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ART. I.—*Narrative of a Mission of Inquiry to the Jews, from the Church of Scotland, in 1839.* Eighth thousand. Edinburgh, 1843. 12mo. pp. 555. *J. W. Alex. an der*

OF this most interesting volume we would gladly see a reprint in America; but as we are aware of no proposals for this, we shall endeavour to furnish our readers with some of its statements. That these will be welcome to many, we are the rather inclined to believe, because we cannot close our eyes to the fact, that renewed attention is beginning to be paid to this department of missions, and that the expectation of a return of God's ancient people to their own land is becoming more general.

Of the origin of the enterprise no better account can be given than that which opens this volume.

“The subject of the Jews had but recently begun to awaken attention among the faithful servants of God in the Church of Scotland. The plan of sending a deputation to Palestine and other countries, to visit and inquire after the scattered Jews, was suggested by a series of striking providences in the case of some of the individuals concerned. The Rev. Robert S. Candlish, Minister of St. George's, Edinburgh, saw these providences, and seized on the idea. On the part of our church, ‘the thing was done suddenly,’ but it soon became evident that ‘God had prepared the people.’ The Committee of our General Assembly, appointed to consider what might be done in the way of setting on foot Missionary operations among the Jews, were

“And now that we can look back on all the way that God led us, we are constrained to say, to the praise of the glory of his grace, that He has blessed this undertaking from the beginning to the end. Both in the towns and rural parishes of Scotland, a deep, and we trust, scriptural interest has been excited in behalf of Israel; an interest which has penetrated to the very poorest of our people. While going from parish to parish to tell the things we have seen and heard, there is one gratification we have never missed—namely, the presence of the aged patriarchal-looking men of our Scottish peasantry, (seated oftentimes on the pulpit-stairs,) that they might hear of ‘the seed of Abraham, God’s friend,’—the nation for whose ingathering their sires used fervently to pray, as they dropped a tear over the narrative of their miseries. Immediately on the arrival of Drs. Black and Keith, a narrative was drawn up, and submitted to the General Assembly of 1840, when it was unanimously resolved, THAT THE CAUSE OF ISRAEL SHOULD FROM THAT TIME FURNISH ONE OF THE GREAT MISSIONARY SCHEMES OF OUR CHURCH. In July, 1841, a similar resolution was passed by the General Assembly of the Presbyterian Church in Ireland. Thus one grand result of this undertaking has been, that the venerable Church of Scotland, in days of darkness and perplexity, along with her revived and vigorous offspring in Ireland, has been led to acknowledge herself debtor both to the Jews and to the Greeks, and humbly to imitate the Apostolic Church of Jerusalem, by sending forth some of her sons to the heathen, and some to the circumcision. True, when we turn our eyes on the millions of the blinded heathen, and the scattered bones of Israel that whiten the valley of vision, we feel that absolutely nothing has been done at all adequate to the awful need of a perishing world, and the weight of our responsibility. Yet a beginning has been made; the cry, ‘Come over and help us,’ is now distinctly heard in the remotest corners of our land. And all who take pleasure in tracing the steps of the Son of man, as he walks amidst his golden candlesticks, cannot but thank God that these two Churches have now come forth in their full Evangelistic character—preaching Christ and him crucified to their people at home, and stretching out their hands abroad, with the offer of the water of life to the distant Gentiles and the dispersed of Judah. ‘Not unto us, O Lord, not unto us, but unto thy name give glory, for thy mercy and for thy truth’s sake.’”

N. B. Note

- ART. II.—1. *Essays on partial Derangement of the Mind in supposed connection with Religion.* By the late John Cheyne, M. D. F. R. S. E. Physician General to his Majesty’s Forces in Ireland, &c., &c. Dublin: William Curry, Jr. & Co. Longman Brown & Co.: London. Frazer & Co. Edinburgh. 1843.
2. *A Treatise on Insanity and other Disorders affecting the Mind.* By James Cowles Richard, M. D. F. R. S.,

- &c., &c. Philadelphia : E. L. Carey & A. Hart. 1837.
3. *Medical Inquiries and Observations upon Diseases of the Mind.* By Benjamin Rush, M. D., Professor, &c. Fifth Edition. Philadelphia : Grigg & Elliott. 1835.
 4. *Dictionnaire des Sciences Medicales, Par une Société de Médecins et de Chirurgiens.* Paris. Articles Aliénation Aliéné, par M. Pinel, Manie, Melancolie, Maison's D'Aliénés par M. Esquirol.
 5. *Report of the Pennsylvania Hospital for the Insane, for the year 1842.* By Thomas S. Kirkbride M. D. Physician to the Institution. Philadelphia. 1843.

HAVING been thrown into contact with a number of exceedingly interesting cases of what is popularly termed religious melancholy, we have become strongly impressed with the conviction that the subject is not generally well understood. There is no class of cases fraught with more painful interest, and none which more effectually baffle the kindness and skill of pious friends, and ministers of the gospel; and yet, while many of the views prevalent in regard to them, are, we think, extremely superficial and often erroneous, we have not been able to find any clear, thorough and scientific exposition of these cases, in a form suited to general use, and adapted to throw light upon their true character and method of treatment. The medical treatises on the subject are numerous and able, but they are too technical, and presume upon too much previous knowledge of physiology and pathology, to be of much use to others than medical men. And besides, the subject trenches so closely upon the domain of theology, and enters so far into that of experimental and spiritual religion, that it requires more than mere medical knowledge to do it justice. On the other hand, all the practical religious writers whom we have seen, do not sufficiently take into view the pathological changes of the physical organs. Indeed we know of no subject so vital to human happiness, which offers a more inviting field for authorship, to a writer possessing the necessary qualifications. A good book adapted for general circulation, would be an invaluable addition to our literature. The materials for it are ample. Any one furnished with a suitable education, theological and medical, profoundly and experimentally acquainted with the scriptures, fond of research, and gifted with good powers of generalization and induction, might immortalize himself, and bless his race, by devoting an entire life-time to this in-

teresting and important subject. We have placed at the head of our remarks, a few out of many works of established reputation, which sustain at length the main principles and views which we propose to reduce to a popular form, with the special design of rendering them useful to ministers, and others who may be called to administer spiritual comfort to melancholy persons.

M. Esquirol is beyond all competition the master spirit of this whole subject. His opportunities for studying mental disease were as good as could be desired, from his long connexion with the great Parisian hospital, *Salpêtrière*, during which time he had also a large private establishment of his own, and subsequently he had the charge of the *Maison Royale de Charenton*, where he was brought into contact with patients from the higher walks of French society. He is a remarkably philosophical writer, and develops the principles of his subject with great facility and clearness. We have referred to his articles in the *Dictionnaire des Sciences Medicales*, in preference to his numerous separate works, because they are at once concise, systematic and complete.

Dr. Rush's work on the mind, is pretty generally known. It is a repository of the most curious facts, arranged upon his own theory of mental diseases, with the history, symptoms and treatment, both medical and moral, of each form of disease, the whole enlivened with poetry, and the fascinations of his elegant learning. It is a very interesting book, but not so likely to be useful, except to students of medicine; and even by them it should be received with qualification, since his peculiar views of the essential unity of all diseases, are, we believe, universally abandoned.

The work of Dr. Prichard is a plain and very satisfactory treatise on the subject of insanity, designed and adapted, however, mainly for medical men. For the chief materials he is evidently under constant obligations to M. Esquirol, as indeed he every where openly avows. The principal merit of the book, consists in establishing clearly the existence and nature of what he terms *moral insanity*, and the application of his doctrines in determining the moral accountability of persons so affected.

The whole spirit, aim and manner of Dr. Cheyne's book differ from all the others we have quoted. It appears to have been expressly intended for popular effect, and general usefulness. He is evidently an experienced and ripe Chris-

tian; and his whole book breathes a spirit of enlightened and eminent piety. One grand aim was to vindicate religion from the charge of causing melancholy; and he has done the work with perfect success. He traces experimentally the workings of the human heart and mind, under the power of religious truth; and uncovers with the hand of professional skill, the influence of lurking bodily disease, whenever those operations present morbid phenomena. We regard the book as so well adapted to meet existing prejudices, and diffuse just views of the subject, as far as it goes, that we could earnestly wish that it might be re-published; as the enormous price of the imported copies, puts it wholly beyond the reach of those whom it would benefit. Still, however, it does not by any means fill the chasm we have alluded to; partly perhaps on account of the disadvantages under which it was written, but mainly because the aim of the writer fell short of what we think is greatly needed.*

The limits of an article like this, preclude the course of investigation which would place the subject in the clearest light. We must therefore forego the interest and the benefit of an inquiry into the principles of general derangement, and limit ourselves mainly to the single subject more immediately before us,—that of melancholy as connected with religious causes.

The several classes of mental disease were not well discriminated, until within the last fifty years. The relations of melancholy, so called, for example, to the other forms of insanity, were not well made out, and it was often confounded with other diseases. M. Pinel who had charge of one of the great insane hospitals of Paris, *Bicêtre*, was, we believe, the first to point out the one clear distinction, that the deranged action of the mind in melancholy, was always confined to some one overwhelming subject or class of subjects. M. Esquirol completed the diagnosis, by ascertaining that it first seized upon the moral affections or passions, while mania uniformly makes its first appearance in a derangement of the intellectual powers. In neither case does the disease confine itself to the original point of attack. The derangement of the affections will sooner or later involve that of the intellect, and vice versa.

* In Burton's *Anatomy of Melancholy*, the reader will find all the curious learning which had accumulated from the earliest times, on this interesting subject, but very little of any practical utility whatever.

MELANCHOLY, then, may be described as chronic *monomania*, or partial insanity, seated primarily and essentially, though not exclusively, in the *moral affections*, and caused, or accompanied, by *depression* of the vital powers. In the grade of morbid action, its relation to mania, is that of low typhus to inflammatory fever. These particulars characterize the disease physiologically, and each one furnishes most important indications for the treatment, as we shall see.

It was for a long time supposed that a deranged state of the affections or passions could not exist, except in connexion with some illusion of the intellect, or some false perception. We believe, however, it is now generally conceded, that there may be a disordered state of the moral feelings without any mental hallucination at all,—a state termed by the French authors *manie sans delirie*, and by Dr. Prichard moral insanity. The cases on record seem entirely conclusive to the point. We remember an instance of a lady of refined and cultivated mind, in easy circumstances, and without the slightest temptation to such acts, who was so afflicted with the propensity to steal, that she never lost an opportunity of carrying off from her friends' houses, thimbles, scissors, spoons, or whatever she could secrete. There was no evidence of any insane ideas connected with this curious propensity. Baron Humboldt informed Dr. Prichard that a servant in his family, in whom they placed implicit confidence, requested a private interview one day with his wife, when she fell upon her knees in agony, and begged that she might be sent out of the house. On inquiring the reason, she confessed that she felt an irresistible desire to tear in pieces a little child which she nursed, whenever she undressed it. She could assign no reason for the propensity, and in every other respect appeared to be perfectly sane. There is no doubt whatever but that suicide and homicide both frequently result from attacks of this moral insanity, without any evidence of deranged intellect. From cases of such decided and extreme disease, this species of deranged action, shades off by degrees into milder forms, until it becomes what is termed eccentricity of character, or absence of mind, or perhaps merely habitual depression of spirits.

The simple point which we wish now to fix in the attention and memory of the reader, is this: that (from causes which we will afterwards discuss) there is produced a disorder of the feelings, affections or passions, antecedent to,

and independent of, any thing out of place, or peculiar, in the intellectual views of the individual. The manner in which some particular illusion afterwards supervenes on the disordered and perverted state of the feelings, is thus lucidly set forth by Dr. Prichard: "An individual of melancholic temperament, who has long been under the influence of circumstances calculated to impair his health, and call into play the morbid tendencies of his constitution, sustains some unexpected misfortune, or is subjected to causes of anxiety; he becomes dejected in spirits, desponds, broods over his feelings, till all the prospects of life appear to him dark and comfortless. During this period, if questioned as to the causes of his mental dejection, he will probably assign no particular reason for it. At length his gloom and despondency becoming more and more intense, his imagination fixes upon some particular circumstance of a distressing nature, and this becomes afterwards the focus, round which the feelings which harass him concentrate themselves. This circumstance is often some real, occasionally some trifling act of delinquency, for which the individual expresses the strongest and most disproportionate self condemnation. In other instances an unreal phantom suggests itself, in harmony with the prevalent tone of the feelings, which at first haunts the mind as possible, and is at length admitted as reality. Other individuals begin by indulging morose and unfriendly feelings towards all their acquaintance, magnifying in imagination, every trifling neglect into a grievous contumely. They fancy at length that they find in some casual occurrence glaring proofs of a premeditated design to ruin them, and expose them to the contempt and derision of society. The disease in these cases has its real commencement long before the period when the particular illusion, which is only an accessory symptom, is discovered."

Thus it is that the second characteristic feature of melancholy, develops itself, viz: monomania. To the same purport we could easily cite the most distinguished authorities both German and French.* Indeed we have but to observe narrowly any case that may fall under our observation, in its premonitory and incipient stages, to satisfy ourselves of the perfect accuracy of these observations, as to the order

* See Dr. Jacobi's *Bobachtungen über die Pathologie und Therapie der mit Irreseyn verbundenen Krautheiten*:—and M. Esquirol's articles in *Dict. des Sciences Medicales*.

and connexion of the morbid phenomena. We hope our readers will follow us patiently through these seemingly speculative details: for they are of essential importance to a right understanding of the true nature and treatment of melancholy, in connexion with religion.

The state of mind on which melancholy is most apt to fix and feed, and which we have therefore put down as one of its characteristics, is that of oppressive fear, or gloomy despondency, varying in degree from what is termed a disposition to look upon the dark side of every picture, to the blackest despair. The form of the superinduced illusion, depends generally upon accidental circumstances,*—most frequently upon the occupation, or the engrossing taste of the individual. The devotee of science, for example, imagines himself subjected to the fatal influence of electricity or magnetism, or the victim of poison by some chemical agent. The merchant persuades himself of a combination to ruin his business, and is overwhelmed by the prospect of imaginary bankruptcy. Not unfrequently the supervening hallucination takes the most ludicrous form, from some trifling internal sensation,—from the mere motion of wind in the bowels. Dr. Jacobi relates the following curious case: “A man confined in the lunatic asylum at Würtzburg, in other respects rational, of quiet, discreet habits, so that he was employed in the domestic business of the house, laboured under the impression that there was a person confined in his belly with whom he held frequent conversations. He often perceived the absurdity of this idea, and grieved in acknowledging and reflecting that he was under the influence of so groundless a persuasion, but could never get rid of it. It was very curious to observe how, when he had but an instant before cried ‘What nonsense! is it not intolerable to be so deluded?’ and while the tears which accompanied these exclamations were yet in his eyes, he again began to talk, apparently with entire conviction, about the whisperings of the person in his belly, who told him he was to marry a great princess. An attempt was made to cure this man by putting a large blister on his abdomen, and at the instant when it was dressed and the vesicated skin snipped, throwing from behind him a dressed up figure, as if just extracted

* So true is this, that Esquirol declares he could have written the history of the French revolution from the cases of mental disease which fell under his observation in connexion with that eventful period.

from his body. The experiment so far succeeded that the patient believed in the performance, and his joy was at first boundless, in the full persuasion that he was cured; but some morbid feeling about the bowels, which he had associated with the insane impression, being again experienced, he took up the idea that another person similar to the first, was still left within him, and under that impression he continued to labour."*

When melancholy lays its hold upon the religious feelings, as it is liable to do in individuals of a certain pre-existing temperament, the form of the illusive ideas which supervene, are determined, in like manner, by the circumstances of the patient. In the age of mythology, for instance, they were tormented by furies; in that of superstition, they are haunted by demons, or conceal a devil within their person, as is common in some parts of Roman Catholic countries. In more enlightened and evangelical parts of Christendom, the most common and indeed almost universal form of the delusion, as Dr. Rush has observed (see p. 114) is a conviction either 1. that the individual in particular is excluded from the divine mercy by an irreversible decree of the Supreme Being; or 2. that he has committed the unpardonable sin. From these facts alone it is evident that religion or erroneous religious belief, is not the cause, but the effect, and the food of pre-existing disease.

We now proceed, however, to examine more particularly into the real connexion between religion and melancholy, and (as a collateral inquiry) how far the common impression is well founded, that religious belief and Christian experience naturally tend to produce melancholy. And while our limits, so contracted in comparison with the extent of the subject, preclude the advantages which would arise from a thorough examination of all the causes of this form of derangement, we venture to give some tabular statements on the subject, the mere inspection of which will suggest many curious truths to the thinking reader; while they shed a flood of light upon the particular point before us. We only premise that it is usual to divide the causes of insanity, into physical and moral.

Table showing the causes of melancholy in 482 cases given by M. Esquirol.†

* See farther on this subject Prichard, Chap. II. Sec. 2 and 3. *Dictionnaire des Sciences Medicales*, Tome XXXII. p. 155.

† *Dictionnaire des Sciences Medicales*, Tome XXXII. p. 166.

*Physical Causes, 275.**Moral Causes.*

Domestic misery,	60
Reverses of Fortune,	48
Disappointed Love,	42
Jealousy,	8
Fright,	19
Wounded Self-Love,	12
Anger,	18
	<hr/> 207

The above table is taken from the records of the Salpêtrière, which was devoted exclusively to females, and most of the patients were from the lower and middle classes. Both these circumstances should be borne in mind in deducing any conclusion from the statistics.

In the reports of our own hospitals the statistics of the melancholy patients are not given separately. In the Pennsylvania Hospital, (see Report for 1842,) out of 299 patients, 52 were labouring under melancholy. The following table shows the immediate exciting causes of disease in the whole number.

*Physical Causes, 94.**Moral Causes.*

	MALES.	FEMALES.
Loss of Property,	17	6
Dread of Poverty,	2	
Disappointed Love,	2	4
Intense study,	5	
Domestic Difficulties,	1	5
Fright,	2	3
Grief,	4	16
Intense application to Business,	2	
Religious Excitement	8	7
Political Excitement,	1	
Metaphysical Studies,	1	
Want of Exercise,		1
Engagement in a Duel,	1	
Want of Employment,	9	
Celibacy,	1	
Mortified Pride,		1
Anxiety for Wealth,	1	
Uncontrolled Passion,	1	1
Mental Anxiety,	4	1
Disappointed hopes,	1	2
	<hr/> 63	<hr/> 47

We have not space to quote any of the tables before us, showing the occupation of the patients. The most curious feature of them all is, that by far the largest proportion of the male patients had been farmers. In the State Lunatic Asylum at Utica, N. Y., out of 148 male patients, 62, or 42 per cent. had been farmers ! 14 merchants, 26 labourers, 9 clerks, 7 scholars, 4 attorneys, &c.

We return to the particular point before us : and our first general remark is, that after all, the cases of religious melancholy, so far as the statistics of the disease show, are comparatively few. It is certainly very remarkable that among all the patients included in M. Esquirol's tables from Salpêtrière, there is not a single one charged to religion as the cause. In a report subsequently published by the same author, of the *Maison Royale de Charenton*, frequented by patients of a much better class in society, out of 448 cases, 18 are set down to the cause, "dévotion exaltée." In our own country, for obvious reasons, the proportion of such patients is much greater. In the Pennsylvania hospital out of 299 cases, 15 are traced to "religious excitement." And in the Asylum at Utica, the startling proportion of 57 out of 276 cases, are attributed to "religious anxiety."

To those who understand the circumstances connected with these several reports, these results are very much such as might be expected : and they establish beyond reasonable doubt the position we have assumed, that the hallucinations of insane and melancholy persons are the result of pre-existing disease, and only take their form from the accidental habits or feelings of the patients. The absence of religious excitement among the lower classes of Paris, has not diminished the number of cases, but the disease has there seized upon some more engrossing subject of thought; while in that portion of our own country where religious excitement has raged most, it has naturally fixed itself upon that which is perfectly congenial to it, and which it found already prepared to hand. In determining the comparative frequency of this form of mental disease, it ought to be stated, that many individuals are undoubtedly affected with it, who yet from the absence of any gross intellectual disorder, are not reckoned among the insane ; and farther, that even when they are so reckoned, they are usually so harmless and the state of their feelings is such, that they are seldom sent for treatment to a public institution. Hence the statistics of insanity are far from showing the exact

proportion of these distressing yet interesting cases, which really exist among us.

We proceed therefore, to say in the second place, that many cases which assume the form of religious melancholy, and which are charged to the account of religion, are produced solely by some deranged bodily function, with which religion has nothing whatever to do, either in the way of causing or curing, any more than it has with rheumatism or the tooth-ache. Dr. Rush somewhere mentions the case of a Quaker preacher who became melancholy, and believed himself to be possessed of a devil. The doctor, finding his pulse full and tense, persuaded him to allow him to open a vein. Soon after the blood began to flow, he exclaimed that he felt the devil fly out of the orifice, and recovered immediately. What could be more absurd, than to charge such a disease to the discredit of religion, and treat it as religious melancholy. As this is a point of importance, and as many persons not accustomed to notice the close connexion, and mutual relation of the mind and body, can scarcely admit that the views of the most important moral subjects, and even what seems to be religious feeling, can be modified and essentially changed by mere physical disorders, we will state another case in point. We were once requested to visit a lady, whose state of mind had baffled every attempt made by her judicious husband, to bring her relief. She was a woman of great refinement and strength of mind, eminently pious, and devoted to her interesting young family, whose education she conducted herself. While conferring every accomplishment upon her children, she was mainly anxious for their spiritual welfare. When we saw her, she was intensely excited, and had slept little for several nights. She said she had lost all interest in the instruction of her children, and had become utterly regardless of their personal appearance and her own. Her whole thoughts and feelings were engrossed about their salvation, her anxiety for which had become insupportably agonizing. When instructing, or dressing, or leading them out for their accustomed exercise, she was incessantly distracted with the thought, what good will all this do, while they are still impenitent! Though her flushed face and flashing restless eye, indicated strong physical excitement, yet her mind was so clear on every subject, and all her views so rational, that we attributed the whole difficulty to excessive and protracted anxiety, for an

object of peculiar interest to a pious mother—the salvation of her children. We made repeated attempts to reason with her on the error and evils of her present state of mind. She admitted fully the justice of our reasoning, and concurred in the truth of all our positions, but we found that this was of no avail. Her excitement continued, and with it her distress, and all her difficulties. It appeared like a case of pure religious excitement, and was so looked upon by all her family. They did not deem her deranged, but it was evident she soon would be, unless relieved. Finding reasoning of no avail, and the excitement still increasing, we became convinced on minute examination, that the whole difficulty originated, not in religious views or feelings at all, but in a morbid increase of arterial action, arising from some physical cause. One-twelfth of a grain of tartar emetic, five or six times a day, gave perfect relief, and restored both her views and feelings to the healthy standard. Any number of instances of every variety of the disease might be cited to the same point. One of the deepest and darkest cases of religious melancholy we ever saw, occurred in a young lady of remarkably cheerful and equable temperament, in connection with a derangement of the system; and after every moral means had been tried, in vain, to shed a solitary ray of hope upon the unbroken darkness of her despair, she recovered perfectly and at once, on the return of her accustomed state of health.

A third consideration of essential importance in understanding the real cause and true nature of melancholy, is, that even where the immediate cause seems to be excitement on some religious topic, there has often been a train of physical causes at work, which have not only predisposed to the disease, but which farther lend that colouring to the religious views themselves, to which they owe their power to produce the disease. The meaning and force of this will be seen best by an example. The report of the Pennsylvania Hospital for 1842, furnishes one precisely to the point. “A young man of very moderate mental capacity, little education, and accustomed to a laborious occupation, from too much confinement at his business, finds his health failing, and gives up his employment for a few months to recruit. At the end of that time, although not well, he is able to return to work, but then discovers that the changes in the times make it impossible for him to find any thing to do. His means being exhausted, his body

weak, without his customary exercise, his mind gradually becomes in a morbid state, when some excitement from Miller's prophecy occurring in his neighbourhood, he immediately attempts to study the subject, and to ascertain its truth from close reading of the Bible—an investigation utterly unsuited for his capacity under any circumstances—and the difficulties he encounters at the very threshold, lead to a violent attack of mania. The disease was attributed to 'Miller's prophecy,' or to 'religious excitement,' but neither of these causes would give a proper idea of the origin of the case. Before being excited on that subject, the patient's mind was ready to be overturned by any abstruse or exciting matter that might be presented to it. Without his loss of employment this would not have occurred, and without the enfeebled health which accompanied it, his attempted investigation might have been harmless."

The whole subject of what are called '*predisposing causes*,' would naturally come up in this connexion: but while a careful examination of them is indispensable to a complete discussion of mental disease, we must glance very cursorily at only the more important practical aspect of the subject. Dr. Prichard maintains that in every case of derangement, of whatever kind, "a certain peculiarity of natural temperament or habit of body exists as a necessary condition for its development; without which the causes which give rise to the disease will either prove harmless, or will call forth some other train of morbid phenomena." Thus for instance intemperance produces insanity in a large number of cases, while in other individuals it induces apoplexy, paralysis, or disease of the liver or lungs. So, whenever the phenomena of insanity appear from whatever cause, he contends we may always infer, that a natural or constitutional predisposition to the disease existed, in every instance. Whether this strong position be tenable or not, it ought to be known by all who have to do with it, that its origin does generally lie, far back of the apparent exciting cause, in some peculiar condition of the physical organs. For example, in no less than 110 cases out of 482, in Esquirol's tables on Melancholy, there existed a clear hereditary predisposition: and from all the observations we can gather, this is about the ordinary proportion of hereditary cases: viz. nearly one third of the whole number. No one, without particularly noticing the rigour of the law of

the hereditary descent of disease would fully appreciate the force of this circumstance. Not only does it develop itself, where the predisposition is inherited, with great certainty; but the very form of the disease, and even the period of life at which it breaks forth, are very often exactly observed. Dr. Rush gives numerous cases singularly illustrating these facts. And where the predisposition is not hereditary, it is still often congenital.

The physiological history of the development of this constitutional predisposition to melancholy, is highly curious and instructive, but we must glance over it very briefly. In early youth it very rarely makes its appearance. There are other predisposing causes, to which the nature of our work forbids us to allude, but which are far more operative than is commonly supposed. As it is a tendency of religion to subdue the passion, and to bring the body into subjection to the soul, it is obvious that it must be the most effectual of all correctives of one large class of the causes to which insanity owes its origin.

The last observation we shall make in exposition of the true nature of melancholy, is this:—that where the evident proximate cause of the disease is purely of a moral nature, religious excitement for example,—yet does it produce its effect invariably by the medium of disorder first induced in the physical organs. We have not the space to discuss the question, where in the organic system, the disease is seated. We may safely leave this matter until it is settled by those who are the proper arbiters of the dispute. But there is so much uniformity of opinion among writers of all classes and countries as to our position, that we might safely assume it as granted. Certain it is, as we have already shown, that mere bodily disease often develops the phenomena of mental insanity: and just in proportion as morbid anatomy becomes more minute and exact in its applications, does the certainty increase, that in every case of clear and established mental disease, there are lesions of the body, either organic or functional, which are competent to account for that disease. Dr. Cheyne says in the most explicit manner, (p157,) “We never saw a case of mental derangement, even where it was traceable to a moral cause, in which there was not reason to believe that bodily disease could have been detected before the earliest aberration, had an opportunity of examination offered. Not only does every deranged state of the intellectual faculties, and the natural affections, depend

upon bodily disease, but derangements of the religious and moral sentiments also." Almost the only modern writer of note known to us, who maintains the opposite hypothesis, is Prof. Heinroth of Germany.* But though abandoned for the most part by professional men, it is still, we believe, the popular creed. The main grounds on which it rests, though well adapted to convince those who judge mainly from appearances, are by no means conclusive. It is undeniable indeed, that purely moral causes often produce the disease: but every one knows that moral causes are competent to derange the bodily functions. Grief has been known to stop the secretions of the liver, and produce a fit of jaundice; fear, to check the secretion of milk during the period of female lactation; and anger to derange the operations of the brain and produce either an attack of apoplexy, or as in the case of a certain king of whom history informs us, a fit of raving mania. The *modus operandi*, then, of these causes, is by first deranging the bodily functions; and until this is accomplished, there is no evidence of insanity. The effect may be produced either by direct action upon the brain, or by disturbing the functions of the stomach, the liver, the skin or the heart, when these deranged organs become new and separate sources of irritation, all acting upon the great centre of life and seat of reason. The experienced and acute physician of the New York Asylum states, that hardly any cause will ever produce decided mental disease, till it has so far disturbed the bodily functions, as to have destroyed the power of sleeping.

In investigating the tendency of religion, or of any particular religious doctrines, to produce insanity, the inquiry resolves itself into this, *viz.* whether there is in them an inherent tendency to produce excitement or depression sufficient to disorder the functions of the body. Now that certain views of religious truth, and even certain religious feelings, may, in persons of morbid temperament aggravate the tendency, and become the food of melancholy, cannot be questioned. But it should be remembered that the temperament in such cases is the cause of their unconquerably gloomy views, before these views can issue in chronic melancholy. But that there is no such tendency in any of the doctrines of true religion rightly apprehended by a sound mind, it seems to us must be self-evident to any one who under-

*See *Lehrbuch der Stoerungen des Seelen lebens.*

stands what true religion is. We should be glad to quote the able reasoning, and just conclusions of Dr. Cheyne on this point, but can only find room for a single passage.

“If that doctrine,” says he, “which proclaims liberty to the captive, and pours balm into the wounded heart, should produce melancholy, which is the usual type of religious madness, it would be a phenomenon in the history of the human mind, which would defy every attempt at explanation. We firmly believe that the gospel received simply, never since it was first preached, produced a single case of insanity; the admission that it has such a tendency ought never to have been made to the enemies of the cross. We have granted that fanaticism and superstition have caused insanity, as well they may: nay derangement of the mind may often have been caused by the terrors of the law: but by the gospel,—by a knowledge of and trust in Jesus—**NEVER.**”

The truth is that the cases of insanity charged to religion, are nearly all the fruit of that wild enthusiasm, or fanaticism, which the enemies of the gospel do not care to distinguish from true religion. And we repeat the remark, (which is essential to a right understanding of the nature of the disease and the mode of treatment,) that this latter cause operates by first producing physical excitement, upon which morbid feelings and insane hallucinations supervene, which often have no connexion whatever with the peculiar doctrines producing the excitement. A distinguished physician lately mentioned, in conversation upon this point, that in a state of high fanatical excitement which occurred in his neighborhood, a woman who became the subject of it, was seized with the belief that a child which she held in her arms was Jesus Christ, and carried it about insisting that every body should fall down and worship it. Now it must be evident that the essence of the disease in such a case is not a disorder of the intellect chargeable to religion, but intense nervous excitement, produced by enthusiasm and terminating in a wild hallucination, totally unconnected with the exciting cause; and he who would treat it, on any other hypothesis would certainly fail of success.

If farther confirmation were needed of the view we have given, that moral insanity is connected with a morbid condition of the bodily organs or functions, it might be furnished from many incidental sources. For example, the melancholy of the patient is often sensibly affected by phy-

sical agents, which can act only through the body. The state of the atmosphere, for instance, exercises a most manifest influence upon such persons. It is not unusual for them to be able to predict a storm twenty-four hours before it appears. Cowper, in one of his touching letters to Mr. Hayley says, "I rise cheerless and distressed, and brighten as the sun goes on." And Dr. Rush mentions that during the single month of May, one year, which was remarkable for the prevalence of cold, cloudy weather, there occurred no less than six cases of suicide in Philadelphia; four of which were in the Pennsylvania Hospital.

Nor is this view of the nature of the disease set aside by the fact, that many patients recover without any medical treatment directed to the bodily derangements. The system will often recover from any disease whatever, when placed in favourable circumstances, without medical treatment, in virtue of the mere restorative powers with which our constitution is gifted, the *vis medicatrix naturae*, of the efficacy of which the older physicians were so loud in their praise. And besides, as we have shown, that moral causes are adequate to produce physical derangement, so likewise may they be sometimes successfully used in curing it.

THE TREATMENT of the class of diseases we have been discussing, is a subject of still greater practical interest; and we had intended to express our views upon the moral part of it somewhat fully. At present, however, this is out of the question, farther than to state briefly some principles, which we deem of fundamental importance. If the disorder of the bodily organs becomes itself a settled disease, medical treatment will generally be indispensable to a cure. But as we are not writing for medical men, and we abhor empiricism, we shall say no more than that the case should be promptly placed in the hands of a skillful and experienced physician; and, if possible, it is very desirable for many reasons that he should be a pious man. The same thing, indeed, is true of the moral treatment, to a great extent, in decided or confirmed cases of disease. But as this is often under the management of friends and especially pious friends and ministers of the gospel, we venture to throw out a few hints on the subject.

The first material point is to remove the patient, if possible, from all the scenes and circumstances which excite or aggravate the disease. As many of the morbid feelings are

very apt to be associated with familiar friends, it is often expedient to take him from the bosom of his family, and throw him in the midst of strangers. Cruel as the measure seems, it is absolutely essential to a cure in many cases. Where the disease is attended with a loss of natural affection, or a decided and unconquerable aversion to the nearest and dearest friends—which is very often the case—it becomes necessary not only to remove the patient, but, in many cases, rigidly to exclude even occasional visits from the members of his family. The slightest circumstance associated with his morbid condition will sometimes occasion a relapse, when on the very verge of a cure.

The question of removal to an asylum, is one of the most delicate and painful which friends are called to decide. Every kindly feeling revolts against it, and yet it is often a real kindness during the period of treatment, besides that it often furnishes the only hope of a cure. In those cases of religious melancholy, where the natural feelings of the heart are unperverted, and the domestic circle so far from aggravating the disease by unpleasant associations furnishes a chief solace to the unhappy being, it would be cruel to lacerate his feelings by a separation which he dreads, and thrust him into circumstances from which he recoils as from the confinement of a jail; and if carried out in such a case, would probably extinguish the last hope of recovery.

We fully intended to devote a few pages to the history of Asylums for the insane, and the remarkable amelioration of their condition hence resulting. Nothing could be more unfounded than the strong prejudices against this resort, on the part of patients and their friends, because the judicious classification, management and supervision of the insane, in the better class of asylums, has nearly abolished all forcible measures for restraint even in the most violent and dangerous cases, and the treatment is not only rendered incomparably more humane and kind, but vastly more successful, than it can possibly be, when the patient is left at large. But, as we have already said, in the form of disease which we have mainly discussed in this article, it is generally less necessary, and often decidedly improper to remove the sufferer from his home to a hospital, and we shall therefore redeem our space, by omitting at present any farther notice of a history, as interesting in its details as the most ingenious romance.

Our readers will remember we have shown, in discussing

the nature of melancholy, that it shows itself first in a morbid depression of the feelings, or a derangement of the affections or passions, and that the insane notion, whatever it may be, subsequently supervenes. This must always be kept in view in the treatment. To attempt a removal of the hallucination or erroneous belief, by reasoning on the subject, will always be futile, until the morbid condition which induced it is first relieved. Every one familiar with the sad, but interesting and instructive history of Cowper, (which we advert to so often for illustration, because it is so well known,) will remember, that the assiduous efforts of his pious and excellent friend, the Rev. Mr. Madan, to remove his erroneous religious views, were wholly unavailing, until after the judicious treatment of Dr. Cotton, addressed to his constitutional malady, had relieved his gloomy depression of feeling; and then the reasonings and advice of his clerical friend recurred to his recollection, with convincing clearness and force. Dr. Rush mentions the case of a lady whose delusion consisted in supposing herself to be visited each night by the spirit of Gen. Washington, with whose conversation and presents, she would entertain the doctor on the following day. He first cured the primary disease by medical treatment, and then by a sally of wit and reasoning, he succeeded in chasing away the lingering illusion.

The moral treatment best adapted to relieve the depression of melancholy, requires often the nicest discrimination and the most untiring kindness and assiduity on the part of friends. On the one hand too much sympathy, and especially frequent conversation upon the subject, will increase the evil: and on the other hand if you are too lively and light-hearted, the patient not only fails to catch your spirit by sympathy, but sinks into deeper and darker gloom. "Mirth in melancholy," says Dr. Rush, "is like hot water to a frozen limb." On the same principle, music, which is often a most important auxiliary in the treatment must be applied with skilful discrimination: and it will almost invariably be found that in the first instance, solemn and plaintive music succeeds better than that which is lively or stirring. We suppose the true principle to be observed, whatever be the means used for making an impression on moral feelings, is, to approach the state of mind of the patient so far as to gain his full confidence and sympathy, and then to advance towards the exercises and feelings of

a sound and cheerful state, just as fast, and no faster, than you can carry him with you.

The question here rises, how far, and under what circumstances, religion can be used as a restorative agent in melancholy. Esquirol, who of course views the subject merely as a philosopher, maintains, that the application of religious truth in the cure of melancholy is only useful, where the passion deranged is one which may be supplanted by the introduction of some religious affection. For example, where the melancholy results from temporal calamity, you may counteract the disease by diverting the thoughts and feelings of the individual from his gloomy views of temporal ruin, to those consolatory truths, and bright, immortal hopes, which religion unfolds, and by which the deepest sense of the calamities of this life can be swallowed up, by the exceeding glory and felicity of the life to come. But when the force of the derangement expends itself upon the religious affections directly, it is always aggravated by religious discussions, or protracted religious exercises; and the only safe course is to shun the subject entirely. We shall have occasion to explain the caution with which this prescription should be adopted, but we have no doubt of the practical wisdom of the principle on which it rests. It will be remembered that one of the characteristics of the disease is that the derangement is confined mainly to one subject, or class of subjects:—in other words, it is a form of monomania. This circumstance clearly indicates the propriety of diverting the mind, as far as possible, entirely from that subject, until its powers can react, and resume their healthy operation. This principle is fundamental in the successful treatment of the disease. Now as the religious affections are the most powerful and engrossing, it follows that where the primary and essential force of the derangement has not fallen upon these affections, they may be most successfully used for this important purpose. Hence the great utility of judiciously conducted religious and devotional exercises, now constantly enjoyed in many of our best regulated Insane Asylums, where they have been found successful not only in calming the most boisterous and unruly patients, but in supplanting the morbid trains of thought and feeling, and contributing essential aid in effecting a complete recovery. But where gloomy religious affections form the very food on which melancholy feeds, it must be equally evident, that to indulge in these exercises, with a view of strengthening

the powers of the mind, would be precisely like attempting to impart physical strength to a debilitated febrile patient, by feeding him with strong meat. Hence on the other hand, the evil resulting to certain classes of patients from the introduction of Christian worship among the insane in hospitals, from which the inference has been hastily drawn, in a few instances which have come to our knowledge, that the plan itself was inherently bad. The whole difficulty arose from the want of proper discrimination, in the application of the means in question.

It is very evident that the application of the principles we have been discussing, as to the propriety of exciting religious thoughts and affections in the minds of melancholy persons, is a matter of the greatest delicacy and difficulty. There are cases, where an injudicious perseverance in the one course, would only drive the unfortunate victim of despondency into deeper gloom, and perhaps into utter despair, and it is conceivable that a mistake on the other extreme, in some instances, might not only debar one of the most powerful of all the moral remedies for the disease, but even endanger the religious hopes of the soul. It is therefore a question of the very first importance, how we may discriminate as to the existence of disease, and the real character of the case to be treated. Nothing short of a close and searching investigation of the origin and history of each individual case can enable any one to make out the diagnosis satisfactorily; and in this respect we think the spiritual physician might copy with advantage, the laborious and pains-taking example of medical men. We will mention however a few symptoms which lie upon the surface in many cases, and which may perhaps serve to prevent a misapprehension, where now, we believe, there is often serious mistake.

When the mental distress and dejection are the result of disease, and not the natural workings of an awakened conscience and are to be treated accordingly, there is very often a striking relative disproportion between the alleged moral cause, and the degree of remorse. Indeed, as Dr. Rush somewhere justly observes, *imaginary* guilt is a far more frequent cause than *real*. The healthy conscience is alive equally to guilt of all kinds in proportion to its aggravation, while that which is morbidly affected, is distressed beyond measure with that which is either imaginary or trifling, and is insensible to a thousand offences of greater magni-

tude. Again, the feelings of diseased melancholy fluctuate without any assignable mental cause whatever. Sometimes they overwhelm their unhappy victim with distress, and again they are relieved without any corresponding change in his views, to account for it. The inference in such a case is, that both the cause and the cure are to be sought, not in the rational or moral constitution of the individual, but in the state of his nervous system or his bodily health. This inference is sometimes rendered conclusive, by evident accompanying symptoms of indigestion, feverishness, or nervous irritability. Thus as Dr. Cheyne reminds us, during the last illness of Dr. Scott, every paroxysm of fever was attended with a state of spiritual gloom. It is unnecessary to remark how important it is, in all such cases, to discriminate the true cause of the phenomena. The existence of bodily disease may also be inferred from the failure of any attempt to reason the patient out of his false notions, or relieve his depression by obvious moral considerations. Such measures however clearly adapted to their end, will produce not the slightest effect, until the disease is first broken. And yet it would be a great mistake to suppose that the mind is as inactive, as the oppressed body and dejected feelings would seem to indicate.* The attention is all awake to the particular subject of melancholy. The patient displays astonishing ingenuity, in justifying his gloomy and despondent views. If there is a flaw in your reasoning he will detect it with remarkable acumen, or he will seize upon your own principles and find in them something to justify his morbid feelings. If he cannot do either, he will perhaps set aside your reasoning as irrelevant, or he will tell you, 'I understand you perfectly :—you have reason on your side, but no matter, I cannot believe you.' Sometimes he will be brought to feel and admit that he is all wrong ;

* The friends of melancholy patients sometimes fall into the natural but unfortunate error, of treating melancholy patients as if they were in a state of stupor and forgetfulness. We know a very intelligent and pious lady, long since perfectly recovered from her disease, who still bears the keenest recollection of the severity with which she was treated at the time, under this misapprehension. And on the other hand, Dr. Rush tells us, that he once apologized to a Quaker lady who had been under his care, after her recovery, and asked her if she would forgive him for insisting upon her taking so many nauseous medicines. "Forgive thee," replied his fair patient with the utmost warmth, "I love the very ground thou walkest on!" The Doctor was remarkable for his kindness to his unfortunate patients.

but contend that he cannot help it, that he is under the dominion of some resistless power.

Now in all such cases it may be laid down as a general rule, that to ply the disordered mind with reasoning, and if religion be the morbid subject, with religious duties, will do harm, instead of good. The attention should as far as possible be beguiled to other subjects entirely, that the restorative powers of the constitution may be allowed to act unimpeded, while every attempt is made to restore the nervous or other bodily functions to a state of healthy action. (See Dr. Cheyne, p.185 et passim.)

Perhaps we ought to say distinctly before closing this subject, that we are far from meaning to intimate, that the knowledge of what we suppose to be the true nature and treatment of religious insanity, will enable any one to relieve with certainty, every case that may come before him. Would that it were so. But unhappily even under the most favorable circumstances, and the most skilful treatment, scarcely more than one-half of the whole number of patients are fully recovered; and where the disease assumes the form of monomania, the prognosis is less favorable still. Esquirol's tables would show the proportion of cures, in this latter form, to be about one-third of the whole number of cases. It ought however to be universally known, that the prospect of relief is incomparably greater, if the disease is subjected to proper treatment, in the very earliest stages of its development. Esquirol shows from most elaborate statistics, that nine-tenths of all the cures occur in the two first years of the disease; while after the third year, not more than one in thirty, are permanently restored. And Mr. Pinel makes "the mean time for the duration of the disease, in cases terminating favorably, from five to six months. (See farther Prichard p.100—103.) Farther argument is unnecessary, to show the vast importance of the most prompt measures for the relief of the unhappy subjects of these dreadful diseases.

We had hoped to bring this whole discussion to bear upon that numerous and varied class of cases, so full both of interest and difficulty, where there is manifest disorder of the religious views and affections, and often great mental distress, while yet, they are not commonly regarded as cases of disease at all. We give as a type of one sort of these cases, to which perhaps no other may exactly conform, and yet which illustrates the essential elements of many others,

the instance of a young lady, whom we have long and intimately known. Of a temperament highly nervous and sanguine, she embarked very young, with all her ardour, in the gay pleasures of fashionable life. A single season convinced her fully of their emptiness and folly. She was soon after brought under the influence of pungent preaching, and convinced of sin. The struggle was sharp and long; but the result was, that she gave herself, with all her heart, to a course of rigid religious duties. Above all, she seemed to live in an atmosphere of prayer. Her faith in the truth and promises of God, was without the shadow of a cloud. And yet she had not the pure enjoyment which she supposed to be the necessary fruit of real piety. She did not therefore, look upon herself, as a child of God; and her consequent anxiety wore upon her spirit, and secretly undermined her health. At length, one day, as she rose from prayer, the thought struck her like a thunder bolt, 'what if there is no God after all.' She repelled the thought with horror, and went her way. But the shock had struck from her hand, "the shield of faith," and all her efforts were unable to grasp it again. From henceforth she found herself exposed to a constant shower of darts, fiery and poisoned, and she could not resist them. They stuck fast in her vitals, and drank up her spirits. The poison thus injected into the heart of her religious experience soon spread, and blighted the whole. She never knew a moment's peace, when her thoughts were upon her once favourite, and still engrossing subject. She called herself an infidel, and applied to herself the dreadful threatenings and doom of the unbeliever. And yet it was evident she was not, in any sense, an unbeliever. She was one of the most devout and consistent persons we ever knew. She was conscientious even to scrupulosity. She was a most devoted and faithful Sunday school teacher, and God blessed her labours to the conversion of nearly all her scholars. She rejoiced to hear of persons becoming Christians and would often say, with despair in her tones, how she envied them. When any of her acquaintances died without giving good evidence of piety she became excited, and as she expressed it, was ready to scream aloud. She gave every possible evidence that she had not, in reality, a shadow of a doubt about the truth of revelation. And yet no one ever dreamed that her difficulties were connected with disease of any sort; for her mind was remarkably clear, and active. The advice of pious friends and ministers,

therefore, based upon the supposition that her case was one of spiritual darkness, or satanic temptation, was to persevere in prayer—to struggle on more earnestly, and God would give her light after he had tried her faith and patience and love. But the more she prayed and struggled the worse she grew. She would come from her closet, exhausted with the fearful conflict, and looking ready to sink into utter despair. The Sabbath was always the worst day of the week; and the labour and exhaustion of teaching aggravated her symptoms.

The only treatment which was successful, in this case, would by many have been rejected with horror. She was advised to give up the struggle which she had maintained so unequally, and which would only have resulted in disastrous consequences—to think as little as possible on the subject—to spend less time in devotional exercises, and allow her mind to gather its scattered strength by relaxation. The form of prayer advised was short and audible, and such as took for granted what she had been struggling to convince herself of. Incessant pains were taken to present the character of God in a simple, affectionate, parental light, when any thing led to the subject. The simplicity of faith, and the certainty of salvation, were occasionally flashed across her mind, when it was in a suitable frame. The only two evidences of piety which her state of mind rendered available, were kept prominent as the basis of new feelings and hopes, viz: her love to the people of God, and the pain she felt in the absence of divine favour, and the longing for its return. These were untouched by the dismal monster that had preyed upon her hopes.

By a judicious perseverance in a course like this, accompanied with well directed hygienic measures, suitable recreation, exercise, and diet, for improving the general health, and especially the tone of the nervous system, the mental energies will often, in such cases, react; and new views of truth and new hopes will then spring up in the mind.

There is another class of cases related to that just referred to, which we think is also liable to be misunderstood. We allude to those persons who have thoughts foreign to their common state of mind and feelings, seemingly thrust upon them, without, and even against, their own consent. Sometimes these thoughts, even in the case of the most sincere and devout professors of religion, are skeptical, and sometimes they are profane. There are cases on record, where

the most exemplary ministers, under a paroxysm of this sort, have given way to a torrent of blasphemous imprecation. These of course are extreme cases. Very often a single thought or expression will keep harassing the mind for hours, or at intervals for days and weeks together. Dr. Cheyne (p. 67,) relates a very striking case of a woman "with strong devotional feelings," who, when about to repeat the Lord's prayer, was "impelled from within to say, 'Our Father which art in HELL,' with such vehemence that she was forced to start up, otherwise she must have yielded to the impulse. Such agony of mind we have seldom witnessed, as the poor young woman endured when she related this affecting incident." All who have read Bunyan's account of himself, in that remarkable work, "*Grace abounding to the chief of sinners*," will recollect the wasting constancy with which he was persecuted by the phrase, rung in his ears, in relation to the Saviour, "sell him," "sell him": and also the agony of mind which tortured him, after he was driven under the phrenzy of the excitement, to give in for a moment to the traitorous suggestion.

It has been common to explain such cases, by calling in the agency of evil spirits. These wicked thoughts are supposed to be injected into the mind, these suggestions, so repulsive to the feelings, are deemed the assaults and temptations of Satan. In venturing to question the universal truth of this hypothesis, we feel that we are treading on delicate ground. Of course we do not mean to intimate the slightest doubt of the reality and tremendous power of the great adversary of souls. We hold the doctrine to be as true, and as evident from experience and history, as when the declaration was first penned, "Your adversary the devil, like a roaring lion, goeth about, seeking whom he may devour." And farther, we see no reason to question, that he may take advantage of certain morbid states of the body, favourable to his purpose, to harass and worry those whom he cannot destroy. But still, we fully believe that many of the phenomena referred to Satanic agency, will admit of a complete explanation, on the grounds of physical disorder. Those who are called upon to deal with such cases, should at least have distinctly in view the possibility that the whole difficulty may proceed from natural causes, and may be curable by natural principles. The case of the young woman given by Dr. Cheyne, as the event proved, was merely the commencement of an attack of pure insanity. And a

young gentleman who was similarly persecuted by injections (so called) "of wicked thoughts, and articulate promptings of blasphemy," was "delivered from the supposed temptations, by mild purgatives, alkaline bitters, and country air."

The ease of Bunyan, already quoted, shows a farther departure from the standard of healthy action. He was harassed not merely with the temptation to sell his master, injected into his mind, but it seemed to be whispered by an articulate voice in his ear. This additional phenomenon is easily explained, without any recourse to spiritual diabolic agency. The imagination which created "*THE PILGRIMS' PROGRESS*," not yet chastened from the wildness of its early enthusiasm, tinged with melancholy, struggling with the burden of guilt, and goaded by the protracted excitement under which he had evidently laboured, could, without difficulty, give the seeming reality of articulate language, to the morbid suggestions of his own fancy. Both voices and visions are by no means uncommon, in the case of nervously excitable and imaginative persons, no matter how sound their minds may be. Every body knows how Luther, (who, like Bunyan, with all his greatness, was the very man for such hallucinations,) in the dim cell of his prison in the Wartburg, saw the devil, and with indignation hurled his inkstand at his head.

That all such phenomena,—unbidden and repulsive thoughts and feelings, and false perceptions, both voices and visions—*may* be produced by mere morbid physical agency, is unquestionable; because they are frequent accompaniments of pure disease and yield with the disease, to medical treatment. Those, therefore, who are called to counsel persons thus afflicted, should never lose sight of the inquiry whether such may not be the actual origin of what otherwise might be treated as temptations of the devil. That Satan may have the power of injecting his malicious or blasphemous suggestions immediately into the mind, we have not intended at all to controvert. But we are disposed to adopt the principle of Dr. Cheyne; that "if an appeal to him who conquered Satan and who will aid all who come to Him in faith, fails to relieve those who are thus afflicted, they may rest assured, that disease and not the devil is the enemy with which they have to contend," and they must seek relief accordingly.

And if we are pressed beyond this point, with the hypothesis that while disease may be the proximate cause of

these distressing and horrible calamities, yet Satan may be the agent who employs this instrumentality to harass the Christian, we should be inclined to fall back upon the ground thus quaintly maintained by Richard Baxter: "if it were as some fancy, a possession of the devil, it is possible that physic might cast him out. For if you cure the melancholy, (black bile,) his bed is taken away, and the advantage gone by which he worketh; cure the choler (bile) and the choleric operations of the devil will cease: it is by means and humours in us, that he worketh."

We return, in closing, to the remark that, to discriminate cases of real diseased melancholy, from those of spiritual darkness, or satanic temptation is one of the most difficult points in religious casuistry. That the two things are confounded, and the one mistaken for the other, in a great multitude of cases, we have not the slightest doubt. The consequences of this mistake, are often exceedingly disastrous. The unhappy victim of physical disease is directed to attempt what is just as impossible, as to subdue by an effort of his will, the pain of a diseased tooth, or the excited pulse of a raging fever: and is overwhelmed with discouragement and despair, because he finds himself unsuccessful in the attempt. And on the other hand the sin of unbelief might be sheltered from criminality and the need of repentance by referring it to the irresponsible action of a deranged mind. The treatment in the two cases would be exactly opposite: and yet we are fully persuaded, that we have seen the one mistaken by ministers, for want of a knowledge of physiology; and the other by physicians, inexperienced in the difficulties and conflicts of experimental religion.

That there are marks by which such cases may be clearly discriminated by any one who will take the necessary pains, we think could easily be shown, and we repeat our earnest conviction that the individual who will throw upon this interesting subject, the light of which it is susceptible, will deserve the everlasting gratitude of the Church. Will no one undertake the investigation?