifick' medicines, 'sleepyfying things', bloodletting, cold bathing or vomiting. Looking back on this period William Ferriar was able to write, in 1795, that "it was formerly supposed that lunatics could only be worked upon by terror; shackles and whips

therefore became part of the medical apparatus".[64] The validity of his verdict is borne out both by the recommendations of physicians and the conditions described by those who visited Bethlem at this time. During his visit in 1657 John Evelyn "saw several miserable creatures in chains" and by the time that Ned Ward visited the hospital in 1703 the scene was one of,

> "such rattling of chains, drumming of doors, ranting, holloaing, singing, and rattling, that I could think of nothing else but Don Quevado's vision where the damned broke loose and put hell in an uproar".[65]

More than a century later when Edward Wakefield visited the hospital, in 1814, he found the insane confined in conditions that seemed to have changed very little during the intervening period. Patients were chained to the walls of their cells, many were naked or scantily clad and Monro, the appointed physician, was rarely in attendance. Similar conditions had been revealed at the York asylum and taken together these two cases would suggest that the treatment of the insane had scarcely progressed since the time of Thomas Willis. In certain instances such a conclusion is obviously justified but it does not represent a valid characterisation of treatment as a whole during the fifty years or so leading up to the formation of the second Select Committee in 1815. On the contrary, changes had taken place and, more significantly, certain physicians had attempted to push the treatment of insanity in new directions. One direction consisted in the attempt to provide a reasoned justification for the continued use of violent remedies and to insure that physical restraint was more sparingly applied. The other important innovation was the development of the principle of 'management' and the emergence of the belief that a system of firm but judicious management was the most effective way of restoring sanity. Of course, so-called 'moral management' was by no means universally applied and the evidence suggests that even where it was used it often formed an uneasy alliance with established medical means or other forms of physical coercion. The development is, however, significant and the remainder of the chapter will be devoted to it.

Dr. Andrew Duncan's argument that the goals of an asylum and those of a workhouse are mutually exclusive is premised on the assumption that insanity is curable and that a system of skilful practice, specifically adapted to the needs of individual patients, will finally restore the patient to society. To a physician such as Duncan insanity constitutes a special type of disorder and one that is not amenable to the methods of control and discipline employed against those who were idle, unemployed, poor or criminal. Moreover, the treatment of the insane must be conducted in special asylums and supervised by skilled physicians with wide experience of the various forms that madness assumes. Whereas the therapeutic measures proposed by Willis could be carried out both by a physician and by "servants that are prudent" the same cannot be said of late eighteenth century methods of management which accord an absolutely central role to the physician. In the opinion of Cox, for instance, a physician's success will be determined by two sets of factors: his 'natural endowments' and the breadth of his experience. The latter is to be broadened and deepened by direct contact with the insane, by diligent attention to the writings of other physicians on the subject and by close observation of the operatiions of the physician's own mind.

By the end of the eighteenth century the twin principles that had been invoked as the basis of medical enquiry, namely experience and observation, are seen as the bedrock of effective medical practice. Of course, this is not an entirely new development but what distinguishes many late eighteenth century treatises on insanity from those written 100 years earlier, is the belief that therapeutic methods must be based not on general conclusions concerning the nature of the disease but on detailed case histories. In the work of Arnold, Cox, Ferriar, Perfect and Pargeter, full accounts of individual cases are presented and in 1810 John Haslam's Illustrations of Madness is the first medical book devoted to a single case of insanity. In a similar vein Thomas Percival, physician to Manchester (Royal) Infirmary recommended that in asylums a "regular journal should be kept of every aspect of the malady which occurs" and this reliance upon carefully recorded cases is a distinctive feature of the later medical literature.[66]

It is also interesting to note the autobiographical twist given to certain discourses on the subject. We saw earlier the use to which authors such as Mandeville and Cheyne put their own experience of mental breakdown but by the end of the eighteenth century the autobiographical dimension of medical enquiry assumes a very specific form. Perhaps the best illustration of this is provided by Sir Alexander Crichton who observed, in his Enquiry into the Nature and Origin of Mental Derangement (1798), that his method of enquiry had consisted of "analysis", specifically self-analysis. This method, which had originally been proposed by the Scottish philosopher Thomas Reid in 1764, required that the physician should begin by becoming familiar with the workings of his own mind and should be capable, as Crichton noted, "of abstracting his own mind from himself, and placing it before him, as it were, so as to examine it with the freedom, and with the impartiality of a natural historian".[67] The basis for therapeutic insight and innovation is provided by the physician's own experience and this applies particularly to the management of lunacy. In the opinion of William Pargeter, a physician who specialised in treating insanity, "the chief reliance in the cure of insanity must be rather on management than medicine. The government of maniacs is an art, not to be acquired without long experience, and frequent and attentive observation".[68]

When transposed to the level of treatment this sensitivity to the idiosyncracies of mental activity, combined with the recognition that ostensibly similar cases are likely to differ in important respects, has an important implication. It demonstrates the necessity of adapting any form of treatment to the special requirements of every individual and, rather less tangibly, it paves the way for a therapeutic system in which the relationship between the physician and his patient holds the key to recovery. Whereas Robinson, Blackmore or Willis concentrated their attention on those measures that would bring about a physiological change and remove the symptoms of disease, physicians such as Cox, Ferriar, Arnold, or Pargeter attend closely to the way in which the physician should conduct himself in front of his patients and the degree to which he should exercise authority over them. To those who

expounded the virtues of a rational system of management in the treatment of lunacy, rather than the indiscriminate use of bleeding, vomiting or cold bathing, madness seemed to consist more in the ascendancy of erroneous 'habits' of thought and action than in the atrophying of those characteristics that set man apart from animals. Thus it was argued that the lunatic should not be treated as an animal but as a rational creature susceptible to the authority and benevolence of the physician. According to Benjamin Faulkner, who ran a small private madhouse during the last three decades of the eighteenth century,

> "it will not be wondered at that, treated as a rational creature, with attention and humanity, amused and managed with art, the patient should regain his rational faculties, recur to his former habits, and gradually become himself again".[69]

To some extent Faulkner may have been exaggerating the humanity of his methods in the hope of attracting more patients but his views are echoed by those with a less obvious commercial interest.

In describing his methods John Ferriar noted that, "the management of hope and apprehension in the patient, forms the most useful part of the discipline. Small favours, the show of confidence, and apparent distinction, accelerate recovery". In cases where the patient proves particularly awkward, indifferent to small kindnesses, or furious, Ferriar either punishes or tries to reason with him. A mischievous and unruly patient is likely therefore to be "shut in his cell, the window darkened and [allowed] no food but water, gruel and dry bread, till he shows tokens of repentance; which are never long delayed upon this plan". Alternatively Ferriar finds it "useful to remonstrate, for lunatics have frequently a high sense of honour, and are sooner brought to reflection by the appearance of indignity, than by actual violence against which they harden themselves".[70]

Other authors attached particular importance to the physician's authority. The tough minded Cox, for instance, recommended that the physician should "issue his orders and see them obeyed; never threaten, without executing; should be firm yet tender, and never permit himself to be alarmed, agitated, or ruffled".[71] In much the same spirit the

famous Edinburgh practitioner William Cullen remarked that in dealing with the insane,

> "it will generally be sufficient to acquire some awe over them, that may be employed, and sometimes even be so necessary, to check the rambling of their imagination, and incoherency of their judgment".[72]

Likewise Percival proposed that the tenderness shown to the patient should be "compatible with steady and effectual government" and rather more dramatically William Pargeter believed that on first meeting the physician should immediately fix the patient in his gaze and, by slight changes in his countenance, impress his authority.[73] Thus it was reported that when Pargeter first met his patients the usually smiling and friendly physician "suddenly became a different figure commanding respect even of maniacs. His piercing eye seem to read their hearts and divine their thoughts as they formed. In this way he gained control over them which he used as means of cure". In Pargeter's own account of his method great importance is attached to gaining an ascendancy over the patients and where necessary the physician must "employ every moment of his time by mildness and menaces to gain dominance".[74] Here the physician is portrayed as a master strategist, capable at one moment of extreme kindness and at another of anger and stern authority.

The physician's time should not be spent in devising ingenious refinements to the techniques of cold bathing—such as Patrick Blair had done—rather all his efforts should be concentrated upon the relationship with his patient, upon improving his understanding of how the patient's mind works and endeavouring to inculcate 'healthy' habits of thought and action. Whereas the therapeutic efforts of Blair or Robinson made the study of the patient's mind superfluous,the methods of management proposed by Ferriar or Pargeter place an absolute premium upon the physician's understanding of the psychological changes that occur in madness and upon his ability to arrest these changes, substituting in their place habits consistent with sanity. Thus Thomas Percival argued that the physician should combine his knowledge of the 'animal economy' with an

> "intimate acquaintance of the laws of association, the control of fancy over judgment, the force of habit, the direction and comparative strength of opposite passions, and the reciprocal dependencies and relations of the moral and intellectual powers of man".[75]

These requirements are entirely compatible with an account of madness that emphasised not so much its irrational, animal-like qualities but its close association with the everyday experiences of imagination, attention, recollection or passion. To define madness in terms of these psychological processes is to clear the way for a system of treatment designed to restore order and regularity to the operations of the mind, rather than to the circulation of the 'fluids', or the movement of the blood and the animal spirits. Once the cause of insanity is located in "some specific alterations in the essential operations and movements of the mind" (Harper) and not some physiological alteration, then it is inevitable that treatment of the disease should focus upon these disturbed mental activities.[76] More specifically, the goal of treatment is to shatter those alterations that have become habitual: for example, extreme fluctuations of the passions, prolonged despondency, grief or anxiety. And the most direct way of breaking such habits is by instructing the patient in the art of self-discipline and restraint. As John Ferriar observed,

> "creating the habit of self restraint is the first salutary operation in the mind of lunatics. For in the cure of diseases of this nature the patient must minister unto himself".[77]

In learning to do this the patient is to be assisted by the physician whose task is to break any false association of ideas that produces what Percival aptly described as "incongruity of behaviour and an incapacity for the common duties of life".[78] In the opinion of John Gregory, who was professor of the practice of physick in Edinburgh during the 1760s, the skill of the physician consists of "the art of breaking false associations of ideas, or inducing counter associations and employing one passion against another".[79] In brief, the mind of the lunatic is to be "innured by degrees to a new way of thinking" (Mead), and the physician must discipline his patient to

> "break the force and effects of vicious mental habits, which frequently have very extensive influence in the animal economy,

> producing many of those periodical and irregular effects commonly imputed to other causes." [Cox]

In pursuing this ambitious therapeutic goal there exists a variety of suitable methods. Having first established his authority over the patient the physician may then institute a therapeutic regimen based on physical labour, selective punishment, use of the cold bath, humiliation of the patient, musical entertainment, travel or rapid rotation in a chair suspended a few feet above the ground. The great advantage of labour, for instance, is that "during their term of employment at moderate labour [the patients] never fail to enjoy the happiest oblivion from their real or imaginary grievances".[81] As many authors observed, continuous labour diverts the mind from a particular train of thought, and according to Thomas Beddoes in 1803 it "dissipates sadness and prevents the reveries, preliminary to derangement".[82] Labour gives the patient something else to think about, it withdraws his attention from a particularly obsessive train of thought and it is instituted not as a form of punishment—as it was in the workhouse—but as a rational and humane way of restoring order and serenity.

On occasions where an individual patient proves intractable and unwilling to work suitable punishment should be threatened and fear excited. According to Ferriar the patient should at all times be "sensible of restraint" while Cox, who took a rather more hawkish line on such matters, believed that fear was an integral part of treatment and that those most susceptible to it "and with whom this passion can be medically employed, most frequently recover".[83] Naturally the degree of coercion used should be in proportion to the strength of the disease and, ideally, the patient should be brought to the realisation that it is up to him whether or not violent physical restraint is resorted to. Where he regulates his behaviour in an acceptable way such measures will be unnecessary but on occasions when he is violent, furious or disobedient then punishment is wholly justified. Restraint, according to William Cullen, is to be considered a 'remedy' and "fear being a passion that diminishes excitement may therefore be opposed to the excess of it; and particularly to the angry and irascible excitement of maniacs".[84]

Physical restraint and punishment are employed therefore partly as a way of controlling the patient—as had always been the case—but, more significantly, such methods are now seen as an integral part of a more general attempt to make the patient aware of the degree to which he can regulate his conduct so as to avoid such measures. At the centre the therapeutic strategy outlined by Cullen, Cox or Ferriar is the belief that the patient must not be cowed into docile obedience but he must instead achieve mastery over his conduct. Physical restraint serves therefore as a deterrent, it encourages the patient in his efforts at complete self-discipline. Thus 'cure' is to be achieved by the patient himself, not by the dextrous use of 'pacifick medicines' and other 'sleepyfying things'. In the patient's mind outbursts of anger, violence or disobedience should be indissolubly associated with punishment and the dread of public degradation. "Lunatics", according to Ferriar, "are sooner brought to reflection by the appearance of indignity, than by actual violence, against which they harden themselves".[85] A few years later Sir Alexander Crichton in his Inquiry into the Nature and Origin of Mental Derangement (1798) echoed Ferriar.

> "If the terror of public shame and punishment be associated in the mind with the excess of anger, then one will not arise without the other, the poison and the antidote will be inseparable".[86]

The principle of the association of ideas, which had first been developed in some detail by Locke, thus has important implications for treatment. Moreover, it justifies the use of remedies that seem, at first sight, arbitrary in their effects and incompatible with the atmosphere of 'mildness and conciliation' advocated by Ferriar. To take one example. The success of Cox's swinging chair—in which patients would be bound and rapidly rotated thereby inducing vomiting, vertigo, and, in some cases, unconsciousness—could be explained in terms of its "tendency decidedly to correct erroneous ideas, destroy the links of morbid association, and break the force and effects of vicious mental habits".[87] Once again the emphasis is upon breaking those habits that are incompatible with sound mind and one suspects that on many occasions Cox's swinging chair was used as a deterrent and that patients who behaved outrageously

may have been threatened with a few minutes rapid rotation. This is speculation but it is consistent with Cox's stated belief that the physician's "grand object is to procure the confidence of the patient or excite fear", and one can well imagine that the prospect of the swinging chair engendered alarm.[88] Moreover, recourse to such threats and deceptions is wholly justified when, as in the case of lunatics, the physician has to deal with a class of patient noted for its guile and cunning. In many late eighteenth century treatises on madness one reads not about the bestial and instinctual behaviour of lunatics but about their seemingly boundless capacity for the "most refined deception".[89] According to Arnold,

> "no person, indeed, can be more cunning, more consistent, more acute, or more connected, than maniacs, not only according to my definition, but according to the definitions, and acknowledgements of others, are not only sometimes, but often, found to be ".[90]

This characterisation of the insane contrasts sharply with early eighteenth century interpretations that emphasised the irrational and unreasonable qualities of lunatics, and it is indicative of a major shift in the understanding of madness. No longer seen as the hapless victims of forces beyond their control the insane are, by the close of the century, represented as rational creatures whose incongruous and often morally reprehensible behaviour has temporarily separated from them from the 'generality of mankind' in whom the norms of appropriate, conventional behaviour have been fully internalised. Given this interpretation of madness the goal of treatment is to rehabilitate the lunatic, to dissolve and totally eradicate habits incompatible with mental stability and, it might be added, with social order: for example, venery, licentiousness, drunkenness, intemperance.

In the ideal asylum the patient should not be brutalised and subjected to arbitrary physical restraint, instead he is to be resocialised. But the array of measures available to the physician will be of no avail unless the atmosphere in which they are employed contributes to this process. It is for this reason that attempts were made to establish in the asylum a social ambience that in many ways reflected the social world from

which the patient had come and to which he would finally be restored. Indeed in an institution such as The Retreat in York it would appear that social pressures within the asylum played a key role in treatment and situations were set up in which patients learned to conduct themselves with appropriate decorum and restraint. As early as 1751 Richard Mead had drawn attention to the "power of example whereby we invariably learn to give ear to reason and govern our passions", and it is evident that certain forms of treatment played upon an individual's fear of public embarrassment.[91] By the early nineteenth century this principle had been developed more fully and the ideal asylum came to be viewed as one which accurately mirrored the social structure. William Stark, for example, based his design for the Glasgow Asylum on this principle and the building was designed in such a way that the social divisions within society would be accurately reproduced within the asylum. Thus Stark proposed that patients should be separated on the basis of the severity of their illness, their social origin and their sex; such an arrangement was obviously complex but its great virtue, in Stark's opinion, was that,

> "individuals who are inclined to mischief and disorder, will be controlled by the fear of exclusion, or of temporary exile from their own proper class, and of being transferred to one in which they will have many deprivations of comfort to undergo".[92]

The whole rationale of Stark's ingenious design is consistent with the prevailing therapeutic ethos; namely "that the patient, during good behaviour, shall be master of his own actions, insofar at least, as the state of his disease can permit".[93] Where particular patients prove incapable of regulating their own conduct the layout of the asylum—the distribution of enclosures, rooms, galleries and so on—enables the superintendant to keep a watch over a large number of patients at any one time. As a result "those inclined to disorder, will be aware, that an unseen eye is constantly following them, and watching their conduct".[94]

Although the date of Stark's architectural design falls slightly outside our period (1810) the plans are nonetheless relevant inasmuch as they

crystallise a number of therapeutic ideas and principles that had been developing gradually during the preceding 50 years. By the late eighteenth century the goal of therapy is clearly defined in terms of mastering the discipline of self-control and of so regulating one's public behaviour that it seems entirely consistent with the prevailing norms and conventions. Where physical restraint is used the intention is not to punish the patient but to create "an uneasy sensation" that will "recall the patient's attention to a regular train of ideas". [Cox][95] One useful way of doing this is by creating a social world in which the patient can learn from the example of others and so master the art of acceptable social conduct. It is striking that the metaphor most often used to describe the ideal asylum is that of the family, the tight-knit social group in which individual socialisation imperceptibly occurs. Through the resocialisation provided by the asylum the individual should learn to manage his public demeanour in such a way that he will never again be vulnerable to the charge of madness.

In the asylum the insane are finally separated from other types of social deviant and their disorder decisively sets them apart from criminals, vagrants and vagabonds with whom they had been confined through most of this period. But in examining this development the argument has been entirely based upon the relevant medical treatises, workhouse records and so on. No consideration has been given to the question, how was insanity experienced at the level of ordinary everyday life and what light does this experience shed upon the historical study of this disorder? In the subsequent and final chapter an attempt will be made to fill this gap and to show how ordinary people, who had no particular expertise in dealing with the insane, understood madness and how they reacted to the intrusion of this disease into their daily lives.

NOTES

1. See R. Hunter and I. MacAlpine. Three Hundred Years of Psychiatry 1535-1860 (1963) p. 446.
2. For a detailed examination of the private madhouse see the valuable study by W. Ll. Parry-Jones: The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries (1972).
3. J. Howard. The State of Prisons in England and Wales (1780) pp. 10-11; cf. J. Howard: An Account of the Principal Lazarettos in Europe (1798) pp. 64, 71, 139-141.
4. J. C. Cox (ed.). Three Centuries of Derbyshire Annals. 2 vols (1890) Vol. I pp. 180-181.
5. Report of the Select Committee Appointed to Inquire into the State of Lunatics (1807) p. 11.
6. E. Wakefield. Plan for an Asylum for Lunatics. The Philanthropist Vol. 12 1812 p. 226.
7. Minutes of Evidence taken before the Select Committee Appointed to Consider Provision being made for the Better Regulation of Madhouses in England May 1815, First Report. p. 57.
8. Extracts of the Records of the Burgh of Edinburgh; Entries for 15 October 1675; 27 October 1675; pp. 234-240.
9. Anon. An Account of Several Workhouses (1733) p. 61.
10. Quoted in A. Walk. Some Aspects of the "Moral Treatment" of the Insane up to 1854. The Journal of Mental Science Vol. 100 No. 421 October 1954 p. 811.
11. 1807 Report op. cit. p. 21.
12. J. C. Cox op. cit. p. 180.
13. Quoted in A. Scull. Museums of Madness 1979 p. 141.
14. Reasons for the Establishing and Further Encouragement of St. Luke's Hospital for Lunatics (1760) p. 5.
15. A. Duncan. Address to the Public Respecting the Establishment of a Lunatic Asylum at Edinburgh (1792) p. 2.
16. Howard op. cit. pp. 10-11.
17. G. Cheyne. An Essay on Health and Long Life (1724) p. 181.
18. G. Cheyne. A Treatise on the Natural Method of Curing Diseases and disorders of the Mind Depending on the Body (1742) p. 85.

19. W. Battie. Treatise on Madness (1758) p. 1; W. Perfect. Annals of Insanity fifth edition p. 89.

20. B. Faulkner. Observations on the General and Improper Treatment of Insanity (1790) pp. 1-3. T. Arnold. Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy of Madness 2 vols. (1782-6) Vol. 2 p. 247.

21. T. Beddoes. Hygeia, or Essays Moral and Medical, on the Causes Affecting the Personal State of our Middling and Affluent Classes 3 vols (1803) Vol. 3 p. 4.

22. Quoted in Parry-Jones op. cit. p. 11.

23. G. Cheyne. A Treatise on the Natural Method etc. op. cit. p. 85: cf. Cheyne. The Author's Case in the English Malady (1733) p. 34.

24. R. Mead. Medical Precepts and Cautions (1751) p. 496.

25. T. Arnold op. cit. Vol. 1 p. 24: cf. Vol. 2 pp. 83 & 122.

26. J. M. Cox. Practical Observations on Insanity (1804) third edition 1813 p v. Cf. pp. 10, 28 & 149. Cf. W. Rowley. A Treatise on the Female, Nervous and Hysterical Disorders (1788) p. 253; R. James. Medical Dictionary (1745) entry under Madness; T. Beddoes op. cit. Vol. 3 pp. 17 & 18.

27. J. Ferriar. Medical Histories and Reflections 3 Vols. (1795) Vol. 2 p. 95.

28. J. Percival. Medical Ethics; Or, A Code of Institutes and Precepts Adapted to the Professional Conduct of Physicians and Surgeons (1803) 1849 edition p. 83.

29. T. Arnold op. cit. Vol. 2 p. 83.

30. Ibid. Vol. 2 p. 330.

31. J. Cox op. cit. p. 43.

32. Anon. Accounts of Several Workhouses op. cit pp. III & IV.

33. T. Arnold op. cit. Vol. 2. p. 320.

34. Ibid. Vol. I p. 247; Cf. W. Falconer A Dissertation on the Influence of the Passions Upon Disorders of the Body (1788) p. 71.

35. J. Howard op. cit. pp. 10-11.

36. Quoted in Hunter and MacAlpine op. cit. p. 408.

37. Reasons for the Establishing and Further Encouragement of St. Luke's op. cit. p. 4.

38. A. Duncan op. cit. p. 1.

39. Quoted in Hunter and MacAlpine op. cit. p. 408.

40. J. Ferriar op. cit. Vol. 2 p. 110.

41. W. Stark. Remarks on the Construction of Public Hospitals for the Cure of Mental Derangement (1807) pp. 20-21. Cf. W. Cullen. First Lines of the Practice of Physic 4 Vols. (1786) Vol. 4 pp. 152-3; 172.

42. See A. Harper. A Treatise on the Real Causes and Cure of Madness (1789) pp. 59-61.

43. R. Heron. Observations on a Journey Through Part of Scotland (1792) 1799 Edition pp. 282-5.

44. R. Carew. The Survey of Cornwall (1723) p. 123. Cf. J. G. Dalyell The Darker Superstititions of Scotland (1834) pp. 82-3; C. Smith The Ancient and Present State of the County of Kerry (1756) p. 196.

45. Proceedings of the Edinburgh Society of Antiquaries Vol. IV (1860) p. 18.

46. See Hunter and MacAlpine op. cit. p. 184.

47. J. Moncrieff. The Poor Man's Physician Third edition (1731) pp. 179 & 227.

48. A. Pitcairne. The Philosophical and Mathematical Elements of Physick (1718) p. 191.

49. Quoted in Hunter and MacAlpine op. cit. pp. 191-2.

50. Ibid.

51. Ibid. pp. 322-4.

52. T. Sydenham. The Entire Works of: fifth edition (1769) p. 435.

53. See Hunter and MacAlpine op. cit. p. 233.

54. Ibid. p. 347.

55. N. Robinson. A New System of the Spleen, Vapours, and Hypochondriack Melancholy (1729) p. 398.

56. J. Wainewright. A Mechanical Account of the Non-Naturals (1707) pp. 117-120.

57. P. Blair. Miscellaneous Observations in the Practice of Physick, Anatomy & Surgery (1718) pp. 3-4. Cf. Hunter and MacAlpine op. cit. pp. 325-9.

58. G. Cheyne. The English Malady (1733) (page ref. mislaid).

59. Sir Richard Blackmore. A Treatise of the Spleen or Vapours (1725) p. 263.

60. N. Robinson. op. cit. p. 50.

61. W. Salmon. System Medicinale; A Compleat System of Physick, Theoretical & Practical (1686) pp. 37; 56-61.

62. Quoted in A. Strype. A Survey of the Cities of London and Westminster 2 vols. 1720 Vol. 1 p. 197.

63. Quoted in Hunter and MacAlpine op. cit. p. 305.

64. J. Ferriar op. cit. p. 168.

65. The Diary of John Evelyn (1908 edition). Entries for 21 April 1657; 18 April 1678. E. Ward. The London Spy (1955 edition). pp. 48-51.

66. T. Percival op. cit. p. 44.

67. Quoted in Hunter and MacAlpine op. cit. p. 561.

68. Ibid. p. 539.

69. Ibid. p. 527.

70. J. Ferriar op. cit. pp. 107-111.

71. J. Cox op. cit. p. 48.

72. W. Cullen op. cit. Vol. 4 p. 155.

73. T. Percival op. cit. p. 85.

74. Quoted in Hunter and MacAlpine op. cit. pp. 538-9.

75. T. Percival op. cit. pp. 43-4.

76. A. Harper. Quoted in Hunter and MacAlpine op. cit. p. 524.

77. J. Ferriar op. cit. pp. 110-112.

78. T. Percival op. cit. p. 83.

79. Quoted in Hunter and MacAlpine op. cit. p. 440.

80. R. Mead op. cit. p. 493; J. Cox op. cit. p. 43.

81. W. Hallaran. Quoted in Hunter and MacAlpine op. cit. p. 651.

82. T. Beddoes op. cit. Vol. 3 p. 79.

83. J. Ferriar op. cit. p. 109; J. Cox op. cit. pp. 17-50.

84. W. Cullen op. cit. Vol. 4 p. 153. Cf. p. 151.

85. J. Ferriar op. cit. pp. 109-110.

86. Sir Alexander Crichton. An Inquiry into the Nature and Origin of Mental Derangement 2 vols. (1798) Vol. 2 pp. 290-1.

87. Quoted in Hunter and MacAlpine op. cit. pp. 595-6.

88. J. Cox op. cit. p. 25.

89. Ibid. pp. 147-8. Cf. pp. 26 & 29.

90. T. Arnold op. cit. Vol. I pp. XIX-XX.

91. R. Mead op. cit. p. 561.

92. W. Stark op. cit. p. 26.

93. Ibid. p. 15.

94. Ibid p. 18. Cf. J. Bentham's 'Panoptican Plan';Hunter & MacAlpine op. cit pp. 726-8.

95. J. Cox op. cit. p. 46 cf. p. 109.

CHAPTER 6

MADNESS AND THE COMMUNITY: A CASE STUDY

The medical treatises and other historical records upon which the preceding chapters have drawn have enabled us to build up quite a detailed picture of how eighteenth century physicians in England and Scotland characterised madness, how they treated the disorder, the range of institutions in which the insane were confined and the considerations governing their confinement at any particular time. What such material does not do (the Lancashire Quarter Sessions Records notwithstanding), is to give us much idea of the repercussions of insanity within the family. It does not show us how members of families coped with an insane relative, how they recognised and described the most salient symptoms of madness and what types of behaviour they singled out as the least equivocal signs of disorder. For the most part, the material upon which the historian or sociologist can draw does not provide answers to such questions and any attempt to answer them will inevitably be somewhat speculative. There are records, however, that go some way towards filling the gap and the discussion in this chapter is based upon them.

The relevant records consist of a series of depositions made by witnesses in court cases where an individual's sanity came under scrutiny. The cases examined relate only to Scottish law and all the records dealt with in the following discussion are taken from the Sheriff Court records of Glasgow and Edinburgh; these records are in particularly good condition and although similar cases were heard at other Sheriff Courts in Scotland,so far it has proved extremely difficult to trace the evidence. During the period 1735-1800 a total of 37 inquests were held, in Glasgow and Edinburgh, and the records of all of these have been looked at.[1]

Under Scottish law the nearest relative of an individual who was thought to be mad, and incapable of managing his own affairs, was entitled to lodge a petition

requesting that he be appointed as a "Tutor in Law" to his insane relative; the Tutor would be granted responsibility for administering all the affairs of his afflicted relative, although he was not entitled to assume ownership—or proprietorship—of his relative's goods or estate. Once the claimant, or "urger" as he was sometimes called, had filed his petition—known as a Brieve of Furiosity—an inquest was held to determine whether or not the person named in the Brieve was "an idiot or furious", i.e. mad. At the inquest, witnesses were called and their evidence was considered by a jury of fifteen. Both the Brieve of Furiosity and the inquest itself had to consider three questions. First, "Whether the person be in compos mentis, fatuous or a natural idiot, and that there is ground to fear that he may alienate his lands or goods"; second, "How long he has been under this capacity"? Third, "Who is the parties nearest agnate [i.e. relative] of lawful age and if he be fit to administer the affairs of another, and able to find caution?"[2] In other words, the nearest relative, who must be aged twenty-five or over, had to be of proven "caution" and capable of taking responsibility for the affairs of another.

The first of these three questions relates to a principle of proof derived from Roman law: proof of prodigality. This provided for the appointment of a 'Tutor' if it could be established that "a man by notorious prodigality was in danger of wasting his estate". In this respect Scottish law differed from English law, for under the latter if an individual was found to be non compos mentis then responsibility for his property passed to the Crown. As in Scotland a jury would be called to assess the state of mind of the alleged lunatic and if he was found to be insane he could, by law, be committed to the care of someone, to whom an allowance would be paid for his maintenance. But the decisive difference between Scottish and English law was that the latter did not transfer to the person appointed to look after the lunatic any responsibility for, or right to, the lunatic's property. As already noted Scottish law provided for the appointment of a 'Tutor' who was empowered to administer the affairs, financial and otherwise, of a lunatic.

English authors, such as Blackstone, questioned the efficacy of the Scottish practice arguing that it did not seem "calculated for the genius of a free nation, who claim and exercise the liberty of using their own property as they pleased".[3] Nonetheless the principle of prodigality remained an important feature of the law in Scotland. In at least one of the cases to be examined in this chapter there are very strong grounds for believing that this principle of proof may have encouraged certain "sinister practices" to which Blackstone drew attention. More specifically, the law was open to abuse by those who wished to obtain custody of an individual's estate, (or to prevent him from inheriting an estate), and who chose to try and prove that the person concerned was mad and incapable of managing his affairs. In certain of the cases examined the evidence would suggest the operation of these abuses. What makes such cases particularly interesting are the assumptions made by witnesses, and by the claimant, regarding the type of evidence that would be most likely to substantiate the charge of lunacy.

It would appear that once the Brieve of Furiosity had been read out in Court witnesses were called to substantiate the claims made in the Brieve. On certain occasions members of the jury were also called as witnesses; throughout the records a witness is referred to as "the deponent". Sometimes the alleged lunatic was present at the inquest and questions were put to him or her by members of the jury and by the judge. Both the testimony of witnesses and any remarks made by the defendant were written down by a clerk, and the length of these recorded depositions varies from a few lines to as many as ten or twelve folio pages. The number of witnesses called in these thirty-nine cases varies from two to ten,and the records of the individual inquests vary greatly; some are very brief and rather perfunctory while others run to thirty or more pages and contain detailed depositions. To some extent the evidence given by witnesses was governed by the three questions to which the jury had to attend and there are also occasions in which the transcripts are couched in a series of fairly standard legal forms. However, not all of the transcripts examined follow a set pattern and it would be wrong to give the impression that standard legal

formulations entirely shape and give substance to the records. On the contrary, the depositions are often vivid, dramatic and full of anecdotal evidence. Instances of ostensibly mad behaviour are cited, the antics and temperamental changes of the alleged lunatic are chronicled in considerable detail and, taken as a whole, the recorded evidence provides a unique perspective upon ordinary everyday encounters with madness. These records provide glimpses into the repercussions of madness at the level of everyday life and reveal how sometimes apparently insignificant breaches of social decorum, of the web of implicit rules governing social life, may be later interpreted as signs of derangement. Without setting undue store by these records it is nonetheless possible to begin to build up a fuller picture of what ordinary people, such as the shopkeepers, merchants, servants, watchmakers, goldsmiths, madhouse keepers, farmers and farm labourers, brewers and many others who appeared in the Sheriff's Courts, understood by the words madness, insanity or furiosity. At the outset two rather different cases will be considered, the first of which concerns an Edinburgh shopkeeper called William Kelty, who appeared in the Sheriff's Court in Edinburgh on 27th May 1765.

Towards the end of 1764 William Kelty employed a woman by the name of Mrs. Barbara Forrester to help him in his shop. 71-year-old Mrs. Forrester, who had known Kelty since his infancy, reported that she had worked in the shop and assisted Kelty for about six weeks and that during this period "he himself assisted in doing business in the shop". During this period Mrs. Forrester found the shopkeeper "very much raised and disordered in his mind" but she attributed this to Kelty's anxiety regarding a recent "settlement of his affairs". Although Kelty informed Mrs. Forrester that he had left all his money to his sister and his brother Alexander—the claimant in the case—Mrs. Forrester had heard from other sources that her employer had also left "certain sums of money to other persons". She concluded that this settlement was causing Kelty considerable anxiety. Apart from this Mrs. Forrester had also observed the shopkeeper "to be silly", a judgement formed before she began working in the shop. Others who visited Kelty in his shop during this period (the last few months of 1764),

included fellow merchant Patrick Todd who saw Kelty frequently. According to Todd Kelty "did not do any business" in his shop, he appeared to be "in low spirits and commonly declined to answer questions" although when he did so his "answers were proper enough". Todd also reported that a few months earlier Kelty "had complained of a bodily disorder but did not seem disordered in his mind". Another visitor to the shop was a customs collector by the name of John Wild, who had known Kelty for thirty years. Wild remarked that the shopkeeper "sometimes went through his shop striking his hands or knocking upon anything that was next to him", but apart from this odd behaviour he "sometimes spoke very sensibly". Similarly, when the tobacconist John Stark visited Kelty in the shop in November 1764 he found him "walking backwards and forwards, pensive....when he was done with walking he declined his head, struck upon his breast and said it was now all over with him". Stark also reported that Kelty "sometimes refused to take his dinner in due time".

Shortly before Christmas 1764 Kelty was removed from his shop and taken home. A chairbearer called William Nairn was employed for this task, by one William Smith, a merchant. Having taken Kelty home Nairn looked after him for 13 days.

> "During that time he was very furious....he once struck the deponent and at several other times tried to strike him....he talked like a person disordered in his mind and said he would be damned and that there was no redemption for his soul...he told the deponent to take care of himself for he was professedly a devil and that there were a thousand devils raging in the room.... he said he had done as much ills as would damn a thousand. That he would take no meat because he said he deserved to be dashed against the wall".

Others who saw Kelty at home found him in much the same state as reported by Nairn. Thus Barbara Forrester, who stayed with Kelty for three months, found him "sometimes high and sometimes low" although he "did not speak anything out of the way". Patrick Todd, who accompanied Alexander Kelty during a visit to his brother's house, was astonished to see William Kelty salute them on entering the room; although he answered questions "properly

enough" he seemed reluctant to talk and "appeared low spirited and discontented". Hugh Rose, another chairbearer who had taken over from William Nairn in looking after Kelty, reported that the ex-shopkeeper "often attempted to bite and scratch him" and although "he has been some better these two months past" (i.e. March-May 1765), Rose "did not think him sound in his mind". James Stark, who visited Kelty twice at home, reported that on the first occasion he declared himself to be "the devil's volunteer" but said that he was "neither sick nor sore", while on the second visit Kelty refused to answer questions but simply "hummed and haaed". He had previously told Stark, an old friend, not to come and see him. The final piece of evidence came from William Chambers, an Edinburgh surgeon, who was indisposed at the time of the inquest and had to be visited at home where his evidence was taken down by the Sheriff's Substitute and two members of the jury. Chambers reported that when he and a Dr. Austine visited Kelty at his house the latter "did not seem in the least surprised", he sometimes refused to answer questions, or else he simply answered "Yes or no and in a manner so low and indistinct that he could hardly be understood that these answers seem to be sometimes proper and sometimes not. That he very often sighed and seemed to mutter to himself". In Chambers's opinion Kelty's state of mind was "not owing to any bodily distemper".

In examining these cases the intention is not to answer questions concerning the adequacy of the evidence of whether the instances of mad behaviour really amounted to proof of lunacy. However, in the Kelty case it is difficult to resist the temptation of trying to account for the shopleeper's odd behaviour, his low spirits, obvious guilt and sense of his own worthlessness. In this case the evidence contains clues that might explain such unusual behaviour and shed some light on William Kelty's gradual deterioration. For instance, one learns from David Smith that in the summer and early September of 1764 he had spent a great deal of time in Kelty's shop because the shopkeeper was at that time thinking of getting married and frequently took Smith's advice on the matter. In the end, Kelty decided against the marriage and, according to Smith,

> "the reason of his doing so was that he found he was in low spirits. He appeared to be uneasy at giving up marriage and said he had done a piece of injustice in so doing and that he complained of bodily distress but the deponent was not sensible of any disorder in his mind".

Kelty's decision was taken a month before he was removed from the shop and it would appear that at about the same time he made the settlement of his affairs that was, according to Mrs. Forrester, causing him so much anxiety that he seemed "raised and disordered in his mind". Although Kelty claimed to have settled all he had on his brother and sister he may have been concealing the fact that he had made some allowance for the woman he was thinking of marrying. This is pure speculation but Kelty's low spirits and evident discontent, which got progressively worse after All Hallow's Day 1764, may in part be attributable to his last minute change of heart. Likewise, his low estimation of himself and his repeated declaration that he had behaved like the devil and had "done a piece of injustice" make more sense in the light of this decision. The jury, which consisted of an advocate, two Edinburgh merchants, a printer and bookseller, a goldsmith and ten Writers to the Signet, considered the evidence, asked Kelty a number of questions and concluded that since about the beginning of November 1764 the shopkeeper "has been of unsound mind and sometimes furious and that he continues to be of unsound mind and incapable to manage his affairs". Alexander Kelty, William Kelty's brother, was described by most witnesses as "a very sensible man" and was appointed Tutor. One member of the jury, James Reoch, who was one of the Writers to the Signet, dissented from the verdict; in all the cases examined the Kelty case is the only one in which there is not a unanimous decision in favour of the claimant.

In this case therefore the picture that emerges is of a man subject to marked changes in mood—"sometimes high, sometimes low"—able to conduct his business, at least until a few months before the case, prone perhaps to slightly unusual behaviour such as not eating regularly, violent on occasions, sometimes taciturn and unwilling to answer questions but nonetheless quite capable of holding a rational conversation. While some witnesses are convinced that the shopkeeper is, by Christmas 1764, no longer able to manage his own affairs others, such as David Smith, found

him to be "sensible in his mind", and quite coherent although obviously disturbed by his decision not to marry. The belief that he is losing his grip seems to have dawned gradually on the witnesses and there are no particular occurrences that settle the question for all concerned. Taken alone, isolated incidences of behaviour such as his pacing up and down in the shop rubbing his hands, would perhaps not amount to much. Placed in the context of the reports of others, however, these small details gradually accumulate and acquire greater significance. In some respects the Kelty case is typical of at least a handful of those examined, but contrasts sharply with others in which attention is focussed upon one or two isolated incidents of manifestly mad behaviour and upon an individual's sudden loss of self-control. Such a case is that involving John Cochran who appeared in the Edinburgh Sheriff's Court on 14th July 1789.

One Thursday, towards the end of May 1788, John Cochran's father—also named John—met with an unspecified but fatal disaster on account of which he subsequently died on 16th June 1788. This fact is important because the two key witnesses in the case pay particular attention to the question of whether or not John Cochran's mental instability first became apparent before or after his father's death. In this instance the medical evidence consists of a report prepared by an Edinburgh physician and a surgeon, but the contents of this report are not recorded. The first substantial deposition is that of Jean Maude, sister-in-law of the deceased John Cochran, who had lived with the Cochran family for four years and reported that ten days before her brother-in-law had his fatal accident she observed "an alteration in the behaviour and manners"of her nephew and, more specifically, that his conversation had become indistinct and incoherent. Shortly before the day of the accident John Cochran had, during tea, "thrown a dish of tea in the face of his father". Jean Maude regarded this as a joke and John apologised. Four days later however, on 28th May, he is reported to have "shaken" his father. In Jean Maude's opinion Cochran had been "disordered in his senses" during the six days preceding the cup-throwing incident and the four days after it, i.e. from 18-28th May.

The next witness was William Robertson who had worked as a servant for the elder John Cochran. Robertson had heard reports that the young Cochran had struck his father towards the end of May, but he also recounted a strange incident that had occurred ten days before the reported "shaking". On about the 18th or 19th of May, when Robertson was out ploughing, John Cochran came up to him with a gun and said that he was going to shoot crows. He then asked Robertson "if he knew how to spell God". Before he could reply Cochran said,

> "that the way to do it was OIL. That he repeated this frequently to the deponent and desired him to remember it. That he told the deponent he could whistle for God and whistled accordingly".

Apart from this behaviour Cochran's general demeanour suggested to Robertson that he "was not guided by his reason". Confirmation of this came a few days later when Cochran told Robertson that he believed himself to be damned and again whistled for God in the fields. The Monday after this incident, which had occurred on a Thursday, Cochran was found in the house of a Mr. Fisher where he was "looking at the pictures". Upon seeing Robertson enter the house Cochran informed him that the elder Cochran had killed Miss Fisher, that his father was now dead (in fact it seems he was in bed following his accident), and that Robertson has come to kill him. Robertson tried to disabuse him of this notion and finally prevailed upon Cochran to accompany him to the house of a Mr. Nicholson, where he was given a small amount of beer. "But before John the son would take any of it he repeated ten or twelve Psalms entirely by rote". When they finally returned home Cochran "behaved outrageously", struck the hapless Robertson and "did run to the window with great violence in order to get out". The jury, having heard one of their number affirm that the claimant, Archibald Cochran, was "provident and careful of his own affairs" unanimously agreed that John Cochran had been in compos mentis since 18th May 1788 (i.e. shortly before his father's accident), and "still continues so".

The contrast between the Kelty and Cochran cases is sharp. Eight witnesses appeared in the former, the case had to be adjourned for the weekend, at

least one witness did not think Kelty disordered in his mind, and the verdict was not unanimous. In the Cochran case the jury reached the unanimous verdict on the basis of the physician's report and two depositions recounting events during a ten-day period. In contrast to William Kelty's rather gradual demise John Cochran, who had no previous history of instability, seemed suddenly possessed of odd ideas, behaved in an insulting and violent manner, and appeared to Robertson to be "entirely out of his reason". Had it been possible to locate the onset of Cochran's disorder at the time of the death of his father, the implication is that the grief occasioned by this bereavement could have temporarily deprived him of his reason. As the evidence shows, however, this was not the case and both Robertson and Jean Maude make it clear that the date of onset was prior to the fatal accident. A further point of difference is that, although Kelty believed he was the devil's volunteer, he behaved oddly but neither outrageously nor blasphemously, whereas Cochran seemed completely under the influence of his prevailing delusions and was allegedly quite incapable of controlling himself. What is quite apparent however is that the outcome of this case would have prevented John Cochran from inheriting his father's estate. William Kelty, on the other hand, seemed to some witnesses to be quite in control of himself, although by Christmas his low spirits were evident to all. The hint of uncertainty apparent in this case is completely absent in that of Cochran and there seems to be absolutely no doubt in the minds of the witnesses, and presumably the jury also, that he had suddenly and quite inexplicably lost his senses. While there is some hint that Kelty may eventually regain his former peace of mind, witnesses testifying against John Cochran appear to hold out no such hope.

Taken as a whole all the cases examined cover to varying degrees much the same ground as these two rather contrasting cases. There is often considerable overlap between each of the cases in terms of the symptoms identified by witnesses, the type of behaviour to which they draw attention and the criteria implicitly invoked in judging the soundness of a man's mind. What makes these cases particularly interesting is that they throw into sharp relief the ordinary, unquestioned, commonsense assumptions which

enabled individuals to decide whether or not one of their relatives, friends or neighbours had lost the guidance of his reason. Reading through these depositions one gets a strong sense that witnesses know what madness is, and that they rarely find it difficult to decide about an individual's sanity. But in forming their opinion they repeatedly draw the jury's attention to specific signs of madness, to those particular breaches of everyday social decorum that set a man apart from his friends and neighbours. Thus in most cases there are references to an individual's ability to hold a coherent conversation, write intelligible letters, control violent behaviour, use his memory, avoid drinking too much, entertain reasonable ideas regarding his own importance and maintain a sense of proportion in relation to his passions, such as grief, or his fantasies, such as his relationship with God.

As we saw in Chapter Four many petitions to the Justices of the Peace, requesting that a lunatic be placed in safe custody, sprang from the fear of lunatics and the conviction that they are unusually violent. Similarly, in the cases examined here uncontrolled violence is singled out as the least equivocal sign of lunacy and in certain cases the bulk of the proof consists in showing that the alleged lunatic was unable to control his violent behaviour and that his continued liberty constituted a danger to the public and, in some cases, to himself. Although William Kelty was accused of violence his behaviour seems quite mild in comparison to others who appeared in the Sheriff's Courts.

Against Robert Wilson, for instance, it was alleged—on 29th November 1775—that he had been deprived of his reason for twenty years and that "if he be permitted to go abroad by himself he would knock down the first person he saw". The witness, a vintner by the name of George Mackie, added that he had known Wilson "do such things before". The only other witness in this case was John Orr Baxter, a wig maker, who informed the Court that he had known Wilson since he was a boy and that on one occasion when he "went to take the measure of his head in order to make a wig for him he rose up in a passion and attempted to kick the deponent". This

incident had occurred at least twelve years earlier but Baxter had seen Wilson more recently when he "muttered something to himself incoherent and unintelligible".

Another who behaved violently was Agnes Wright who was confined in a private madhouse at Libberton, near Edinburgh, and against whom it was alledged—in August 1795—that she would "throw stones at persons, and threaten her mother and sister when they came out to see her and shaked her fist at them". During the six weeks leading up to the inquest Agnes Wright, who used to "make uncommon noises and sing at night", had been confined to her room and her movements had been restricted by a strait waistcoat. Apparently she spent most of her time in bed and on one occasion, when she was visited by Andrew Wood an Edinburgh surgeon, "she refused to allow her clothes to be put on and refused to get up".

The difficulty experienced by private madhouse keepers in controlling their more violent charges is often reported. In January 1763 for instance John McViccar told the Edinburgh Sheriff's Court that he was responsible for looking after John Rutherford, who was confined "in a room belonging to the poor house appointed for the confinement of mad people", but that when Rutherford was "seized with fits of violent madness he durst not come near him unless Robert Lauder keeper of the house had been alongst with him". Lauder, who looked after 40 lunatics in the Bedlam adjacent to the poor house, pointed out that he could command all of his charges except Rutherford. Others accused of violence included Janet Stevenson, also an inmate in the Edinburgh Bedlam, who was in the habit of hitting her doctor and pulling his hair, apparently without provocation. She had, however, told one witness that the doctor "had beat her when he had no occasion", and another witness had heard her call her doctor a murderer. On other occasions lunatics constituted a danger to themselves. In 1789, six years before a Brieve of Furiosity was laid against one John McCormack, he "had cut his throat with some sharp instrument"; the wound was bandaged but McCormack persisted in tearing the bandages off.

Outbursts of violence were often oassociated with other signs of madness, particularly with what we would now refer to as delusion. Although this

term is not used in any of the depositions it is clear that many witnesses associated lunacy with a false or deluded imagination and with the ascendancy of particular ideas that were manifestly absurd. John McCormack, for instance, believed that he had "a cancer" in his leg and sent for a surgeon in order to find out "whether it will be better to cut it off above or below the knee"; on examination the leg was found to be "free of disease". At least two witnesses reported that Janet Stevenson sometimes refused to eat her food because she believed it to be poisoned and one of these witnesses, a servant by the name of Ann Adam, had to taste the food before Stevenson would touch it. This unfortunate woman also informed Ann Adam that she believed that there was a plot "to pluck the eyes out of her head", and at other times she expressed concern that her arm was going to be amputated by the doctor. Occasionally her delusions took a happier turn and she would "rave about being in love with one Mr. Muirhead".

This combination of unprovoked violence and raging delusion is well-illustrated in the case of Charles Simpson (23rd March 1753). Simpson had a number of distressing habits which included menacing people with a pair of tongs, throwing his food at those who brought it to him, shouting, raging and stamping around his room all night "like to break down the floor", going to bed with his clothes and shoes on, barricading himself in his room and threatening to throw someone down the stairs when he refused to speak to him. According to James Walker, a surgeon, Simpson displayed "an unusual tendency to unprovoked anger, thoughtfulness, boldness, taciturnity, and fierceness and sometimes to loquacity". In his more talkative moments, Simpson, who was totally blind, would inform the assembled company that he was "on his way to London in a coach with some ladies in it and that he was to get a post of £20,000 per year"; but his favourite story seemed to be that he was, "King Fergy, the Great Ashada and Emperor of Germany, and all the World and said that he never knew this until he was told by the Witch of Endor". At other times, Simpson would request that King George, whom he believed to be in his house, be "entertained with the Queen of Hungary and Duke William". Simpson must have been an irritating patient for whenever anyone asked

him about his health he would reply by asking, "what business is it of the enquirer?".

Sometimes witnesses noted that anger and violence were provoked by failure to acknowledge the truth of a lunatic's odd or deluded ideas. Thus James Arbuthnot, who had "turned very furious" in June 1751 when he had "stripped himself naked and went in below the bed", believed that he was a peer of England and became "angry if he is not called the Viscount of Arbuthnot". At other times Arbuthnot's delusions of grandeur must have been insufficient to keep up his spirits and on at least two occasions he tried to commit suicide. Believing that people were always intent on killing him, Arbuthnot once tried to hang himself and later, when a surgeon had "drawn blood of him", he tore off the bandages. Although he was found bleeding heavily he asked that he be allowed to "bleed to death for he was dying easily". Delusions of grandeur were quite often cited by witnesses and sometimes appear to have combined terrestrial and religious ambition. Thus Margaret Stewart, who was in the habit of bolting herself in her room, called herself "Queen of Scotland, England and Ireland and Queen of Heaven" and she proclaimed herself such by singing and dancing "without any of her clothes on but her shawl".

When witnesses cited such delusions as evidence of madness they usually combined this with references to an individual's capacity to judge correctly and, by implication at least, his ability to distinguish between the real and the imaginary. This connection between impaired judgement and the tendency to be beguiled by fantasy is also common in much of the medical literature of the time and witnesses accounts echo the observations of physicians in this respect. Ever since the day on which he had stripped naked and hidden under the bed John Arbuthnot had seemed "quite deprived of sound judgement" and as further evidence of this it was reported that while alone he often "talks as if people were in the room with him". A number of witnesses in the Janet Stevenson case thought her "disordered in her judgement" and one witness, Jean Campbell, said that Stevenson's delusions about her food being poisoned persuaded her that her ability to judge correctly had quite deserted her. Indeed, in most of the cases witnesses

invoke the notion of impaired, disordered or distempered judgement and although the meaning of this phrase is never spelt out in any detail the context in which it is used makes it abundantly clear that the key consideration was whether or not an individual could distinguish between true and false ideas. Most usually those involved in these cases revealed their inability to judge ideas correctly by entertaining beliefs in witches, by holding manifestly absurd beliefs about their own status or convictions that their rooms or houses were haunted by spirits.

A further point of overlap between witnesses' accounts and the observations of physicians is to be found in the importance attached to memory and the belief that memory in some senses acts as a check against an otherwise unruly imagination. Although it would be dangerous to read too much into the fact that witnesses and trained physicians often say much the same thing about madness, the similarities between both sets of accounts and the areas of contact between them is often striking. Of all the cases examined the one involving Robert Miller in April 1791 provides the best illustration of the belief that the presence of insanity was sometimes marked by complete amnesia.

In April 1791 Robert Miller had boarded a ship in Jamaica that was bound for the Clyde and among his fellow passengers was a Glasgow merchant called Robert Fleming. The morning after the ship set sail Fleming heard Miller "walking up and down the cabin calling out in great agitation friends where am I". During the voyage Miller behaved oddly and although he generally talked "pretty rationally" on at least one occasion he declared that "he was going to the wilderness of Sinai, that cold country where he would know nobody". By the time the ship docked at Largs in early July, Fleming had decided that Miller was "totally destitute of recollection", and on several meetings after the voyage Miller appeared not to remember either his fellow passenger or the voyage itself. When pressed about this "he answered hesitatingly, I think I have some recollection of it".
Much the same report was given by Miller's negro servant, a man by the name of Strathhaven. Strathhaven reported that soon after their arrival

in Scotland Robert Miller had made arrangements for him to be baptised, "in open church", and given the name of William Miller; but his master promptly "forgot these circumstances" and continued to call his servant by his original name. According to Strathhaven, Miller had lost his memory about six or seven months before they left Jamaica whereupon "he became deranged in his mind and he continued in that state ever since". In fact, since landing in Scotland Strathhaven had slept in the same room as his master "to prevent him from throwing himself over the window". Three of the other four witnesses in this case confirmed that the ex-merchant from Jamaica had lost his memory and one of them, fellow merchant Peter Bold, said that he realised this to be the case "from his repeatedly asking the same questions and receiving answers to them in the course of a few minutes." Miller, who had been brought into the court so as to be identified by Fleming, was unanimously declared to be "unsound in his mind and incapable to manage his affairs".

In Chapter Five reference was made to the tendency on the part of some physicians writing in the late eighteenth century to attribute the increase in madness to ennervating social habits, such as drunkenness and licentiousness, and it was also pointed out that drink was singled out as a particularly pernicious form of indulgence that often led to insanity. In much the same way many witnesses in these cases mention an individual's drinking habits and although they do not directly attribute mental instability to repeated intoxication the drift of their evidence nonetheless points that way. More interesting than this, however, is the fact that on certain occasions witnesses are clearly in some doubt as to whether an individual's odd behaviour should be attributed to drink or lunacy. Such uncertainty on the part of witnesses is comparatively rare but it does break through on at least one occasion. This concerns the case of William Little Gilmour who was brought before the Edinburgh Sheriff's Court on 17th January 1793.

From Gilmour's point of view his case got off to a bad start. The jury having been sworn Gilmour was brought into court, but before the witnesses were called he was shown three letters, one of which was dated 17th February 1793. He acknowledged that he had written these letters but refused to tell

the judge "upon what occasions and for what purposes", although he did claim that the Lieutenant Colonel Little to whom the letters were addressed was none other than himself. In further exchanges with the judge Gilmour was equally obtuse and the first witness was called. Roderick McKenzie, a soldier in the Town Guard in Edinburgh, reported that early one morning he had taken charge of Gilmour at his home in Musselburgh, just outside Edinburgh, and before escorting him to the Court "he gave him half a glass of wine which is the only liquor that he has drunk this day". Gilmour had never been out of the soldier's sight and he declared himself "certain that he has not drunk any other liquor". During the examination of this witness Gilmour interrupted with a couple of inconsequential but ridiculous remarks, both of which he declined to explain, and when asked if he knew the name of the witness sitting near him he replied, "no, unless it is Sir William Wallace the Great".

Following this, two certificates were produced in which Dr. Alexander Monro reported Gilmour to be mad. These were later supplemented by a third certificate signed by Dr. Andrew Duncan, the famous Edinburgh physician. Unfortunately we know very little about Duncan's involvement in this case, or what he said in his written report, except that he had visited Gilmour on two occasions, although he was unable to remember the date of his visit after which he had issued the certificate. By far the fullest deposition is that of John Lamont, an Edinburgh surgeon, who had known Gilmour for ten years. Lamont had also signed a certificate, produced in court, although he was unable to decide whether "the body of the certificate was of his own handwriting". Two incidents in which Lamont was involved are particularly interesting.

On Friday 15th February 1792 Gilmour inherited an estate at Craigmillar and four days later he was visited by Lamont and Monro, who found him in a deranged state. Lamont attributed this "to his having drunk a great deal of liquor on the day he was served heir to the estate and thereafter". Monro did not agree but Lamont, who had dined with Gilmour on 15th February, told the court that by Monday 18th February Gilmour still "appeared much intoxicated with liquor and was very furious"; so much so that he had ordered Lamont to leave the room. Confirmation that alcohol was to blame for

his condition came a few days later when Lamont visited the house of Ann Ramsay, "a woman of the town", with whom Gilmour had been staying for some nights in spite of the fact that he was a married man. Lamont could not persuade Gilmour to leave Ann Ramsay's and a few days later when he went again to the house, Gilmour was found "to be much intoxicated with liquor". On this occasion, however, he was persuaded "after much entreaty" to return to his own house, although during the journey he appeared "sulky and furious" which Lamont "ascribed to the servant having refused to give him drink". During his evidence Lamont was pressed about Gilmour's condition on Monday 18th February and was specifically asked if on that day Gilmour was "deranged in his mind or whether he [Lamont] does now ascribe the situation in which he then found him wholly to intoxication?" In reply Lamont "depones that he cannot make a positive answer to the question". Another witness did confirm however that on 15th February Gilmour's conversation was more "inconsistent and incoherent than usual" and that "a few days later he was very roving".

Other witnesses included a watchmaker, James Howden, from whom Gilmour had ordered a watch on 2nd February when he seemed "to be as well as he usually was". But when Gilmour called again on 15th February, to ask if the watch was ready, his conversation seemed a little unusual and the watchmaker, who concluded that Gilmour was now "either wrong or going wrong in his head", decided not to fulfil the order. Finally, Gilmour's servant reported that fourteen or sixteen days before his employer inherited the Craigmillar estate he seemed deranged, was restless at night, called his servant to his room but then had nothing to say to him and was "subject to fall into fits of passion without any cause". The jury, having heard the evidence from ten witnesses, and listened to the way that Gilmour replied to questions in court, unanimously declared that since 15th May 1792 Gilmour had been "of insane mind and furious". Responsibility for administering his affairs, including the estate that he had inherited on 15th February 1792, was entrusted to the urger in this case, his brother Walter, a Captain in His Majesty's 27th Regiment of Foot. Walter had been described during the hearing as being "in entire possession of his faculties and capable of managing his own affairs and of being entrusted with the management of the affairs of the others".

Whether this case illustrates the dangers inherent in Scottish law to which Blackstone had drawn attention is difficult to say, but certain aspects of the hearing suggest "sinister practice". Gilmour, who had no history of mental instability, seemed suddenly afflicted, on the day he became a wealthier man, with total derangement and an inability to look after himself of his affairs. At no time during the inquest was he ever accused of violence, delusion or forgetfulness, although it was alledged that his conversation was incoherent, on 15th February and shortly after, and that before this date he was prone to fits of passion. So far as Lamont was concerned, intoxication may well have been to blame although the surgeon retracted somewhat under closer examination. But Lamont did reveal that Gilmour, a married man, had spent a number of nights in the house of "a woman of the town", that he was reluctant to leave, that during his time there he seemed drunk and that when Lamont tried to entice him out of Ann Ramsay's by inviting him to dinner Gilmour accepted on condition that a Mr. Briggs and his wife should accompany him; Lamont thought this odd since he "considered Mr. Briggs in no other light than a servant". It is unfortunate that Dr. Andrew Duncan's written certificate is not available but one can reasonably assume that he shared Alexander Wood's view and did not attribute Gilmour's deranged behaviour to alcohol. It is impossible to say whether Gilmour was simply enjoying an alcoholic binge or completely out of his senses between 15th and 18th February, 1792, but it is clear that his behaviour, *both then and subsequently*, struck his friends as peculiar and it seemed to violate accepted standards of social decorum; for instance, that a man does not go out to dinner in the company of his servant or sleep away from his wife and family.

At a superficial level what is particularly striking about this case is the attention given to the effects of alcohol and the concern, on the part of the counsel for the claimant, Walter Gilmour, to establish two things. First, that William Gilmour was in a deranged state of mind before he inherited the estate at Craigmillar and, second, that his state of mind and his behaviour were not owing to alcoholic intoxication. The jury evidently concluded that drink was not to blame for Gilmour's condition, although

it is apparent that the effects of intoxication could be confused easily with 'symptoms' of mental derangement; on this crucial question William Gilmour's friend, John Lamont, was unable to give a 'positive answer'.

The interest of this case extends beyond this. Reading through the depositions it becomes apparent that very little of Gilmour's behaviour was viewed as manifestly mad—his court behaviour notwithstanding—but that much of it, particularly on and after 15th February, was thought to be socially unacceptable. Although we are not told if Gilmour had long been in the habit of staying with Ann Ramsay we do know that his conduct caused such offence that his friend Lamont threatened to "apply to a magistrate" to have him forcibly removed. In some respects therefore Gilmour's case reminds us of that involving William Kelty, for in both instances much of the evidence emphasises their unsociable behaviour, their odd quirks which are later interpreted as signs of incipient derangement—for example Kelty's reluctance to eat at regular times, and other ostensibly trivial breaches of social convention. But more than this, both cases point to an important assumption underlying both witnesses's depositions and the jury's conclusions. Namely, that sanity is to some extent to be judged by the degree to which a man is able to regulate his conduct in a socially acceptable manner.

In certain cases, such as that of Janet Stevenson, John Cochran or Charles Simpson, the capacity for self-control seems totally absent. All three individuals are scarcely aware of the oddity of their behaviour and apparently incapable of ordering their social conduct. Kelty and Gilmour, on the other hand, are clearly not oblivious of what is going on around them and until the onset of their alleged loss of judgment they seemed perfectly sound in mind and able to manage their affairs. But in both cases witnesses recall *how* they gradually became aware of behaviour that did not seem totally outrageous or ludicrous, but simply out of character. For some reason the way that Kelty managed himself in public, talked to his customers and the appearance he presented in his shop seemed to change and it appeared that he gradually lost control over himself, his behaviour and his more gloomy thoughts. The behaviour of both Kelty and Gilmour appeared, almost

imperceptibly, to be differentiating them from what the physician Cox was to call "the generality of mankind" and the least equivocal signs of this process was their gradual loss of self-control. Kelty, for example, became unable to keep up the appearance of sound mind and to counter his gathering sense of guilt; he seemed, in brief, to be so overtaken by low spirits that they created what the physician Percival was to call "an incongruity in his behaviour". In the words of Hobbes, it may be said that Kelty—like Gilmour—was the victim of "too much appearing passion". This assumption that an individual should be able to discipline his action, sustain the appearance of mental wellbeing and behave in a socially acceptable manner sheds light on two other cases which are both rather different from those already discussed.

The first took place in Edinburgh on 28th February, 1791 and concerned Sir Thomas Moncrieff. Before the case opened a warrant was issued "to search the repositories of the said Sir Thomas Moncrieff for loaded pistols", but the report on the search is not available. The most salient signs of Moncrieff's condition, which had been deteriorating during the year before the case, were his extreme vanity and equally intense jealousy. Thus Alexander Monro, who also appeared in the Gilmour case, reported that during a visit to the Moncrieff household, in the previous January, he came to the conclusion that it would be dangerous for Lady Elizabeth Moncrieff to continue living with her husband and, moreover, it might be unsafe for anyone to talk to Lady Elizabeth while her husband was present. In explaining this Wood observed that Sir Thomas "appeared to possess such a degree of jealousy approaching to madness as might lead him to commit some act of violence without just foundation". Even during his visit Wood himself had been accused of taking "some freedoms"with Lady Elizabeth. Another witness stated that "the gestures which he [Sir Thomas] made use of" alerted her to the fact that he might be mad, particularly as he was also in the habit of starting to speak and then abruptly stopping. The same witness had also been at a dinner party with Sir Thomas during which he hit the table firmly, "swore a great oath' and threatened to kill a servant if he did not regard his

employer as "the most perfect man". More detailed evidence came from Sir William Murray, an acquaintance of long standing, who had always been aware that his friend had "a very uncommon degree of pride and entertained very exalted notions of his own dignity and importance". These habits of mind seemed to get progressively worse and Sir Thomas's indecision with regard to "his views in life" caused him such mental and emotional suffering—or what Sir William Murray called "agitations of mind"—that he once confided to his friend that he thought he "would soon either die or go mad". Throughout the inquest Sir Thomas made a number of unrecorded observations and these, combined with the witnesses depositions, convinced the jury that the baronet had been mad for at least a year.

This case strongly brings to mind Thomas Arnold's description of madness in terms of the ascendance of particular habits of mind, such as pride, that finally become permanent and impair an individual's ability to lead a normal life. In Sir Thomas's case neither his pride nor his jealousy were nipped in the bud and over the years they flourished and increasingly distorted his view of the world. Although he was aware of this himself there appeared little that he could do to arrest the onset of madness and by the time that the case was heard he appeared to have totally lost "his right judgement". The disabling effects of violent passions, to which many physicians drew attention, finally overwhelmed him and this gradual diminution of his capacity for self control is remarked upon by all the witnesses. The point at issue in this case therefore is not whether Sir Thomas behaved in a bizarre manner but that he seemed no longer capable of regaining any equilibrium thereby eradicating his distressing "agitations of mind".

In the second case attention is focussed on the question, "What should count as acceptable behaviour?" This case is particularly interesting because it involved an open conflict between James Morrison and his brother David, each of whom accused the other of being mad and had evidence to prove it. After a series of unexplained adjournments the inquest finally got started on 3rd February, 1752, and the first witness set the tone for the rest of the proceedings by claiming that David Morrison, the claimant, was "not provident

in his own affairs". This conclusion was based not on the witness's "own particular knowledge" but upon reports that he had heard, although he did add that on one or two occasions he had "seen him [David Morrison] in low company". Other witnesses reported that the claimant drank a great deal, that he had once pawned his hat, that he frequently stayed with his sister in Leith although he had a house of his own in Edinburgh, and that he was not provident. Evidence of David Morrison's lack of social grace and discretion came from Dionysius Thomson, a Writer to the Signet in Leith, who described the claimant's behaviour as "quite wild" and reported that,

> "he has seen him press himself into a company and refuse to go when he was desired though he was told by them that they were upon business. That he has picked quarrels with them and thrown glasses with liquor in them. And that at one time saw him take six or seven shillings out of his pocket and say he would not part so long as that was to the fore. And he pressed the company to stay. That the people in the tavern where he had occasion to be complained of this behaviour on those occasions and desired him to go out of the house which he refused to do'.

Such anti-social behaviour contrasted sharply with that of James Morrison. Although one witness described him as "a weak man" the same witness did point out that he answered questions "pertinently" and that once when he had written a series of letters on the witness's behalf "they were to the same purpose desired by the deponent''. More tangible support for James Morrison came from an old acquaintance by the name of John Crawford who told the court that,

> "he has been in company frequently with him. That he behaved discretely. That he has been three hours in company with him at one time. That he conversed rationally and behaved as others in the company did and at some of these occasions he took a hearty glass with him".

In other words, James Morrison was socially competent, able to hold his drink, to converse rationally and avoid upsetting the balance of a protracted social occasion. He was discrete and measured in his conduct, whereas his brother David was rude, impetuous, sometimes drunk, a social embarrassment and a nuisance in the taverns he frequented. He seemed insensitive

to the feelings of others, his oaf-like behaviour provoked complaints and it would appear that he, rather than his brother James, should have been brought before the court. Whether the jury took this view is impossible to say for the papers relating to the outcome of the case have been lost and so far have not been traced.

* * * *

At this point it would be useful to shift the perspective for a moment and stand back a little from the absorbing detail of each case. In his Practical Observations of Insanity (1804) J. M. Cox made a couple of observations that are directly relevant to this discussion. Addressing the thorny question of what insanity actually is, Cox emphasised the difficulty of providing a clear answer and of distinguishing precisely the point at which an individual may be justifiably declared mad.

> "As men are endowed with various degrees of intellect and as almost every individual has his peculiarities, it is often difficult to determine where these end and insanity begins, and what in one would be termed aberration of mind, in another might be called corruscations of genius".[4]

Perhaps the witnesses to these cases, as well as the juries, would have accepted the validity of Cox's remark in principle, but reading their depositions there is little sign of hesitation or caution and the general tenor is one of confidence, and a sense of ease in drawing the distinction between mad and sane peculiarities of mind. The reason for this is not complacency or conspiracy on the witnesses's part but rather a fairly clear sense of how they expect an individual should behave in the company of others and what type of behaviour would be both out of character and out of keeping with prevailing conventions. Of course the substance of such conventions is never made explicit but witnesses are inevitably judging a man's sanity both in relation to their own conduct and that of their fellows and, equally important, in relation to the individual's own past behaviour. Thus John Rutherford was thought to be "unusually sullen",

Charles Simpson developed "an unusual tendency to unprovoked anger and thoughtfulness", and Joseph Norrie (whose case was heard in May 1764), was found to be "out of his ordinary temper". Sir Thomas Moncrieff's jealousy and vanity may have been wholly in character but his social conduct eventually became totally distorted by these powerful emotions. Uncharacteristic behaviour alerts witnesses to the possibility of madness, particularly when their isolated observations are supplemented by hearesay or "report" and by other instances of bizarre behaviour. Isolated instances of foolish conduct and incidental quirks amount to very little, but placed in the wider context of someone's general demeanour and past behaviour they inevitably gain in significance. For example, it is reasonable to suppose that the jury would have found it fairly easy to dismiss John Cochran's cup throwing episode had they not also been told that he misspelt the word God and whistled for his Creator in the fields.

Underpinning many of these depositions therefore is an implicit assumption that sanity consists, at least in part, of an ability to imbue social conduct with what Adam Smith aptly called "an even tenour or an equal propriety".[5] Without this, without any obvious sense of equilibrium or consistency, an individual becomes vulnerable to the charge of madness. Janet Stevenson, for instance, was reported to be "more moved when talking on some particular subjects than she was at other times and at some of these occasions she used so much address and artifice in her conduct that the deponent doubts that she was really as bad as she appeared to be". But on other occasions we have seen that Janet Stevenson lacked artifice and was unable to keep her more fanciful ideas in check; similarly, the witness who had wondered out loud whether or not Stevenson was mad had later heard by report that such doubt was groundless. There is therefore in these accounts a clear sense both of the degrees of madness and of the necessity to check anti-social impulses, such as drinking, abusing or threatening friends, or simply wishing to keep silent in company. Very often the atrophy of self-control is marked by totally incoherent speech, by wandering attention and by complete passivity in the face of a patently absurd association of ideas. On numerous occasions those charged with madness are assumed to be

"wrong headed" because they give stupid answers to questions, speak "things that are inconsistent and without foundation in nature", hum and haa when spoken too, talk coherently for a while and then run "into a rambling and inconsistent way" or simply "laugh at those about them".

In characterising someone's behaviour as mad witnesses in these cases are, on one level at least, simply affirming certain standards of social decorum. But at the same time they are adopting a point of view that many physicians had recommended; namely that,

> "It should be laid down as an invariable rule that no man be deemed insane till proved so by his actions: the singularity of a man's modes and bent of thinking shall not condemn him afor a maniac, but the acting on them".[6]

Cox's golden rule, which is to be found also in the work of physicians such as Battie and Percival, sheds some light on witnesses' accounts. These reveal a concern not so much with what a man thought but rather with how his ideas shaped, and in many cases distorted, his public behaviour. This distinction between private idiosyncracies and public indiscretions is absolutely central to much of what witnesses say in court. Coupled with the assumption that an individual's conduct should be consistent and of an even tenor is the equally important principle that "that man and that man alone is properly mad.... who behaves according to erroneous persuasions".[7] This common sense belief, stated here by William Battie, permeates many witnesses reports.

William Kelty, for example, was not declared mad because he believed himself to be "the devil's volunteer" but rather because he was unable to prevent this erroneous association of ideas from distorting his public behaviour and persuading him that he was too worthless either to be visited or spoken to. Similarly, James Arbuthnot's vision of himself as a Peer of England would have been fairly innocuous had it remained a private fantasy and not one that he tried to realise by insisting on being addressed as Viscount. Sir Thomas Moncrieff too might never have put his sanity in question had he been able to temper his jealousy or vanity; it is one thing to be jealous, but quite another indiscriminately to accuse people of taking "freedoms" with one's spouse. What witnesses are doing therefore is not necessarily passing

judgment upon a man's ideas or notions, but upon their public display. To some extent witnesses are describing as mad public behaviour of which they do not and cannot approve. Thus Joseph Norrie reportedly conducted his business affairs in a way that a witness could "not approve of as right" and he was "sometimes lavish of his money,,,when the deponent thought he had no occasion". The public behaviour of Kelty, Arbuthnot, Moncrieff, Norrie and others serves therefore to create, in the minds of both witnesses and jury, what Condillac had succinctly called "a visible difference" between the lunatic and the rest of mankind.

Locke had drawn a similar distinction between an individual's private vagaries and social conduct. Like Condillac after him, Locke conceded that no one is free of those peculiar weaknesses that mark a man as mad once they are repeatedly exposed in public. To Locke all men are unreasonable to some extent but perfection of appropriate habits of thought and conduct keeps this universal taint of madness within limits. Throughout the course of the eighteenth century this distinction between what we would now call the private and public self assumes increasing importance in a diverse range of work. In literature, medicine and philosophy, authors are at pains to emphasise that sanity has as much to do with mastering one's public demeanour as with resisting the temptation of pernicious social habits. What has to be controlled are those fantasies, aspirations or passions that are incompatible with rational social conduct and, according to Shaftesbury, "the stricter this discipline is, the more the man is rational in his wits".[8] In very much the same vein Bishop Butler observed, in 1726, "that every man is to be considered in two capacities, the private and the publick", and as this distinction gains in currency during the eighteenth century one finds greater attention being paid to the way in which someone manages the art of social life and the degree to which he refines his manners in accordance with prevailing conventions.[9] By the late eighteenth century even passing a man on the street is governed by convention and according to Boswell in 1773, "now it is fixed that every man keeps to the right; or, if one is taking the wall, another yields it, and it is never a dispute".[10]

By the middle of the eighteenth century it is entirely appropriate, therefore, that the metaphor for social life should be that of the theatre. According to Fielding "the world has often been compared to the theatre" but by 1749, the year in which Fielding wrote Tom Jones,

> "this thought has been carried so far, and is become so general that some words proper to the theatre, and which were, at first, metaphorically applied to the world, are now indiscriminately and literally spoken of both; thus stage and scene are by common use grown familiar to us, when we speak of life in general, and when we confine ourselves to dramatic performances".[11]

As in the theatre so too in social life. The essential thing is to keep up appearances and direct one's passions with apparent artlessness. Hence Chesterfield's advice to his son to "make yourself absolute master of your temper and your countenance" for the simple reason that, "mankind, as I have often told you, is more governed by appearance than by realities".[12] Moreover, if the general rules of social conduct are not observed society would, according to Adam Smith, "crumble into nothing".

What is imperative therefore is not that passions are eradicated or incongruous notions banished but simply that both should be tempered by custom. "A man need not conquer his passions, it is sufficient that he conceal them", and so long as he indulges his appetites "after the manner the custom of the country allows of he has no sensure to fear".[14] Bernard Mandeville's exuberantly paradoxical Fable of the Bees contains perhaps the most incisive analysis of the influence of custom and, more particularly, of the powerful control that the dread of public shame exerts over every individual. Custom may be a form of "tyranny" but it is undeniably necessary and Mandeville gives little ground to those—such as Rouseau—who were later to argue that observance of convention and adherence to social rules merely serves to deform human nature and reduce it to what the Frenchman called "an abject uniformity".[15] In anticipation of Adam Smith, Mandeville argues that "all civil commerce would be lost, if by art and a prudent dissimulation we had not learned to hide and stifle the ideas that are continually arising within us".[16] In expounding the importance of the "dextrous management of ourselves" Mandeville was by no means alone

and in the work of Hume, Hutcheson, Smith and Montesquieu [particularly in the latter's discussion of treason, blasphemy and homosexuality], one finds the same conviction that society depends upon the observance of custom and an important distinction is to be drawn between public and private life. To such authors a sign of sanity is the capacity to prevent the troubled ambiguities of personal life from being shamelessly revealed in public.[17]

If a man's public behaviour should be marked by "regularity and constancy", as Hume thought it should, does this inevitably mean that there are no occasions in life when passions, idiosyncracies and small vanities may be indulged? The answer, given by many authors during the eighteenth century, is yes, but only in private. Here all considerations of propriety and social decorum may be rightfully ignored and privately each is entitled to give expression to his natural self. A clear line is to be drawn therefore between the private and natural realm and the sphere of public or conventional life. Apart from Rousseau most authors do not conceive of the relationship between these two realms in terms of hostility; the appropriate image is rather that of checks and balances. The private realm provides a check against the imperious influence of convention, it guarantees an area of social life free of artifice, and against this one has to balance the public realm, in which rules or conventions channel natural inclinations in appropriate directions. Thus life, though it may be lived in public, is to be realised *in private; the area that encourages* and allows for self-fulfilment.

In an interesting analysis of the history of the word privacy Raymond Williams has observed that by the eighteenth century,

> "seclusion in the sense of a quiet life was valued as privacy, and this developed beyond the sense of solitude to the senses of decent and dignified withdrawal, and of the privacy of my family and friends, and beyond these to generalised values of private life".[18]

The social grouping which embodies these values most clearly is the family and it is instructive to consider that in the eighteenth century the concept of the family—in the sense of a small kin group usually living in one house—emerged most fully. What the family affords is the opportunity for withdrawal and retirement, of release from the demands of social life.

Laurence Sterne's Tristram Shandy contains perhaps the richest illustrations of the infinite singularities of individual temperament, but despite the extraordinary antics of the Shandy family it is apparent that no member of it is ever thought of by Sterne to be of unsound mind. And the reason for this is that the eccentricities of Uncle Toby and Walter Shandy are not broadcast to the world and in riding their respective hobby-horses each takes care not to "jostle anyone on the way". As Sterne says.

> "So long as the man rides his hobbyhorse peaceably along the King's highway and neither compels you nor me to get up behind him, pray sir, what have either you or I to do with it?"[19]

The Shandy world is one of discreetly indulged enthusiasms, a world to which idle passers-by are not privy. In such a world the centrally important distinction is between private and public life, between life lived within the family and that lived outside it. But as Sterne implies what saves a man such as Uncle Toby from the charge of madness is his ability in public "to guard appearances, I believe, as well as most men".[20] This observation brings us back to the court cases, for in all the cases discussed the supposition underlying the charge of madness is that the individual concerned is no longer able to guard appearances, thereby ensuring that private vagaries are not translated into public indiscretions. In riding their particular hobby-horses people such as Sir Thomas Moncrieff, Janet Stevenson, James Arbuthnott or Charles Simpson 'jostle' those around them and in a case such as Arbuthnot's a hapless bystander is likely to be asked to "get up behind him" as he rides his hobby-horse.

If we return now to the court cases the full force of this distinction between public and private life will become evident. In one particular case, that of Archibald Gray versus his brotherJames Gray, the jury explicitly states that the decision to declare a man insane should be based solely on his public behaviour and not on his own privately held views, no matter how extravagant these are. This case also throws into sharper relief two important issues. First, it demonstrates that the

scandal generated by an individual's outrageous public behaviour, and the shame this brings upon his family, is an important consideration in assessing that person's sanity. Second, there are clear indications in this case of the abuses which English authors, such as Blackstone, thought were inherent in Scottish law.

* * * *

Early in 1737 Archibald Gray, who was at that time travelling in England, received an urgent and unexpected letter from his father requesting that he return immediately to Glasgow, the family home. The reason for this request was the rapidly deteriorating mental condition of Archibald Gray's elder brother James. On his arrival in Glasgow Archibald Gray found his father's concern well-founded.

> "Upon my return home, upon enquiry, I found the truth of what my father had wrote; and that in his opinion, and that of many of our neighbours and friends, James Gray was truly disordered in his judgement and unfit to manage his affairs, or to take care of the substance which he had acquired; that he frequently exposed his person, by frantic behaviour in public places; and in short, was becoming notoriously known and reputed a madman in Glasgow and the neighbourhood; and it was justly, as we thought apprehended, that a person in this situation going about exposing himself to the mob, sometimes attacking people in the streets whom he did not know, and carrying all his substance in three or four bills in his pocket, was in some danger both as to his person and effects." [Emphasis in the original.]

Alarmed by the discovery that his brother was becoming "openly and notoriously known" as a lunatic, an opinion widely shared by friends and neighbours of the family, Archibald Gray presented a Brieve of Furiosity to the Regality Court in Glasgow. The inquest took place in August 1737. Of the six witnesses called the first to testify was Dr. George Montgomerie, a Glasgow physician, who gave it as his opinion that James Gray "is mad and furious"; the reason for this opinion being Montgomerie's observation of the accused,

> "walking up and down the streets of Glasgow as a furious and mad man waving and shaking his stick... and saw him attack a gentleman,... and he had observed James Gray to have a roving and confused eye and other symptoms of madness".

The second witness, a surgeon by the name of John Gordon, gave "the same reasons for his knowledge" that Gray was insane. Gordon also added that Gray had once attacked him in the street and that he had seen the accused walking around "with a pair of boots in his band and saw him throw the boots from him". Shortly after this he was told byWilliam Stewart, a Glasgow merchant, that he had seen James Gray "hang each of his boots about the corner of the rail about King William's statue in Glasgow". When Stewart returned the boots to their owner he was asked "to return them where they had been placed for that was the proper place for them".

The introduction of this episode with the boots is crucially important for it turns out to be the most decisive piece of evidence in the entire case. No less than three of the six witnesses refer to it and it is an occurrence to which they each attribute considerable significance. Thus William Stewart, the fourth person to testify, repeated verbatim John Gordon's account and merely confirmed that it was he who had removed the boots on James Gray's behalf. Likewise David Young, another merchant, recounted the same incident although he particularly remarked that James Gray had placed the boots on the railing "with their feet upmost". Young then proceeded to affirm the integrity of Archibald Gray, with whom he had had frequent occasion to do business, and concluded by describing James Gray as "a furious and mad man". The final witness, a merchant by the name of William Gray, recounted how he had seen the defendant "leaping and jumping backward and forward in the streets, shaking and waving his stick, and some boys about him". Until the "great change and alteration", which apparently came upon James Gray in 1735, the merchant had judged him to be "a provident and discrete man". He considered his brother Archibald, with whom he had conducted an amicable business relationship for nine years, to be capable of managing his affairs and those of others. The jury, which consisted of fourteen merchants and a senior stationer,

unanimously pronounced James Gray to be in compos mentis, but they took the exceptional step of spelling out their "particular reasons" for this decision. These reasons consist simply of a catalogue of James Gray's public indiscretions, as reported by the six witnesses, but having listed these events the jury's statement continued as follows.

> "And that there are many degrees of that distemper [madness], as well as of other distempers of the body, is certain. And this man may not be utterly or constantly destitute of reason, nor so furious as to need being chained, or to be dangerous to the lives of himself or others; all of which may be true. And at that time it may also be true, that he is so disordered in his judgement as justly to be found in compos mentis".

The case of James Gray, however, does not end with this verdict for two years later in a petition signed by his brother Archibald, on the 10th July 1739, it emerges that the Edinburgh Court of Session judges later "reduced the verdict" and awarded costs against the petitioner. Archibald Gray's petition further reveals that Archibald Ingram, to whom James Gray had entrusted his possessions, contested the 1737 verdict on two points. First, that Archibald Gray had prevented his brother from attenting the 1737 inquest by "tyrannically" confining him in a cell for lunatics; this cell was one of the many "commodious rooms" adjoining the Glasgow house of correction where "delinquents were kept at labour". Second, Ingram alleged that Archibald Gray was heavily in debt, that he coveted his brother's estate and had succeeded in packing the jury with his creditors.

At the Court of Session in Edinburgh in July 1739 Archibald Gray denied Ingram's charges and defended his behaviour. He explained that he had confined James in the house of correction on the advice of a physician, "who thought it might be a mean of his sooner coming to himself, of attaining to some greater quiet or composure of mind if he were prevented from strolling about, and exposing himself to the mob in the street." Archibald then gave details of further outrages comitted by his brother in the previous year. Most notably in 1738, "he betrayed his madness to persons he had never seen by coming to them upon the street and offering to wager L50,000 that the town of Glasgow would soon be a terrification to all towns and countries". Four months later he had ridden around the streets asking an "officer at

the guard" to give him his sash and he had also called at Archibald Ingram's shop asking if he had "any hops or hoops to sell, and saying, that he wanted to make a bonfire at the Cross of all the hops or hoops in town". Eight witnesses were then called and the record outlines the "sum of the proof" under the following articles:

1. Until two or three years earlier James Gray had been a man of sound judgement but in the last few years "a remarkable change and alteration befel him" and was "noticed by his acquaintances".

2. "This alteration upon James Gray became so generally known and observed that he came to be held and reputed a madman or distracted in the City of Glasgow, in the neighbourhood". [Emphasis in the original.]

3. "The foundation of such alteration observed, and reputation of madness acquired, appears partly from a proof of the several instances and overt acts, whether by words or behaviour, that hath been proved before the jury, and before your Lordships."

At this point there follows a catalogue of individual incidents including,

> "running and crying in the fields, when nobody was near, coming up to attack or abuse people in the streets, without the least previous provocation or conversation; walking the streets with a black sash about his waist, and sometimes about his hat, drawing the mob after him in the streets, with his frantic motions; setting up his boots upon the corner of the rails of the statue".

This list is very similar to that recorded by the jury at the inquest in 1737 but in the Quarter Session records the catalogue of James Gray's public outrages is followed by a crucial passage that makes explicit the commonsense assumptions with which the jury worked.

> "All these particulars are entirely distinct from his peculiar notions or conceits in a religion, as to the interpretation of prophecies, or otherwise. Nobody will maintain that madness is to be inferred from erroneous or groundless opinions; and yet when these transport a weak man, so far as to lead him into a frantic behaviour, even on that subject, such as crying out in a cathedral, or at the door of a college, that there is the whore of Babylon, it seems hardly possible to avoid joining that with other things, as a symptom or

> indication of a distempered mind. For it is one thing, to study prophecies, and apprehend that the meaning thereof is discovered, wherein studious and learned men have been mistaken; and quite another thing, to go to the streets and pronounce denunciations to people whom the man never saw before". [Emphasis in the original.]

Shortly after this the record abruptly stops and so far it has been impossible to trace the final outcome of the Gray saga. However a small clue to its resolution is provided by the chance discovery of another petition written by Archibald Gray, dated 1742, in which he vigorously protests against the lawfulness of his imprisonment, in Edinburgh, on the grounds of Bankruptcy. It is tempting to speculate that Archibald Ingram's allegations and James Gray's appeal were upheld, and that Archibald Gray was in fact concerned to gain custody of his brother's estate for purely financial reasons. The charge of lunacy may have been used on this occasion as a strategy whereby Archibald Gray could have freed himself from the unwelcome attention of those creditors with whom he had allegedly packed the jury at the inquest in 1737. But until the record is traced such a conclusion must remain speculative.

Although we do not know what finally became of James Gray the case made against him, both in 1737 and 1739, gives us a fairly detailed picture of what ordinary people, such as the witnesses and jurors in the cases, thought madness was. More particularly the case makes explicit the commonsense assumptions employed by jurors and witnesses in deciding whether or not a man is to be declared mad. So far as James Gray's own family is concerned it is quite clear that the scandalous nature of his public behaviour, his apparent disregard for family honour and reputation, was a clear sign of "distempered judgement". In his evidence Archibald Gray makes it abundantly clear that his brother's notoriety is quite shameful. By 1737 when Archibald Gray returned to Glasgow from England his brother had become "openly and notoriously known" as a lunatic, he was "the daily spectacle of the rabble on the streets, and was reputed a madman by the most sober and judicious persons in Glasgow". And many of the merchants with whom Archibald Gray did business had "heard that James Gray was distempered in his judgement". To the mob to whom he "exposed himself" James Gray may have been something of a joke and it is apparent that his

shameless, often amusing antics attracted attention and as he walked through the streets waving his stick he usually had "some boys about him". To Archibald Gray the entertainment provided by his brother for the "rabble on the streets" must have been acutely embarrassing and the only way of eliminating this threat to the family name and honour was to place James in one of the commodious rooms set aside for lunatics in the house of correction. This shameful, scandalous quality of insanity is evident in some of the other cases—as for instance that of William Gilmour who preferred Ann Ramsay's hospitality to that of his own wife and family—but in the Gray case concern to save the family from public embarrassment is particularly clear. Banished to the house of correction, removed from public view, James Gray's antics would not bring shame upon his family and his brother would be able to keep secret the nature and extent of his infirmity.

The case also brings out into the open the important assumption that in determining the soundness of a man's mind attention must be given not to the validity of his ideas or opinions per se, but to the degree to which these interfere with and distort his public behaviour. As the physician Thomas Percival was to point out, at the end of the eighteenth century, madness has its onset once an erroneous association of ideas produces "incongruity of behaviour and incapacity for the common duties of life". The case of James Gray exemplifies this principle. In 1737 the jury are at pains to point out that there exist many degrees of madness and that although James Gray is not "destitute of reason" and is not in need of chaining he is nonetheless considered to be "disordered in his judgement and in compos mentis". Two years later the basis for this conclusion is fully spelt out. James Gray entertains "peculiar notions or conceits" in religion but instead of indulging these privately he is transported by them and unable to resist the opportunity of pronouncing them in public. In riding his hobby-horse he is conspicuous, clumsy and so convinced of the truth of his views that he endeavours to convert people whom he "never saw before". As the jury emphasise, his madness is not to be inferred from his "erroneous or groundless opinions" but from his public, and for his family shameful revelation of these. When

someone contradicts his views James Gray is overwhelmed by "high passions" and being unable both to control these and to keep his conceits to himself he is rightfully declared to be mad. His complete loss of perspective, his inability to keep himself in check and to appreciate the incivility of his behaviour renders him incapable for the common duties of life. To those around him James Gray seems oblivious of the distinction between his private and public self, and indifferent to the rule of social life which prohibits the public revelation of private vagaries. Unable to guard appearance or impose "regularity and constancy" upon his behaviour James Gray becomes a public spectacle and a scandal to his family. Although he is neither violent nor a danger to himself or others he is nonetheless deemed a fit object for the house of correction.

The Gray case is remarkable because of the way in which the jury, in 1739, openly addresses the question, "What is madness?" But in this case, as in all the others, one gets the impression that both witnesses and juries implicitly know who is mad and who is not. Unlike physicians they do not agonise about where exactly to draw the line between madness and sanity, but like physicians they attach enormous importance to the way someone behaves in public, the use he makes of memory, his ability to clip the wings of his imagination, to keep in check his stronger passions, to talk coherently and concentrate upon the subject in hand. Failure to do any of these things is taken as an unequivocal sign of madness. The disease may come on gradually over a period of months, as it did in the case of William Kelty and Sir Thomas Moncrieff, or it may suddenly afflict a man, as in the case of John Cochran, but whatever form it takes its onset is marked by the violation of the rules governing social life and by apparent indifference to the conventions upon which society depends for its continued existence.

Principal among these conventions is the assumption that an individual will control his public behaviour in an acceptable manner and will not, as David Morrison did, rudely barge into a private meeting, abuse his drinking companions, draw attention to himself or refuse to leave the tavern when requested. Such behaviour may simply be regarded as unreasonable but in

some of these cases there is evidence that unreasonableness is sometimes equated with madness. In the medical literature the distinction between lunacy and unreasonable behaviour was more carefully drawn and Locke in particular took great care to differentiate between real madness, in the sense of being overwhelmed by passion or transfixed by a particular association of ideas, and the more common forms of unreasonableness that do not amount to madness and from which no one is exempt.

In the court cases, however, such fine distinctions obviously are not made and an individual who behaves in a way generally disapproved of exposes himself to the charge of madness. This applies not only to the way in which a man conducts himself on social occasions but also to the judgment he shows in managing his affairs, including those of his business. Thus one argument in support of the charge, made in 1794, that James Edwards was mad was that he had "made a very foolish bargain in selling his estate and such a bargain as no man in his senses would make". In passing this judgment the witness in this case is, quite naturally, judging Edwards by his own standards of business proficiency and behaviour but this is, as we have seen, a common basis on which to assess the soundness of someone's mind. To physicians, such as Beddoes, this tendency of the 'vulgar' "to attach the imputation of extravagance to any mode of conduct varying from their own", and to thereby "extend the boundaries of insanity so unmercifully", may be quite reprehensible but as these cases reveal there do not exist independent, neutral criteria upon which to base a decision.[21]

Although the criteria are relative the witnesses's depositions do exhibit considerable similarities with respect to the sort of behaviour that is seen as a sign of madness. But what is missing in these depositions are any refer nces to the insane behaving like animals, or as if they were possessed. Of course, some lunatics are violent and dangerous, but throughout these records there is little sense of the insane being terrifying or acting as if they were guided solely by animal-like instincts. Instead, there are repeated references to flights of fancy, loss of memory, incoherence, behaviour similar to that of a drunkard, and other breaches of social

decorum, such as refusing to talk to visitors. In some instances the parallels between witnesses's depositions and accounts of insanity in the medical literature of the time are quite striking and there is a sense of agreement between physicians and witnesses as to what constitutes madness. It would be treading on dangerous ground, however, to read too much into this apparent overlap and one should be equally careful in attempting to elicit what I have referred to as the common sense assumptions underpinning the accounts of witnesses; only in the James Gray case are these assumptions spelt out fully.

One thing that emerges quite clearly is that madness, in its milder forms at least, can be coped with fairly well at the level of day-to-day family life and, indeed, that milder eccentricities are only interpreted as signs of insanity once they become unmanageable and others find them difficult to live with. Sir Thomas Moncrieff, for example, had for a long time entertained absurdly vain notions about his own importance but it is only when his family can no longer cope with his antics that the label 'madness' is attached to his behaviour. One gets the impression that some of the families involved in these cases could tolerate and accommodate a certain amount of socially disruptive behaviour but that once this gets out of hand more drastic measures have to be resorted to. Perhaps blind Charles Simpson's delusions would not have prompted any action against him had they not also been accompanied by violent behaviour, throwing food at people, threatening to throw others down stairs, barricading himself in his room and other irritating habits. Styling oneself 'King Fergy' is one thing, behaving like a tyrant quite another.

NOTES

1. These records are kept in the Scottish Record Office in Edinburgh. The relevant entry in the Sheriff Court Repetory Books is 'Service of Heirs'. Relevant volumes for Edinburgh are marked SC 39/58/1-13; for Glasgow the reference is SC 36/74/1-4. The records are kept in chronological order, in bound volumes and the pages are not numbered. The lunacy inquests are not filed separately and the relevant records are kept with others relating to the service of heirs. In preparing this chapter 37 cases were located, during the period 1735-1800, but not all of these have been drawn on directly. In many instances the evidence is so cursory that nothing of value could be obtained from it and on at least half-a-dozen occasions there is no evidence at all. The cases which are quoted directly in the chapter are listed below, in chronological order. They are identified by location and date of the inquest, the name of the alleged lunatic and the number of the relevant record book. Since the records themselves are on unnumbered pages there seems no reason to repeat these references in the body of the chapter, as nothing more could be added to what is given below.

J. Morrison	13th December 1751	Edinburgh	SC 39/58/4
J. Arbuthnot	28th February 1752	Edinburgh	SC 39/58/4
C. Simpson	23rd March 1753	Edinburgh	SC 39/58/4
J. Stevenson	1st August 1753	Edinburgh	SC 39/58/4
J. Rutherford	17th January 1763	Edinburgh	SC 39/58/6
J. Norrie	2nd May 1764	Glasgow	SC 36/74/1
W. Kelty	27th May 1765	Edinburgh	SC39/58/7
R. Wilson	29th November 1775	Edinburgh	SC 39/58/9
K. Stewart	30th October 1784	Edinburgh	SC 39/58/11
J. Cochran	14th July 1789	Edinburgh	SC 39/58/12
Sir Thomas Moncrieff	28th February 1791	Edinburgh	SC 39/58/12
R. Miller	21st April 1791	Glasgow	SC 36/74/5
W. Gilmour	17th January 1793	Edinburgh	SC 39/58/13
J. Edwards	20th September 1794	Edinburgh	SC 39/58/13
A. Wright	14th August 1794	Edinburgh	SC 39/58/13
J. McCormack	10th September 1795	Glasgow	SC 36/74/5

   For the James Gray case see WRH 11/32/13, for the inquest at the Regality Court, Glasgow, on 13th August 1737; and the records of the Edinburgh Court of Session Cases 1726-1750, for the hearing on 10th July 1739.

2. Quoted in Viscount Stair. Institutions of the Law of Scotland (1749) p. 573.

3. Blackstone. Commentaries on the Law of England 1765-1769 Vol. I, pp. 292-5; Vol. II, pp. 24-5.

4. J. M. Cox. Practical Observations on Insanity (1804) 1813 edition p. 147.

5. A. Smith. A Theory of Moral Sentiments (1759) Part III Ch. V.

6. J. M. Cox op. cit. pp. 147-8.

7. W. Battie. A Treatise on Madness (1758) pp. 5-6.

8. Lord Shaftesbury. Characteristics of Men, Manners, Opinions, Times Etc. Ed. J. M. Robertson 2 vols. (1900) Vol. I p. 208.

9. Quoted in R. Sennett. The Fall of Public Man (1974) 1977 edition p. 16.

10. Quoted in P. Gay. The Enlightenment: An Interpretation. 2. The Science of Freedom (1970) 1973 edition p. 42.

11. H. Fielding. The History of Tom Jones, A Foundling. Clarendon Edition 1974. p. 323.

12. Philip Stanhope, Fourth Earth of Chesterfield. Letters to his Son Edited and Introduced by J. Harding 1973 edition p. 97. Chesterfield's Manners and Speach 1884 edition p. 15.

13. A. Smith op. cit. Part III Ch. V p. 223.

14. B. Mandeville. The Fable of the Bees (1714) 1970 edition p. 106.

15. J-J. Rousseau. A Discourse on the Origin of Inequality. Everyman edition 1973 pp. 105-6.

16. B. Mandeville op. cit. pp. 102 & 351.

17. Cf. L. Trilling Sincerity and Authenticity (1972) p. 69.

18. R. Williams. Keywords (1976) Entry under 'Private'.

19. Laurence Sterne. The Life and Opinions of Tristram Shandy (1759-67) 1974 (Penguin edition) p. 43.

20. Ibid. p. 104.

21. T. Beddoes. Hygeia (1803) Vol. 3 pp. 46-7.

CONCLUSION

The purpose of the preceding chapters has been comparatively simple. To show that during the period 1650-1800 madness emerges both as a distinct social problem in its own right and as a separate branch of medical enquiry. Throughout much of the seventeenth century the social problem posed by the insane was dealt with by a range of legislative measures and custodial institutions designed to cope with a heterogeneous group of social transgressors. At the same time the disease attracted the attention of some physicians but strictly defined 'medical' explanations of the disorder had to compete with well established views concerning the power of divine or demonological possession, or accounts invoking astrological occurrences, such as the position of the moon. By 1800 the insane are still confined with criminals, the idle, poor and unemployed, and in the medical literature there are traces of older, more 'traditional' interpretations of the disease. But at the same time it is becoming apparent that for the purposes of legislative control, social policy and medical training, the distinctive medical and social problems associated with madness are to be given a separate status. Special institutions are developed, forms of treatment are refined and adapted specifically to the needs of the insane, laws are passed for regulating establishments in which they are confined and, in 1807, the first House of Commons Select Committee is set up to inquire into the state of lunatics. Rather earlier, in 1771, when John Aikin proposes that for both custodial and therapeutic purposes the insane should be placed in a 'common receptacle' it is significant that he does not preface this proposal by spelling out exactly why the insane are to be treated as a separate group. Rather, the distinctiveness and, as it were, the uniqueness of the difficulties posed by this disorder constitute the unquestioned premise upon which his proposed solution to the problem is based. Aikin's Thoughts on Hospitals (1771), the

first book in which 'lunatic hospitals' are discussed, is an indication of the change that had taken place in the preceding century.

In the course of this thesis this gradual process of differentiation, by which insanity was distinguished from other forms of social transgression and from other types of 'illness', has been examined at a number of different levels. Most notably, at the levels of medical enquiry, the institutional provision for the insane and the forms of treatment that were developed to cope with their disorder. In reviewing the general argument it would be a mistake, however, to try and show that changes at any one of these levels preceded and somehow generated changes at another; for example, the emergence of the lunatic asylum cannot be accounted for solely in terms of an advance in the medical account of madness. The process of differentiation and seclusion of the insane, that occurs in the eighteenth century, cannot be reduced to a series of neatly formulated relations of cause and effect. Of course, changes in the medical interpretation of madness—specifically the development of the view that the disease could be cured—promoted separate institutional provision, but the purpose of this thesis has been to show that the pressures and changes which brought about this development were various, complex and inter-related. In some cases these forces are difficult to detect, in other instances they can only be inferred and nowhere is one presented with an unambiguous pattern of development that is perfectly explicable in terms of a handful of key factors. Indeed, the emergence of insanity as a distinct medical and social problem is an often faltering process—the insane are for instance incarcerated in workhouses until well into the nineteenth century, while at the local level esoteric forms of treatment and control persist—but I am certain that the developments analysed in these chapters are genuine and I am equally sure that they have significant implications for the way in which the psychiatrically disturbed are currently regarded and cared for. That they have always been recognised as a distinct group is quite evident and one only has to recall the surviving seventeenth century petitions to the Lancashire

Justices of the Peace, the existence of separate cells for lunatics in workhouses and the depositions of witnesses appearing in the Glasgow and Edinburgh Sheriff Courts, to appreciate that at the day-to-day level of workhouse administration, family life and other social occasions, madness has always been recognised as a distinctive disability. But in the course of the eighteenth century the need for special provision and the scope for medical investigation of this disorder becomes fully apparent.

By the time that Cox published his Practical Observations on Insanity (1804) it was taken for granted that psychiatric disorder was amenable to rational medical enquiry. One hundred years earlier the disease certainly attracted medical attention but, as we saw in Chapter One, late seventeenth and early eighteenth century treatises on the subject evinced some uncertainty regarding the most appropriate perspective, or point of view, upon which to base enquiry. Sydenham's proposal that physicians follow the model of the painter or botanist, both of whom capture the smallest spot of their "original", proves difficult to implement when the object of enquiry is as elusive as the mind and its perturbations, none of which can be precisely described or distinguished in the way that each species of flora may. Finding it hard to encapsulate in their descriptions the essential character of insanity some physicians endeavour to show what madness is like by comparing it to other phenomena, such as a savagery, by recounting their own experience of breakdown or by employing dramatic metaphors that enable both them and their readers to visualise the disease's particular qualities. Underlying these imaginative accounts is a deep seated dread of the disease where, according to Nicolas Robinson in 1729, "nothing but horror reigns".[1] And foremost among the reasons for this feeling is the belief that madness brutalises human nature, that it strips an individual of many of his distinctively human attributes thereby reducing him to a beast-like condition.

To physicians such as Cox, Ferriar or Arnold the metaphors used by Blackmore or Willis would have seemed rather archaic, for by the end of the eighteenth century madness had shed much of its bestial, almost

other worldly quality and although still regarded as a disease 'so subversive to human dignity', as Arnold noted, it is nonetheless approached with greater equanimity and those who studied it did not seem to lack confidence in their ability to shed light on the disorder. The recovery of nerve in the eighteenth century, to which Peter Gay has drawn attention in his study of the Enlightenment, is perhaps nowhere more evident than in late eighteenth century medical accounts of insanity.[2] These accounts proceed from the assumption that carefully conducted analysis will enable the physician to break the disease down into its constituent elements, to show how these interact and, finally, to produce a stable framework for classification and explanation. Throughout the period of this study it is repeatedly stated that madness can never be properly defined and the boundary between sanity and insanity never fixed with certainty. But by the end of the eighteenth century physicians proffer definitions with apparent confidence, they describe the circumstances most usually associated with madness, and they classify its numerous species. And at a time when, to paraphrase Peter Gay, the world was being emptied of mystery, it seems entirely appropriate that a physician such as Arnold should devise an elaborate classificatory system encapsulating every species of madness or that a fellow physician, William Perfect, should abandon any pretence to a system and choose instead to describe in detail more than fifty separate cases of the disorder. In their different ways Perfect and Arnold exemplify the confident spirit of enquiry, the belief that although it may be impossible to formulate an all embracing definition of the disease it is nonetheless reasonable to expect that medical science will illuminate its darker recesses; and, moreover, that it will enable physicians to determine the difference between sanity and insanity.

To physicians such as Cox, Arnold, Ferriar or Percival, late eighteenth century accounts of insanity could be said to represent an 'advance' upon those written a century earlier in two important respects. First, the perspective of medical science now afforded a stable orientation to their object of enquiry and provided a fairly robust framework within which accounts of the disorder could be developed. Unlike their predecessors

such physicians had no need of the images or analogies provided by travel literature, and they could dispense with somewhat transcendant and intangible notions concerning "Reason" or man's precarious position in the chain of creation. But the self-sufficiency of medical enquiry was enhanced by another important development—the emergence of a set of criteria for assessing the soundness of an individual's mind and determining whether or not insanity was present. Of course, these criteria were based on subjective judgment, for the disorders to which the mind was prone did not admit of the arts of weighing or measuring. But this subjective judgment could be tested against the accounts of madness provided by other physicians and there was, moreover, considerable agreement among physicians regarding the criteria to be used in diagnosing the disease.

At the most general level the presence of insanity was to be inferred not from some rather vague process described as 'reason becoming brutal' but rather from the clear indication that, as William Battie said, an individual behaves as if his erroneous perceptions were true or, according to Thomas Percival, that a particular association of ideas has assumed such a hold over the mind as to diminish an individual's capacity to fulfill the common duties of life. More concretely, it could be argued that beliving oneself to be made ofwax merely alerts the physician to the presence of delusion but refusing to sit near a fire or stand in the sun on account of one's unusual constitution actually confirms the initial suspicion. As Locke pointed out, the upshot of diagnosing madness solely on the basis of someone's private thoughts and habits of mind would be to condemn virtually the whole of mankind to Bedlam.

In addition to this fairly general distinction between public conduct and private idiosyncracies, between the observance of customary forms of behaviour and their violation, there are other, fairly specific criteria upon which the assessment of sanity can be based. For example, the restraint imposed upon passion; the retention of some sense of proportion in relation to individual fantasies of grandeur, worthlessness or divine inspiration;

the ability to distinguish between a 'true' and 'false' association of ideas and to prevent the latter from giving form and substance to social behaviour; the capacity to concentrate attention upon a single subject without becoming obsessively preoccupied by it; to hold a coherent conversation and to separate actual experience from that occurring in a dream.

To some extent no individual is exempt from the disturbances of mind associated with insanity but so long as these never become habitual and permanent then the disease will probably be avoided. And one way of preserving equilibrium, according to the late eighteenth century view, is to resist those social activities that have deleterious psychological as well as physical consequences. Among the social habits that precipitate insanity one must include, according to Cox,

> "early dissipation, unrestrained licentiousness, hhabitual luxury, inordinate taste for speculation, defective systems of education, and laxity of morals".[3]

This emphasis upon what may be called the social process and the relationship between it and various forms of madness marks an important innovation in the interpretation of madness. Although physicians do not pretend to correlate social processes and changes with mental disturbances in any precise way they nonetheless attend closely to these non-medical causes of insanity and much of their therapeutic effort is directed towards creating an environment purged of harmful social pressures.

From the point of view of the historian or sociologist interested in this area a valuable contribution to the subject would be to look more closely at the rather vaguely described social pressures to which physicians refer; one recalls for instance Arnold's attribution of the increase in melancholia to "the present universal diffusion of wealth and luxury to almost every part of the island".[4] It would be interesting to examine how these social changes affected particular families, such as those referred to in the preceding chapter, and against the backdrop of a fuller description of the life styles of particular groups or classes to consider changes in the incidence of madness, the forms that it takes and the most salient symptoms of the disease at any one time. More attention could perhaps be given to

an assessment of these social factors and the relationship between these and the prevailing medical interpretation of madness and the measures used to treat it.

In a moment I shall consider the way in which the late eighteenth century medical account of madness prepared the way for, and indeed provided a therapeutic justification for, the seclusion of the insane in special asylums, but before doing so it is worth recalling the social changes that in turn fostered this gradual process of differentiation and institutionalisation. Throughout the period covered by this study the insane were confined in a range of establishments, most notably their own homes, private madhouses, houses of correction, gaols or workhouses, but by the end of the eighteenth century it was this latter institution that fulfilled the central role in the containment not just of insanity, but virtually every other form of social disorder. As we saw in Chapter Four, measures designed to stem the anti-migratory tendency of labour, to seal poverty off within a parish, to eliminate the threat posed by idle vagrants and vagabonds, to eradicate idleness and, in the eighteenth century, to stem the tide of criminal activity resulted in the apparently arbitrary confinement of lunatics with every other class of social transgressor. The formulation of a legal distinction, in 1714, between pauper lunatics, particularly those who were 'furiously mad' and idle rogues, vagabonds or sturdy beggars did not significantly alter the position of the workhouse as the chief repository for the pauper insane. At the same time this institution came under increasing pressure as a result both of the continued increase in the number of pauper lunatics and the parallel increase in the number of criminals, poor and unemployed; these increases are at least partly attributable to the expansion in the total population, which rose from 6,5000,000 in 1750 to 9,000,000 in 1800.

The overcrowding produced by this increase inevitably compounded the difficulty of maintaining order and discipline in the workhouse and the presence of troublesome lunatics, who disturbed and terrified other inmates, only made it more difficult to eradicate what one observer

called "the vice, disorder and guilty idleness" characteristic of many workhouses.[5] And as the workhouse assumes a more explicitly custodial and disciplinary function, and as it becomes increasingly apparent that "it is impossible to keep them [the poor] in tolerable order without a strict discipline", so the presence of disruptive lunatics is seen to be incompatible with the goals of this establishment.[6] Provision of separate cells or 'commodious rooms' for the insane does not constitute a permanent solution and by the late eighteenth century there is evidence of mounting institutional pressure for the removal of lunatics from establishments that were manifestly ill adapted to their needs. Allied to this was the growing recognition, on the part of both physicians and social reformers, that the 'objects' of a proper lunatic asylum and a charity workhouse were, as Dr. Andrew Duncan succinctly observed, "by no means analogous". As Duncan went on to point out, the realisation of these two conflicting sets of goals required two quite different systems of 'discipline and administration'.[7]

Underpinning Duncan's argument that a separate system of discipline and administration should be developed to deal with the insane is an important assumption: that in many cases of insanity "skilful practice in an appropriate institution" will either cure the disease entirely or considerably "soften its violence".[8] The idea that the insane could be cured by skilful management was by no means new, in 1758 for instance William Battie had put forward the same argument when he attacked the practice of treating the insane 'as criminals', but by the 1790s—when Duncan outlines his scheme for an Edinburgh asylum—the case for separate, "appropriate" institutions had become overwhelming. In part at least this must be attributed to the medical advance referred to above. The late eighteenth century account of madness, inclining as it does towards a view of the insane as the casualties of social progress, serves to differentiate the insane from other categories of social deviant on two counts. One, unlike criminals who are assumed to be entirely responsible for their behaviour the insane are not held fully accountable for their condition. Two, whereas

those who are criminal or idle are to be 'mended', as Locke said, by severe discipline, and punishment, the victims of mental disorder are to be 'treated', not punished , and an attempt should be made to inculcate the habits of mind compatible with sanity.

One reason for exempting lunatics from full responsibility for their condition is that "the madman knows everything about him but reasons falsely and absurdly respecting them".[9] (Cox) The implied obverse of this view, which had first been formulated by Locke, is that criminals or other social miscreants <u>are</u> capable of reasoning correctly on the basis of what they see around them. The corollary therefore to this argument is that the insane, who are suffering from a disorder which renders them incapable of formulating correct conclusions, do not violate wilfully the norms and conventions by which social life is governed; criminals on the other hand do, and are therefore to be punished. To some extent the opinions held by physicians such as Cox, Arnold, Ferriar or Percival on this question of responsibility are slightly ambiguous. On the other hand they each emphasise the close connection between voluntarily indulged habits—such as 'hard drinking'—and madness, while on the other hand they represent the mentally disturbed patient as the victim of a disorder—or disease—to which some are more vulnerable than others. Percival, for instance, argued that "lunacy subverts the whole rational and moral character" and the clear implication of such an argument is that lunatics, although they may have originally set in motion the process that will conclude finally in madness—for instance by 'early dissipation'—are nonetheless not entirely accountable for their condition.[10] Whereas the criminal engages in crime in the full knowledge both of what he is doing and the possible consequences, the same cannot be said of the lunatic whose disease has subverted his capacity to distinguish between right or wrong, good or evil, true or false.

The argument that the insane suffered from diminished responsibility is to be found also in the seventeenth century. In legal commentaries, such as that by Dalton in 1635, the distinction was neatly phrased in terms of the 'voluntary ignorance' of the criminal and the 'involuntary ignorance' of the lunatic. But according to both Dalton and a seventeenth century physician

such as Thomas Willis this difference did not mean that the insane were to be exempted from punishment. Although Dalton conceded that "a mad man is only and enough punished by his madnesse", he nonetheless believed that lunatics should be punished for their behaviour. Hence the validity of the right granted to each individual to punish "his kinsman that is madde".[11] In much the same vein Willis believed it necessary for a lunatic to be controlled or "kept in, either by warnings, chiding, or punishments inflicted on him".[12] In other words, no significant distinction was made between the methods of control appropriate for criminals, vagrants, vagabonds, rogues or lunatics, and it was not until the Parliamentary Act of 1714 that the insane were exempted from the whipping to which rogues and vagabonds were liable.

By the end of the eighteenth century, however, these methods strike a physician such as Ferriar as arbitrary, cruel and entirely unsuitable. Observing that lunatics 'harden themselves' against violent measures Ferriar, and many of his contemporaries, develop a system of management designed to break 'diseased' habits of mind, to shatter 'false' associations of ideas, induce counter associations, restore equilibrium to the passions and instill the habit of self-discipline. Of course, the insane are still to be kept in safe custody—so as to prevent them from committing the "mischiefs which they are liable to do themselves and others"—but the important thing is that they should be treated as rational and returned to 'usefulness in society'.[13] Whereas the idle or criminal are to be punished and subjected to enforced discipline, the insane are to be restored to reasonableness by a more complex and subtle system of persuasion, insinuation, awe, example, degradation, mildness and menaces, praise, labour and sundry other activities designed to divert the mind from its real or imagined ills. But such a therapeutic regimen requires that lunatics are removed from workhouses and secluded in special institutions. As we saw in Chapter Five, the principle of seclusion, or confinement, is fundamental to the system of moral management development in the late eighteenth century.

Seclusion fulfills a dual function. It removes the insane from society to which they are, as Aikin remarked, "multiplied objects of alarm", and it makes it possible for treatment to be conducted under conditions over which the physician can exert control.[14] The methods of management developed by Ferriar, Cox or Percival could not have been used to good effect in the houses of correction or workhouses in which the insane were confined. In this respect late eighteenth century therapeutic measures differed significantly from those advocated a century earlier by a physician such as Willis. The "threatenings, bonds or strokes, as well as Physick" with which Willis proposed to control the insane could be employed in a variety of settings and unlike his successors Willis does not specify that the insane be placed in separate asylums.[15] But by the end of the eighteenth century the development of the view that insanity was often curable, or at least manageable, under special conditions, contributed to the separation of the insane from other categories of deviant and their seclusion in what Duncan called "appropriate institutions".

In the relatively private world of the asylum the victims of lunacy would learn, once again, the rudiments of reasonable public conduct. The ability to conduct oneself appropriately in public is thus established as a criterion of 'cure' and it is for this reason that Cox, for instance, suggests that no individual should be declared "perfectly compos mentis and proper to be at large and mix again in society.... till he had undergone an examination in the presence of his friends, particularly on those points which were the basis of his hallucination, nor till he was able to reason calmly and dispassionately on the subject of his indisposition."[16] First among the disciplines to be learned in the asylum is that of self-control. Instilling this habit is, according to Ferriar, "the first salutary operation in the mind of a lunatic" and while medicine "may restore him more early and more completely to the command of his intellect and operations, discipline must direct him in their exertion".[17]

But the discipline must come from within and operating almost imperceptibly it should finally imbue an individual's social conduct with regularity

and constancy. Central to the late eighteenth century account of insanity, and the related forms of treatment, is an assumption that madness consists, in part at least, in a violation of the distinction between private and public live, as a result of which private eccentricities are publicly revaled. As we saw in the preceding chapter this important distinction is also to be found in some of the philosophy and literature of the period, and in certain of the Sheriff Court cases, notably that involving James Gray, the Jury explicitly differentiates between privately held 'conceits' and their public dramatisation. In both the witnesses depositions and the treatises of physicians it is made clear that social behaviour constitutes the only sure basis on which to assess someone's state of mind and when, as Laurence Sterne observed, an individual"guards appearance as well as any man" then there is no justification for charging him with madness— no matter how extravagant his privately indulged vanities. To a large number of authors, including Locke, Mandeville, Hume, Sterne, Smith, Percival, Cox or Ferriar, what makes the continued existence of social life possible is the observance of conventional codes of conduct, of the web of social rules which give form and shape to social behaviour. And in the work of many physicians one finds an optimistic belief that the insane, in whom 'diseased' habits of mind have become fixed, can be freed of their delusions, impressed with a regard for what Adam Smith called the "general rules" and, finally, restored to society.

The developments examined in this thesis mark only the beginning of a process of institutionalisation that really flourished in the nineteenth century. More recently, in the last decade or so, the value of this legacy has been questioned and among the alternatives proposed there has been an attempt to base psychiatric care on the community. At the same time attention has been given to the dangers of re-defining social problems as medical ones, a practice that can be traced back directly to the eighteenth century. But the physical isolation of a proportion of the mentally ill, their incarceration in substantial but now rather dilapidated hospitals, and their separation from the wider community, are still evident. If one wants to discover the origins of these developments it is, I believe, necessary to

look in detail at the period covered by this study. At the level of material provision things have, of course, improved considerably but as in the eighteenth century, so today, once a person has been declared mad there are, as Thomas Percival noted at the end of the eighteenth century, "grounds for apprehension that the party will be consigned to neglect and oblivion".[18] At the level of the day-to-day response to this disorder one wonders how much things have changed since Percival's time. How different, for instance, would be witnesses depositions in inquests involving an individual's state of mind? Perhaps one would also find marked continuity between the kind of things alleged lunatics said or did, what they worried about, or what they dreamed of doing and contemporary accounts of this disorder. Whatever the changes and improvements it seems apparent, however, that the problems of understanding and defining madness are scarcely less intractable than they were for the physicians with whom this thesis has been concerned. Although I am not qualified to speak on such matters I suspect that J. M. Cox's conclusion is as valid now as it was nearly two hundred years ago.

> "Almost every individual has his peculiarities, and it is often difficult to determine where these end and insanity begins".[19]

NOTES

1. N. Robinson. A New System of the Spleen, Vapours and Hypochondriack Melancholy (1729) p. 234.
2. P. Gay. The Enlightenment: an Interpretation. 2. The Science of Freedom (1970) 1973 edition pp. 3-55.
3. J. M. Cox. Practical Observations on Insanity (1804) 1813 edition p. v.
4. T. Arnold. Observations on the Nature, Kinds, Causes and Prevention of Insanity, Lunacy or Madness 2 vols. (1782-6) Vol. I, p. 24.
5. Quoted in A. Scull. Museums of Madness (1979) p. 41.
6. Anon. An Account of Several Workhouses (1733) p. VIII.
7. A. Duncan. Address to the Public Respecting the Establishment of a Lunatic Asylum in Edinburgh (1792) pp. 2-3.
8. Ibid.
9. J. M. Cox op. cit. p. 19.
10. T. Percival. Medical Ethics; or, A Code of Institutes and Precepts Adapted to the Professional Conduct of Physicians and Surgeons (1803) 1849 edition p. 43.

11. Quoted in A. Fessler. The Management of Lunacy in Seventeenth Century England: An Investigation of Quarter Session Records. Proceedings of the Royal Society of Medicine; Historical Section: 49, 1956, pp. 901-907.

12. Quoted in R. Hunter and I. MacAlpine. Three Hundred Years of Psychiatry (1963) p. 191.

13. J. Aikin. Thoughts on Hospitals (1771) pp. 65-6. A. Duncan op. cit. p. 2.

14. Aikin op. cit. pp. 65-6.

15. Quoted in R. Hunter and I. MacAlpine op. cit. p. 191.

16. J. M. Cox op. cit. p. 153.

17. J. Ferriar. Medical Histories and Reflections 3 vols. Vol. 2 (1795) p. 112.

18. T. Percival op. cit. p. 84.

19. J. M. Cox op. cit. p. 147.

BIBLIOGRAPHY

(Date in bracket after title is the date of the first edition. Other dates refer to the edition used)

PRIMARY MEDICAL SOURCES

Aikin, J. Thoughts on Hospitals (1771) London.

Anon. Apollo Mathematicus: Or The Art of Curing Diseases by the Mathematicks (1695).

Anon. A Modest Examination of a Late Phamphlet Entitled Apollo Mathematicus (1696).

Arnold, T. Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy or Madness (1782-6) 2 Vols. Third edition 1806 London.

Battie, W. A Treatise on Madness (1758) London.

Baxter, R. The Signs and Causes of Melancholy: With Directions Suited to the Case of Those who are Afflicted with it (1716) London.

Bayne, D., Alias Kinneir. A New Essay on the Nerves and the Doctrine of the Animal Spirits Rationally Considered (1738) London.

Beddoes, T. Observations on the Nature of Demonstrative Evidence (1793) London.

Beddoes, T. Hygeia, or Essays Moral and Medical, on the Causes Affecting the Personal State of our Middling and Affluent Classes (1803) 3 vols. London.

Billings, P. Folly Predominant; Or The Town Taken In (1755) London.

Blackmore, Sir R. A Treatise of the Spleen and Vapours: Or, Hypochondriacal and Hysterical Affections with Three Discourses on the Nature and Cure of the Cholick, Melancholy, and Palsies (1725) London.

Blair. Miscellaneous Observations in the Practice of Physick, Anatomy and Surgery (1718) London.

Blakeway, R. An Essay Toward the Cure of Religious Melancholy (1717) London.

Blondel, J. The Power of the Mother's Imagination over the Foetus Examined; In Answer to Dr. Daniel Turner's Book (1729) London.

Bond, J. An Essay on the Incubus, or Night-Mare (1753) London.

Bright, T. A Treatise on Melancholy (1586) (Ed. H. Craig) 1940 New York: Columbia University Press.

Burton, R. The Anatomy of Melancholy, What it is. With All Kinds, Causes, Symptomes, Prognostickes, and Severall Cures of It.... By Democritus Junior (1621) Oxford.

Cheyne, G. An Essay Concerning the Improvements of the Theory of Medicine (1702) Edinburgh.

Cheyne, G. Remarks on Two Late Phamphlets Written by Dr. Oliphant, Against Dr. Pitcairne's Dissertations, and the New Theory of Fevers (1702) Edinburgh.

Cheyne, G. An Essay on Health and Long Life (1724) London.

Cheyne, G. The English Malady: Or, A Treatise of Nervous Disorder of All Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers.... With the Author's Own Case at Large (1733) London.

Cheyne, G. An Essay on Regimen: Together with Five Discourses, Medical, Moral and Philosophical (1740) London.

Cheyne, G. The Natural Method of Curing the Diseases of the Body, and the Disorders of the Mind Depending on the Body (1742) London.

Cox, J. M. Practical Observations on Insanity (1804) (3rd edition 1813) London.

Crichton, Sir A. An Inquiry into the Nature and Origin of Mental Derangements. Comprehending a Concise System of the Physiology and Pathology of the Human Mind (1798) 2 vols. London.

Cullen, W. Nosology; Or, A Systematic Arrangement of Diseases, by Classes, Orders, Genera, and Species (1772) Edinburgh.

Cullen, W. First Lines in the Practice of Physic (1784) 4 vols. (edition of 1786) Edinburgh.

Falconer, W. A Dissertation on the Influence of the Passions Upon Disorders of the Body (1788) London.

Fallowes, T. The Best Method for the Cure of Lunatics. With Some Account of the Incomparable Oleum Cephalicum used in the Same, Etc. (1702) London.

Faulkner, B. Observations on the General and Improper Treatment of Insanity: With a Plan for the More Speedy and Effectual Recovery of Insane Persons (1790) London.

Ferriar, J. Medical Histories and Reflections 3 vols. (1792-8) Vol. 2 1795. London.

Ferriar, J. An Essay Towards a Theory of Apparitions (1813) London.

Frings, P. A Treatise on Phrensy (1746) London.

Greatraks, V. A Brief Account of Mr. Valentine's Greatrak's, and Divers of the Strange Cures by him Lately Performed: Written by Himself. In a Letter Addressed to the Honourable Robert Boyle Esq. (1666) London.

Grew, N. Cosmologia Sacra: Or A Discourse of the Universe as it is the Creature and Kingdom of God (1701) London.

Harvey, G. Morbus Anglicus, Or A Theoretick and Practical Discourse of Consumptions, and Hypochondriack Melancholy (1672) London.

Harvey, G. The Conclave of Physicians (1686) London.

Harvey, G. The Vanities of Philosophy and Physick (1699) London.

Haslam, J. Observations on Insanity (1748) London.

Haslam, J. Observations on Madness and Melancholy: Including Practical Remarks on Those Diseases; Together with Cases; And an Account of the Morbid Appearances (1809) London.

Haygarth, J. Of The Imagination, as a Cause and as a Cure of Disorders of The Body (1800) Bath.

James, R. A Medical Dictionary (1745) 3 vols. London.

Johnstone, J. Medical Essays and Observations: With Disquisitions Relating to The Nervous System (1795) Edinburgh.

MacBride, D. A Methodical Introduction to the Theory, Practice of Physick (1772) London.

Mandeville, B. A Treatise of Hypochondriack and Hysterick Passions (1711) 3rd Edition 1730 London.

Mead, R. Medical Precepts and Cautions (1751) London.

Mead, R. The Medical Works of R. M. (1765) 3 Vols. Edinburgh.

Moncrieff, J. The Poor Man's Physician (1731) 3rd edition) Edinburgh.

Monro, J. Remarks on Dr. Battie's Treatise on Madness (1758) London.

Moore, J. Essays on the Materia Medica (1792) London.

More, H. Enthusiasmus Triumphatus, Or, A Discourse of the Nature, Causes, Kinds and Cure of Enthusiasme; Written by Philophilus Parresiastes (1656) Ed. and Introduced by M. V. de Porte Augustan Reprint Society No. 118 1966.

Morgagni, G. B. The Seats and Causes of Diseases Investigated by Anatomy Trans. from the Latin by B. Alexander M.D. (1769) London.

Morgan, J. Philosophical Principles of Medicine (1725) London.

Pargeter, W. Observations on Maniacal Disorders (1792) Reading.

Percival, T. Medical Ethics: Or, A Code of Institutes and Precepts, Adapted to the Professional Conduct of Physicians and Surgeons (1803) [3rd edition 1849] Oxford.

Perfect, W. Select Cases in the Different Species of Insanity, Lunacy, or Madness, with the Practice as Adapted in the Treatment of Each (1787) Rochester.

Perry, C. A Mechanical Account and Explication of the Hysterick Passion.... Comprehending a General Account of All Other Nervous Diseases (1755) London.

Pinel, P. A Treatise on Insanity...Trans. from the French by D. D. Davis (1806) Sheffield.

Pitcairne, A. The Philosophical and Mathematical Elements of Physick: In Two Books: The First Containing the Theory. The Second the Practice (1718) London.

Pitcairne, A. The Whole Works of Archibald Pitcairne (1727) (2nd Edition 1727) London.

Pomme, P. A Treatise on Hysterical and Hypochondriacal Disease (1777) London.

Purcell, J. A Treatise of Vapours, Or, Hysterick Fits (1702) London.

Robinson, N. A New Theory of Physick and Diseases, Founded on the Principles of the Newtonian Philosophy (1725) London.

Robinson, N. A New Method of Treating Consumptions: Wherein All The Decays Incident to Human Bodies are Mechanically Accounted For (1727) London.

Robinson, N. A New System of the Spleen, Vapours, and Hypochondriack Melancholy (1729) London.

Rogers, T. A Discourse Concerning Trouble of Mind, and the Disease of Melancholy (1691) London.

Rowley, W. A Treatise of Female, Nervous...Hysterical Diseases (1788) London.

Rowley, W. On the Necessity of Encouraging Anatomy (1795) London.

Salmon, W. Systema Medicinale: A Compleat System of Physick Theorical and Practical (1686) London.

Shaw, P. The Reflector: Representing Human Affairs, as they are; and May Be Improved (1750) London.

Stark, W. Remarks on the Construction of Public Hospitals for the Cure of Mental Derangement (1807) Edinburgh.

Sydenham, J. The Entire Works of: Wherein the History of Acute and Chronic Diseases, and theSafest and Most Effectual Methods of Treating Them, Are Faithfully, Clearly and Accurately Delivered (fifth edition 1769) London F. Newberg.

Synge, E. Sober Thoughts for the Cure of Melancholy (1742) London.

Tryon, T. A Treatise of Dreams and Visions (1689) [Edition of 1700 used] London.

Tryon, T. A Discourse of the Causes, Natures, and Cure of Phrensie, Madness or Distraction (1689). This appears as an Appendix to A Treatise of Dreams and Visions (1689) Augustan Reprint Society 1973; University of California.

Tryon, T. The Knowledge of a Man's Self, the Surest Guide to the True Worship of God, and Good Government of the Mind and Body (1703) London.

Vere, J. A Physical, Moral Enquiry into the Causes of the Internal Restlessness and Disorder in Man, Which has been the Complaint of All Ages (1778) London.

Whytt, R. Observations on the Nature, Causes and Cure of Those Diseases which have been commonly called Nervous, Hypochondriac or Hysteric (1765) Edinburgh.

Willis, T. The Anatomy of the Brain and Nerves (1664). Trecentenary Edition, edited by W. Feindel. Montreal: McGill University Press 1965.

Willis, T. Two Discourses Concerning the Soul of Brutes (1672) Facsimile reproduction of the 1683 translation by S. Pordage. Scholar's Facsimiles and Reprints Gainesville: Florida 1972.

Willis, T. The Whole Works of: Containing Eleven Treatises (1684) London.

OTHER PRIMARY SOURCES

Acts of Parliament

1597 39 Elizabeth I C. 5. An Act for erecting of Hospitals, or Abiding and Working Houses for the Poor.

1609 7 James I C. 4. An Act for the due Execution of divers Laws and Statutes heretofore made against rogues, Vagabonds and Sturdy Beggars, and other lewd and idle Persons.

1662 13 & 14 Charles II C. 12. An Act for the Better Relief of the Poor of this Kingdom.

1714 12 Anne C. 23. An Act of Parliament for reducing the laws relating to rogues, vagabonds, sturdy beggars, and vagrants, into one Act of Parliament: and for the more effectual punishing such rogues, vagabonds, sturdy beggars, and vagrants, and sending them whither they ought to be sent.

1744 17 George II C. 4, 5. An Act to amend and Make more effectual the laws relating to Rogues, Vagabonds and other idle and disorderly Persons, and to Houses of Correction.

1744 14 George III C. 49. An Act for Regulating Madhouses.

Adams, T. Mystical Bedlam. A Poem (1615) London.

Anon. An Account of Several Late Voyages and Discoveries (1711) London.

Anon. A Charitable Proposal for Relieving the Sick and Needy, and Other Distressed Persons (1716) London.

Anon. Bethlem Hospital: A Poem in Blank Verse (1717) London.

Anon. A Description of Bedlam: With an Account of its Present Inhabitants Both Male and Female (1722) London.

Anon. An Account of Several Workhouses (1725) 2nd edition 1732 London.

Anon. Proposals for Maintaining the Poor, and Discouraging of Vagabonds and Vagrants and Sturdy Beggars (1726) Edinburgh.

Anon. Regulations for the Charity Work-House or Hospital of Edinburgh (1750) Edinburgh.

Anon. History and Statutes of the Royal Infirmary of Edinburgh (1778) Edinburgh.

Aubrey, J. Natural History of Wiltshire (1847) Introduction K. G. Ponting David and Charles, Newton Abbott 1969.

Bacon, F. Works (1858-1861) 7 Vols. Ed. J. Spedding, R. L. Ellis and P. L. Heath, London.

Bacon, F. The Advancement of Learning (1605) Ed. G. W. Kitchin 1973 London J. M. Dent.

Baxter, A. An Enquiry into the Nature of the Human Soul; Wherein the Immateriality of the Soul is Evinced from the Principles of Reason and Philosophy (1745) 2 vols. 3rd edition London.

Beck, C. The Universal Character (1657) London.

Bellers, J. Writings, ed. R. Fry (1935) London, Cassell.

Blackmore, Sir Richard. Essays Upon Several Subjects (1716) London.

Blackstone, Sir William. Commentaries on the Laws of England (1765-69) 4 vols. Oxford Clarendon Press.

Borde, A. A Compendius Regyment Or A Dyetry of Helth (1542) Edition of 1870 by the London Early English Text Society.

Bowen, T. An Historical Account of the Origin, Progress, and Present State of Bethlem Hospital (1784) London.

Boyle, Sir Robert. The Works of: 5 vols. ed. T. Birch (1772) London A. Millar.

Branch, T. Thoughts on Dreaming (1738) London.

Browne, Sir Thomas. Works: 6 vols. Ed. G. Keynes (1928-1931) London Faber and Gwyer.

Bruckshaw, J. On More Proof of the Iniquitous Abuse of Private Madhouses (1774) London.

Brydall, J. Non Compos Mentis: All the Laws Relating to Natural Fools, Mad Folks, and Lunatic Persons Inquisited and Explained (1700) London.

Butcher, E. E. (ed.) Bristol Record Society's Publications. (1932) Vol. 3. Bristol Corporation of the Poor 1696-1834.

Carew, R. The Survey of Cornwall (1723) London.

Cary, J. An Essay on the State of England, in Relation to its Trade, its Poor, its Taxes, for Carrying on the Present War Against France (1695) Bristol. 2nd enlarged edition, 1745.

Cary, J. An Account of the Proceedings of the Corporation of Bristol, in Execution of an Act of Parliament for the Better Employing and Maintaining of the Poor of that City (1700) London.

Cary, J. Discourse on Trade and Other Matters Relative to it (1745 edition).

Chardin, Sir John. Travels in Persia 1720 (1927) London Argonaut Press.

Child, J. A Discourse About Trade (1690) London.

Churchill, J. A Collection of Voyages and Travels 4 vols. (1704) London.

Condillac, E. Bonnot de. Treatise on the Sensations (1754) Trans. G. Carr 1930. London: The Favil Press.

Condillac, E. Bonnot de. An Essay on the Origin of Human Knowledge, Being a Supplement to Mr. Locke's Essay on The Human Understanding (1756) London.

Cox, J. C. (ed.). Three Centuries of Derbyshire Annals. 2 vols. (1890) London.

Cruden, A. The London Citizen Exceedingly Injured (1739) London.

Cruden, A. The Adventure's of Alexander the Corrector (1754) London.

Dalyell, J. G. The Darker Superstitions of Scotland (1834) Edinburgh.

Davenant, A. An Essay Upon the Probable Methods of Making People Gainers in the Ballance of Trade (1699) London.

Defoe, D. Giving Alms No Charity and Employing the Poor A Grievance to the Nation (1704) London.

Descartes, R. Philosophical Writings. A Selection edited and translated by E. Anscombe and P. T. Geach. London Nelson 1970.

Descartes, R. The Philosophical Works of Descartes. 2 vols. Trans. E. S. Haldane and G. R. T. Ross. Cambridge. Cambridge University Press 1972.

De Thevenot. Travels into the Levant (1687) London.

Duncan, A. Address to the Public Respecting the Establishment of a Lunatic Asylum at Edinburgh (1792) Edinburgh.

Duncan, A. Observations Respecting Lunatic Asylums in Scotland (1810) Edinburgh.

Eden, Sir Frederick. The State of the Poor (1797) 3 vols. London.

Edinburgh Charity Workhouse. Minutes of General Meetings 1739-47.

Edinburgh: Extracts from the Records of the Burgh. Vols. 37, 41 and 61.

Feltham, O. Resolves: Divine, Moral and Political (1670) London.

Fielding, H. The History of Tom Jones, a Foundling. (1749) 2 volumes. Oxford Clarendon Press 1974.

Fielding, H. An Inquiry into the Causes of the Late Increase in Robbers Etc. (1751) London.

Fitzgerald, T. Bedlam: A Poem (1776) London.

The Gentleman's Magazine 1731-1788.

Glanvill, J. Essays Upon Several Important Subjects, in Philosophy and Religion (1676) London.

Goodwin, P. The Mystery of Dreams Historically Discoursed (1658) London.

Graunt, J. Natural and Political Observations Mentioned in a Following Index, and Made Upon the Bills of Mortality (1662) (3rd edition 1665) London.

Gregory, J. A Comparative View of the State and Faculties of Man With Those of the Animal World (1765) London.

Gregory, G. Essays Historical and Moral (1788) (2nd edition 1788) London.

Gregory, G. The Economy of Nature Explained and Illustrated on the Principles of Modern Philosophy (1796) 3 vols. London.

Grosse, F. A Classical Dictionary of the Vulgar Tongue (1785) London.

Hale, M. A Discourse Touching Provision for the Poor (1683) Reprint of First Edition 1927. London Davies.

Halsworth. The Description of England (1543) London.

Hardy, W. L. E. (ed.) Hertfordshire: Calendar to the Sessions Books 1700-1752 Vol. 7 (1931) London.

Hardy, W. Le (ed.) Buckingham: Calendar to the Sessions Records Vols. 1, 2 & 4 (1933) London.

Hartley, D. Observations on Man, his Frame, his Duty and his Expectations 2 vols. (1749) 1967: Hildesheim: Georg Olms Verlagsbuchandlung.

Heron, R. Observations on a Journey Through Part of Scotland (1799) Edinburgh.

Hobbes, J. Leviathan. (1651) Ed. J. Plamenatz 1962. London Fontana.

Hobbes, J. English Works. Ed. SirWilliam Molesworth 1839-1845 London.

House of Commons Reports. 1807: Report of The Select Committee Appointed to Inquire into the State of Lunatics. 1815: First Report: Minutes of Evidence Taken Before the Select Committee Appointed to Consider Provision being made for the Better Regulation of Madhouses in England.

Howard, J. An Account of the Principal Lazarettos in Europe (1789) London.

Howard, J. The State of Prisons in England and Wales (1777) 2nd edition 1786 Warrington.

Hume, D. A Treatise of Human Nature (1739-40) Ed. E. C. Mossner 1969 London Penguin.

Hume, D. Enquiries Concerning the Human Understanding and Concerning the Principles of Morals (1777) Reprint of 1777 edition. Edited by L. A. Selby-Bigge 1902. Oxford Clarendon Press.

Hutcheson, F. Reflections Upon Laughter and Remarks Upon the Fable of the Bees (1750) Edinburgh.

Hutcheson, F. An Essay on the Nature and Conduct of the Passions and Affectations, With Illustrations of the Moral Sense (1754) London.

Jacob, H. Bedlam: A Poem (1723) London.

Jefferson, J. C. (ed.) Middlesex: County Records 4 Vols. 1888 London.

Johnston, Sam. The Advantages of Employing the Poor in Useful Labour, and the Mischief of Idleness or Ill Judg'd Business. A Sermon Preached at Beverley 10th October 1725 (1725) London (2nd edition 1726).

Johnstone, J. Medical Jurisprudence: On Madness (1800) Birmingham.

Lister, I. (ed.) Quarter Sessions' Records of West Riding 1611-1642 (1915) 2 vols. London.

Locke, J. An Essay Concerning Human Understanding. 2 volumes. Ed. J. W. Yolton 1961. London Dent.

Maitland, W. History of Edinburgh (1752) Edinburgh.

Mandeville, B. The Fable of the Bees (1724) London Penguin edition 1970.

Mayne, Z. Two Dissertations Concerning Sense, and the Imagination (1728) London.

Memorial Respecting the Charity Work House of Edinburgh by the Managers 22nd December 1774. Edinburgh.

Montaigne, M. de. Essays: 2 volumes. Trans. E. J. Trechmann 1927. London Oxford University Press.

Mun, T. England's Treasure by Foreign Trade (1664) London.

Petty, SirWilliam. The Petty Papers: Some unpublished writings of Sir William Petty. Edited from the Bowood Papers, by the Marquis of Lansdowne. 2 vols. 1927 London Constable.

The Philanthropist: or Repository for Hints and Suggestions Calculated to Promote the Comfort and Happiness of Man. Volumes 1-3: 1811-1813.

Philips, E. The New World ofWords: or A General Dictionary (1658) London.

Pinkerton, A. A General Collection of the Best and Most Interesting Voyages, and Travels in all Parts of the World (1809) 4 vols. London.

Proceedings of the Edinburgh Society of Antiquaries. Vol. IV. 1860 Edinburgh.

Reasons for the Establishing and Further Encouragement of St. Luke's Hospital for Lunatics (1760) London.

Reynolds, E. A Treatise of the Passions and Faculties of the Soule of Man (1640) London.

Rogers, J. W. A Statement of the Cruelties, Abuses and Frauds which are Practised in Mad-Houses. 2nd edition 1816 Edinburgh.

Sandys, G. A Relation of a Journey Begun in Anno Dom 1610 *(1632) London.*

Shaftesbury, Anthony, Earl of. Characteristics of Men, Manners, Opinions, Times etc. Ed. J. M. Robertson 2 vols. 1900 London.

Sheridan, T. A Discourse on the Rise and Power of Parliaments (1677) London.

Sloane, H. A Voyage to the Islands of Madera, Barbados, Nieves, St. Christopher's and Jamaica (1707) 2 vols. London.

Smith, A. Adam Smith Moral and Political Philosophy (Containing the Theory of Moral Sentiments (1759) Ed. H. W. Schneider New York Harper Torchbooks edition 1970.

Smith, A. Essays on Philosophical Subjects (1795). In The early writings of Adam Smith, J. R. Lindgren (ed.) New York, 1967.

Smith, C. The Ancient and Present State of the County of Kerry (1756) Dublin.

Snape, A. A Sermon Preach'd Before the Right Hon. L. M. of London, The Court of Alderman, and the Governors of Several Hospitals of the City (1707) London.

Sprat, T. History of the Royal Society (1667) Ed. J. I. Cope and H. W. Jones. Facsimile Reproduction of the first edition. Oxford University Press 1959.

Stair, Viscount. Institutions of the Law of Scotland (1749) Edinburgh.

Stanhope, P., Fourth Earl of Chesterfield. Manners and Speech (1884) L London.

Stanhope, P. Fourth Earl of Chesterfield. Letters to his Son. Ed. J. Harding 1973. London The Folio Society.

Sterne, L. The Life and Opinions of Tristram Shandy (1759-1767) London Penguin edition 1967.

Strype, J. A Survey of the Cities of London and Westminster: Written First in the Year 1633 by John Straw: New Corrected, Improved and Very Much Enlarged by John Strype. 2 vols. (1720) London.

Vico, G. The New Science (1725) Trans. of the 3rd edition (1744) by T. G. Bergin and M. H. Frisch. Cornell University Press 1970.

Wilkins, J. D. D. An Essay Towards a Real Character and a Philosophical Language (1688) London.

Ward, E. The London Spy 1698-1709. 1955 edition London (Folio Soc.).

SECONDARY SOURCES

Allderidge, P. Hospitals, Madhouses and Asylums: Cycles in the Care of the Insane. British Journal of Psychiatry (1979) Vol. 134 pp. 321-34.

Arendt, H. The Human Condition (1958) London. University of Chicago Press.

Aries, P. Centuries of Childhood. London Penguin edition 1973.

Becker, C. The Heavenly City of the 18th Century Philosophers (1932) 1959 edition New Haven Yale University Press.

Berlin, Sir Isaiah. Vico and Herder: Two Studies in the History of Ideas (1976) London Hogarth Press.

Boas, G. The Happy Beast in French 17th Century Thought (1933) Baltimore Johns Hopkins Press.

Brock, A. J. Greek Medicine (1929) London Dent.

Brooks, C. Metaphor, Paradox and Stereotype. British Journal of Aesthetics Vol. 5 no. 4 October 1965.

Brown, R. H. Social Theory as Metaphor: on the Logic of Discovery for the Sciences of Conduct. Theory and 3Society: Renewal and Critique in Social Theory. Vol. 3 no. 2 1976.

Burke, K. A Grammar of Motives (1969) Berkeley and Los Angeles University of California Press.

Burtt, E. A. The Metaphysical Foundations of Modern Physical Science (1925) London Kegan Paul, Trench, Trubner & Co.

Butts, R. E. and Davis, J. W. (eds.) The Methodological Heritage of Newton (1970) Oxford Blackwell.

Byrd, M. Visits to Bedlam: Madness and Literature in the 18th Century (1974) Columbia, South Carolina: University of South Carolina Press.

Carlson, E. T. and Simpson, M. M. Models of the Nervous System in 18th Century Psychiatry. Bulletin of the History of Medicine (1969) Vol. XLIII no. 2.

Cassirer, E. The Question of Jean-Jacques Rousseau (1967) New York Midland Book Edition.

Cassirer, E. The Philosophy of the Enlightenment (1951) Princeton Princeton University Press.

Cassirer, E. Language and Myth (1946) New York Harper and Row.

Cawley, R. R. Unpathed Waters: Studies in the Influence of the Voyagers on Elizabethan Literature (1940) Princeton: Princeton University Press.

Cawley, R. R. Burton, Bacon and Sandys: Modern Language Notes. Vol. LVI pp. 271-3 April 1941.

Chamblis, H. S. A Sociological Analysis of the Law of Vagrancy. Social Problems Vol. 12 1974 pp. 67-77.

Clarke, B. Mental Disorder in Earlier Britain: Exploratory Studies (1975) Cardiff: University of Wales Press.

Cohen, I. B. and Schofield R. E. (eds.) Isaac Newton's Papers and Letters on Natural Philosophy (1958) Cambridge: Cambridge University Press.

Cohen, L. C. Descartes and Henry More on the Beast Machine: A Translation of their Correspondence Pertaining to Animal Automatism. Annals of Science Vol. 1 1936.

Dalyell, J. G. The Darker Superstitions of Scotland (1834) Edinburgh.

Dewhurst, K. Dr. T. Sydenham 1624-1689. His Life, Original Writings (1966) London: Wellcome Historical Medical Library.

Dodds, E. R. The Greeks and the Irrational (1951) Berkeley and Los Angeles: University of California Press.

Doob, P. Nebuchadnezzar's Children: Conventions of Madness in Middle English Literature (1974) New Haven: Yale University Press.

Drake, S. Galileo's Language: Mathematics and Poetry in a New Science (1974) New Haven: Yale French Studies No. 49 1974.

Empson, W. The Structure of Complex Words (1951) London: Chatto & Windus.

Fish, S. E. (ed.). 17th Century Prose; Modern Essays in Criticism (1971) New York: Galaxy Books.

Fessler, A. The Management of Lunacy in 17th Century England: An Investigation of the Quarter-Sessions Records. Proceedings of the Royal Society of Medicine Vol. 49 April 1956 pp. 901-907.

Feyerabend, P. K. Against Method: Outline of an Anarchistic Theory of Knowledge (1975) London: New Left Books.

Foucault, M. The Order of Things: An Archaeology of the Human Sciences (1974) London: Tavistock.

Foucault, M. The Archaeology of Knowledge (1969) Social Science Paperback 1974. London: Tavistock.

Foucault, M. The Birth of the Clinic: An Archaeology of Medical Perception. London: Tavistock 1973.

Foucault, M. Madness and Civilization: A History of Insanity in the Age of Reason. Social Science Paperback, 1971. London: Tavistock.

Frantz, R. W. The English Traveller and the Movement of Ideas 1660-1732 (1934) Nebraska: University of Nebraska Studies.

Furniss, E. S. The Position of the Laborer in the System of Nationalism: A Study in Labour Theories of the Later English Mercantilists (1920) New York: Kelly.

Furst, D. C. Sterne and Physick: Images of Health, Disease in Tristram Shandy (1974) Unpublished Ph.D Thesis: University of Columbia.

Gay, P. The Enlightenment: An Interpretation. 2: The Science of Freedom (1973) London: Wildwood House.

Hastings, H. Man and Beast in French Thought of the 18th Century. Johns Hopkins Studies in Romance Literature. Vol. 27 (1936) Baltimore.

Hay, D. and Thompson, E. P. (eds.) Albion's Fatal Tree (1975) London: Allen Lane.

Hunter, R. and MacAlpine, I. Three Hundred Years of Psychiatry 1535-1860: A History Presented in Selected English Texts (1963) London: Oxford University Press.

Isler, H. Thomas Willis: Doctor and Scientist (1965) New York: Hafner.

Jakobson, R. Two Aspects of Language and Two Types of Aphasic Disturbance. Selected Writings Vol. 2 Word and Language (1921) The Hague: Mouton.

James, M. Social Problems and Policy During the Puritan Revolution 1640-1660 (1930) London: G. Routledge and Sons.

Jardine, L. Francis Bacon: Discovery and the Art of Discourse (1974) Cambridge: Cambridge University Press.

Johnson, E. A. Predecessors of Adam Smith (1937) London: King & Son.

Jones, K. Lunacy, Law and Conscience 1744-1845. The Social History of the Care of the Insane (1955) London: Routledge and Kegan Paul.

Jordan, W. K. Philanthropy in England 1480-1660. A Study of the Changing Pattern of English Social Aspirations (1959) London: Allen & Unwin.

Koyré, A. From the Closed World to the Infinite Universe (1957) Johns Hopkins University Press.

Langer, J. K. Philosophy in a New Key: A Study in the Symbolism of Reason, Rite and Art (1942) Boston: Harvard University Press.

Larkin, P. Property in the 18th century, with Special Reference to England and Locke (1930) Cork: Cork University Press.

Lecourt, D. Marxism and Epistemology (1975) London: New Left Books.

Leonard, E. M. The Early History of English Poor Relief (1900) Cambridge: Cambridge University Press.

Maclean, K. John Locke and English Literature of the 18th Century (1936) New Haven: Yale University Press.

MacPherson, C. B. The Political Theory of Possessive Individualism (1962) Oxford: Oxford University Press.

Maritain, J. The Dream of Descartes (1946) London: Nicholson & Watson.

Marshall, D. English Poor Law in the 18th Century (1926) London: Routledge & Kegan Paul.

Matson, F. W. The Broken Image: Man Science and Society (1964) New York: Doubleday & Co.

Mazzeo, J. K. (ed.) Reason and Imagination: Studies in the History of Ideas 1600-1800 (1962) London: Routledge & Kegan Paul.

Merleau-Ponty, M. The Phenomenology of Perception (1974) London: Routledge & Kegan Paul.

Murray, J. M. The Problem of Style (1922) Oxford: Oxford University Press.

Niebyl, P. Old Age, Fever and the Lamp Metaphor. Journal of the History of Medicine and Allied Sciences Vol. 27 No. 4. October 1971.

O'Curry, E. Lectures on the Manuscript. Materials of Ancient Irish History (1861) Dublin.

O'Donoghue, E. The Story of Bethlem Hospital from its Foundation in 1247 (1914) London: J. Fisher Unwin.

Osler, M. J. John Locke and Changing Ideas of Scientific Knowledge. Journal of the History of Ideas Vol. 21 No. I. January-March 1970.

Parry-Jones, W. Ll. The Trade in Lunacy: A Study of Private Madhouses in England in the 18th and 19th Century (1972) London: Routledge & Kegan Paul.

Penrose, B. Travel and Discovery 1420-1620 (1952) Boston: Harvard University Press.

Penrose, B. Tudor and Early Stuart Voyaging (1962) Boston: Harvard University Press.

Peters, R. G. (ed.). Brett's History of Psychology (1962) London: Allen & Unwin.

Pompa, L. Vico: A Study of the New Science (1975) Cambridge: Cambridge University Press.

Popkin, R. H. The History of Scepticism from Erasmus to Descartes (1968 Revised Edition) New York: Harper.

Richards, I. A. The Philosophy of Rhetoric (1936) Oxford: Oxford University Press.

Romanell, P. Locke and Sydenham: A Fragment on Small Pox 1670. Bulletin of the History of Medicine. Vol. 32 No. 4 July-August 1958.

Romanowski, S. Descartes: From Science to Discourse (1974) Yale French Studies No. 49, 1974.

Rosenfield, L. C. From Beast Machine to Man Machine: Animal Soul in French Letters from Descartes to La Mettrie (1968) New York: Octagon Books.

Rossi, P. Francis Bacon: From Magic to Science (1968) London: Routledge and Kegan Paul.

Rothman, D. J. The Discovery of the Asylum: Social Order and Disorder in the New Republic (1971) New York: Little Brown & Co.

Scull, A. J. Museums of Madness: The Social Organization of Insanity in 19th Century England (1979) London: Allan Lane.

Sennett, R. The Fall of Public Man (1977) Cambridge: Cambridge University Press.

Sommers, J. The Life of Robert Ferguson (1803) Edinburgh.

Spingarn, J. E. (ed.). Critical Essays of the Seventeenth Century (1968) Vol. II Oxford: Clarendon Press.

Sprat, T. History of the Royal Society (1667) Ed. J. I. Cope and H. W. Jones 1959. Facsimile reproduction of the first edition. London: Routledge & Kegan Paul.

Thompson, E. P. Whigs and Hunters: The Origin of the Black Act (1975) London: Allen Lane.

Trilling, L. Sincerity and Authenticity (1972) Oxford: Oxford University Press.

Tuke, D. H. Chapters in the History of the Insane in the British Isles (1882) London: Kegan Paul, French & Co.

Van Leeuwen, H. G. The Problem of Certainty in English Thought 1630-1690 (1970) The Hague: Nijhoff.

Vickers, B. Francis Bacon and Renaissance Prose (1968) Cambridge: Cambridge University Press.

Walk, A. Some Aspects of the "Moral Treatment" of the Insane up to 1854. The Journal of Mental Science No. 421 Vol. 100 October 1954.

Weidhorn, M. Dreams in 17th Century English Literature (1970) The Hague: Mouton.

White, H. V. Metahistory: The Historical Imagination in 19th Century Europe (1973) London & Baltimore: Johns Hopkins Press.

Williams, R. Keywords: A Vocabulary of Culture and Society (1976) London: Fontana/Croom Helm.

Williamson, G. The Senecan Amble: A Study in Prose from Bacon to Collier (1951) London: Faber.

Wilson, C. The Other Face of Mercantilism. Transactions of The Royal Historical Society Vol. 9 1959.

Wimsatt, W. K. Verbal Icon: Symbol and Metaphor (1970) London: Methuen.

Yolton, J. W. Locke and the Compass of Human Understanding (1970) Cambridge: Cambridge University Press.

Yost, R. M. Thomas Sydenham's Philosophy of Science. Osiris No. 9 (1950) pp. 84-104.