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### Dissertation on melancholia

George Whiting Burke  
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Dissertations  
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at the  
Annual Examination  
in the  
Medical Institution of Yale College,  
January 18-20,  
1843.

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VII.

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Dissertation  
On  
Melancholia.

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By  
George Whiting Burke, M.A. West. M.  
Of Hartford, Connecticut,  
Candidate for the Degree of Doctor in Medicine.

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# Melancholia.

This disease, according to Cullen, belongs to the class Neuroses, - order Maniacs; - Sauvages and Pagan place it in the class Maniacs, - order Deliria; - Good in the class Neurotica, - order Phrenica; - genus Ecphronia.

Sauvages divided this disease into fourteen distinct species, which it would be tedious and useless to repeat, as it is evident from his description of them, that a majority were forms of Hypochondriasis or Hysteria.

The term "melancholia" is derived from the Greek μέλας, black, and χολή, bile, because it was formerly supposed that an excess of cystic bile was the cause of the disease. It is, however, essentially a disease of the nervous system, often affecting the nerves of organic, equally with those of animal life.

There are but few diseases, the pathology of which is as obscure as this, and which hold out as little promise of successful investigation. Dissection throws but little light on the subject. The slight changes which are sometimes observed in the structure of the brain, or the effusion of serum, which is often looked

upon, as almost a decisive proof that the disease was entirely of this organ, might have occurred in another subject dying of an entirely different affection.

Among those who have paid most attention to this disease, Pinel, Esquirol, Haslam, Hill, Ellis, Burrows, Pichard, and others, might be mentioned. Nothing daunted by the intricacy of the subject, or the contradictory appearances or dispositions they presented their inquiries with increasing ardor, and by their efforts produced a gradual and salutary change in the treatment of the unfortunate subjects of this malady. Although their post-mortem examinations afforded them no clue to the direct nature of the disease, they became more convinced that it affected chiefly the organ of the mind, and that remedies of a mental nature were among the most important. By the exertions of such men, the attention of physicians was directed to a subject which then formed but a slight part of medical practice, and which even now is not invested with the importance which naturally belongs to it. Ordinary diseases, affecting comparatively unimportant parts of the system, were carefully investigated, and various methods of treatment devised; but here

was a malady, affecting the most important part of man, - benumbing his intellectual faculties, and making him more miserable than almost any other disease, which was feared by and much neglected, either on account of its intricacy or hopelessness. The ill-fated sufferer was confined in some solitary place, and immediately reduced to the condition of the beasts. He was considered as one hardly having a soul, or capable of ever enjoying life again in common with his fellow-creatures. - At present, when insanity is found to be a curable disease, the profession generally have made mental and nervous affections more a subject of study, and have been amply repaid in foreseeing and preventing insanity by a timely administration of remedies suited to the case. Yet much remains to be understood in this particular, and it is to be hoped that ere long, this disease will form a part of the practice of the ordinary physician, as much as any other malady.

The object in this essay will be, not so much to give new views on melancholia, as to furnish a concise epitome of the opinions of the most approved authors on this subject, and some few impressions derived from seeing a number of cases of this disease.

The causes of this disease have been divided by authors into the moral— affecting the body through the medium of the mind, and physical,— acting directly on the animal organization. These are often combined. The most common cause of pique, is "sudden reverse of fortune." By this, must be meant from prosperity to adversity, which would in most persons call into action the depressing passions, whose continuous exercise in minds so predisposed would produce permanent melancholy. The preponderance of the depressing passions does not necessarily bring on this disease; it may produce mania, or hypochondriasis, but we should hardly expect to see melancholy resulting from joy, or any of the pleasing emotions. — On the contrary, it is often the consequence of disappointed love or ambition, — loss of friends or property, — blighted reputation, and sometimes may arise from an incorrect idea or suspicion, as unfounded jealousy, — distrust, of the motives or intentions of friends, &c. Melancholy often results from mania, and there are cases where it, alternates with, or terminates in this disease. When it is a consequence of mania, it usually results in fatuity, and may be considered incurable; and when

there is an alternation of the two, the prognosis is hardly more favourable. The manner or the time of change from mania to melancholy cannot be defined; it is sometimes immediate, - most generally gradual, and sometimes occurs after apparent recovery from mania, the patient in relapsing becoming melancholic.

Among the physical causes, which are far less numerous than the moral, may be mentioned, indigestion, sedentary habits, irritation in the alimentary canal, functional disorder, or organic disease of some of the important viscera of the thorax or abdomen, &c. Injuries of the head sometimes, but rarely, produce this disease, - they more commonly result in mania or fatuity. Melancholia may be hereditary, - not in the usual sense of the word, but a predisposition is inherited, so that slight exciting causes, which would not affect others, will, in these cases, arouse the disease. It has also been said that it alternated with mania in successive generations. - This disease rarely occurs in youth, but forms the greater portion of cases of mental derangement between the ages of 35 and 60 when the ardor and enthusiasm of youth gives place to the realities and disappointments of mature age.

This disease is characterized by a derangement of the reasoning faculties, - the error being in judgment, and not in perception, - often by a belief on the part of the patient of his inability to comply with the requirements of his creator, or that he has by some action, incurred the Divine vengeance, expecting misery in this world and the next. In the commencement of the disease, his general health is often apparently good, there is no febrile condition of the system, or local determination of fluids, and where the cause is of a moral nature, no disturbance of the natural healthy functions. In the progress of the disease, digestion is imperfectly performed, and in persons of a strong muscular system, and phlegmatic temperament, costiveness is frequently present. The expression of the countenance is that of anxiety and depression, the eyes are dull, - the pupils at times dilating and contracting alternately, - and wandering from object to object, yet appearing to notice none. - He seems burdened with some fearful secret, and to be afraid to move or speak lest he should disclose it. He shuns the society of his friends, and either shuts himself up, or wanders forth without any apparent object.

Most generally however, he chooses solitude, and often refuses to converse or even eat. In this stage, there is great torpor of the digestive passages, consequent upon the inactivity of the patient, who chooses mostly the recumbent position, and will not change it unless compelled.

Although he clings thus to his bed, his object is not generally sleep, but only to avoid muscular exertion. So far from sleeping much, is he, that often there is great watchfulness, and if at any time the unhappy sufferer falls asleep, incubus and the most distressing dreams harass him, so he seems to gain no strength or refreshment from his sleep, having a consciousness of all that is passing around him. - Changes of the atmosphere, of scenery - of light, and darkness, produce corresponding, but slight changes in his feelings, which seem to be governed not by his own will, but by the nature of, surrounding objects.

The skin is sometimes cold and clammy; - at other times dry and rough, and covered with whitish scales, as if it had been dusted with bran; - the circulation sluggish; - the extremities cold, with a livid appearance.

In some cases, the patient complains of fixed pain in the region of the stomach, liver, or some other of the

internal viscera, often causing the sleeplessness observed in this disease. There is evidently torpor of the chyliferous system, caused by an abundant secretion of a thick and viscid mucus, which lines the alimentary canal, and obstructs the lactals.

Spontaneous recovery of health is an extremely rare occurrence, and it is difficult to say in what form of the disease this will be most likely to happen. Perhaps when the disease originates from moral causes, as disappointment, loss of friends, &c. time, which blunts the point of the keenest anguish, may gradually remove the saddening recollections, and restore health to the sufferer. But this termination is not often accomplished without the aid of medicine, — the result generally being, permanent fatuity, or death.

This disease may be confounded with some forms of mania, or hypochondriasis, which is clasped by Eschscholtz with melancholia, under the head monomania. But he gives no examples of true melancholia, his illustrations being entirely of what is usually a distinct species of insanity, — monomania, and hypochondriasis, one of his subdivisions. — There is sometimes a difficulty in distinguishing it from hypochondriasis. It is more regular



in its form and termination than the latter, and yet is often simulated by it. In hypochondriasis, assuming this form, the patient is generally talkative, - full of complaints, assuring every one that he meets, that he is the most miserable being that ever existed, or he fancies that, from some moral or physical cause he is unable to speak, and will only answer questions in writing, - while in true melancholia the silence is combined with great anxiety and depression of spirits.

The distinction between this, and mania, is generally obvious, rarely obscure. Usually, in mania there is more heat of the head, - more activity of the circulation, and of the system generally, than in melancholia, but when a mild form of mania presents a difficulty in diagnosis, a difference may be observed in the manner in which they perform the same actions. If it is equally disagreeable to each, both will refuse to act, but if compelled to obey, the one will do it quickly, and with evident anger, while the other will go through with it slowly and reluctantly.

In mania, the patient makes every object a subject of remark, exhibiting great changes in disposition, from hilarity or cheerfulness, to great anger, while

the melancholic adheres rigidly to his old impressions, and is generally silent and taciturn, often appearing silly or idiotic, when his eye fully meets that of another person. This is probably a prominent reason why this unfortunate class of lunatics were termed idiots by A. C. Poul. "Idiots," he says, "constitute the greatest number of patients at Lunatic Hospitals, and their pitiable condition has in too many instances originated in severity of treatment," that is, in the treatment of mania.

In melancholia, there is less excitement of the brain and greater visceral derangement than in mania, where the brain appears to be the primary seat of irritation. It has also been asserted by some that insensibility of the skin to excitants was peculiar to mania, while in melancholia an opposite state prevailed, particularly with regard to impressions from cold.

With regard to the treatment, it can safely be said that it has undergone greater changes terminating in satisfactory results, than any other disease with which we are acquainted. Formerly, if one showed symptoms of mental derangement of any kind, very little effort was made to recover him from what was considered an

incurable disease, but he was shut up, and merely allowed to live, - a burden to himself and society.

The change, or improvement in treatment consists in using kind and gentle measures, and invigorating by suitable means a debilitated system.

The first object, should be to remove the patient, from his friends and present associations - this should, in every case admitting it, be enforced, as a primary, and essential measure, and as affording the greatest probability of recovery, especially in recent cases. If no Lunatic Asylum can be resorted to, either on account of the patient's local or pecuniary situation, it will be better even to remove him to some private house, in order to change the objects surrounding him. Neither should his friends be allowed to attend, or even to visit him, (which they will often urge) until recovery, or permanent derangement, is certain.

There are some cases, where from some cause it is impossible that these measures should be adopted, how necessary then is it that the ordinary physician should understand this part of his profession! These cases may often be cured, if promptly attacked in the commencement, by mild

evacuants and tonics - amusements, and encouragement, to exercise in the open air, which should be so managed as not to seem tasks to the patient.

The attendants should be selected with great care. Much discretion, patience, and kindness is necessary to manage rightly a case of melancholia, and the chance of recovery depends much on this management. The patient's situation in life, and turn of mind should be considered, that attendants suited to these circumstances may be selected.

In the next place the state of the bowels should be attended to, as they are generally torpid, especially if the disease is of some time standing, and laxatives will usually be found necessary. They are also useful adjuvants throughout the course of the disease. These, however, must be used cautiously, as the patient is often debilitated before receiving any medical treatment, and by pushing cathartics too far, or using improper articles for this purpose, he may suddenly die, which although often attributed to the disease, is more frequently the result of injudicious treatment. The object in giving laxatives should be to procure daily evacuations, and no more. For this purpose, Rhubarb, Elix. Pepsitatis,

or any mild laxative may be used. In cases when the liver is affected, a pain in that region is complained of, occasional doses of the pill will be found serviceable. Active cathartics are rarely needed in this form of mental derangement, still they may be indicated in obstinate cases of costiveness, and will at such times prove highly beneficial.

Emetics have sometimes been used with benefit. They are especially indicated in cases occurring in young persons of sedentary habits, when indigestion, and a congested state of the digestive organs form principal symptoms in the disease. They act by relieving the oppression, and equalizing the excitement. There is a stage of the disease in robust constitutions, where emetics seem to do good by producing a strong impression on the system generally, through the nerves of the stomach, and rousing the patient from his torpor and inactivity. When, however, excitement of this kind becomes necessary, there is danger of a relapse into the former state in a short time. Ipecacuanha or Sulph. Linci may be given separately, or in combination, but Ipecac alone is to be preferred.

Tonic are the chief remedies to be relied on, and

of these, a variety have been used. There is usually great debility of body, and tonics are the first remedies to be used after the bowels are regulated, and generally mild articles of this kind will be found sufficient. Of these, Columbo, a Comp. Tinct. Gentian combined with wine may be given freely. Throughout the course of the disease, vegetable tonics are to be preferred, and when a strong impulsion is wanted to excite general action, the Tinctura Quiniae<sup>†</sup> is an excellent article. Carbonate of iron combined with conium has been recommended and much used, and is decidedly a valuable form of administering a tonic and narcotic together. It has produced favourable results, but seems to have more effect in a high state of excitement or mania. Although in the latter form, there is great restlessness and excitement, there is debility, and if depletion and sedatives are employed to remove these symptoms, the patient will probably sink suddenly on arriving at a calm state.

In every case of this disease, and particularly

† R Tinct. Cinchon. comp -- zii  
    "   Gentian   "   --- zvi  
    "   Capsicum   "   --- ziv  
 Quiniae Sulphas --- zi  
 Acid. Sulph. , --- ℞xxx.

M. Dose, zi in wine or water.

where the skin is rough, with a scaly appearance, or cold and clammy, recourse should be had to the warm bath. It may be used two or three times a week, making application at the same time of cold to the head. After the use of the bath, the body should be rubbed smartly, and till thoroughly dry, with a coarse towel, or flesh-brush. This in a short time, generally not more than four or five weeks, will remove this unnatural appearance, and impart warmth, and a healthy hue to the surface. It should, however, be persisted in much longer than this, as it serves also to remove irritability, equalize the excitement, and produce sleep.

In many cases, the sufferer passes restless and watchful nights, his countenance daily appearing more sunken and dejected, and his system exhibiting marks of rapidly increasing debility. This restlessness may arise either from mental distress and hallucinations, or actual bodily pain. In functional or organic disorder of the liver or other abdominal viscera, the pain is local and circumscribed; - in extensive derangements of the nervous system, more general, affecting the patient with a sense of irritation or uneasiness, rather than what is usually called pain.

In either of these conditions, the symptoms should be combatted by a free administration of narcotics, or nervines, and some care should be taken that these do not produce unpleasant after-effects. When opium can be borne, it is undoubtedly useful on account of its great power in relieving pain, but its constipating effect offers an objection to its use. It may, however, be used in the form of Dover's powder, and good effects have been known from the use of this preparation.

Hyoscyamus ranks among the most useful narcotics, not producing constipation or nausea, and removing that unpleasant irritability of the skin, which is often present in this state. A combination of Tinct. Hyoscyam. Tinct. Lupulin, Camphor gum, and Ol. Valerian<sup>†</sup> has been used with great success. A fluidrachm of this, given at bed-time, generally, induces quiet and refreshing sleep, and the patient awakes in the morning, without head ache, nausea, faintness, or any of the unpleasant symptoms produced

† R. Tinct. Lupulin

    " Hyoscyam. aa           ʒiiv  
 Camphor gum           ʒi  
 Ol. Valerian           ʒ xxxij

M. Dose from ʒss to ʒiij



by the use of opium, except perhaps, occasionally, a slight dryness of the fauces, which lasts but a short time. It also seems to retain its power in removing restlessness, and what is often called nervousness, after a long continued use of the article. This treatment should by no means interfere with the administration of tonics, for these last alone will often subdue the irritability, by giving strength to the system, and thus removing one cause of restlessness. — — —

But remedies applied to the mind are perhaps of greater importance than any others;— in some cases indeed, by a tonic and invigorating course of medicine, the mind will gain strength with the recovery of the healthy bodily functions, but to make these remedies of the greatest use, efforts should at the same time be made to detach the mind from those erroneous notions to which it clings with so much tenacity. And these efforts should be made in such a manner, that the patient may not perceive that they are directed, particularly for the purpose of changing his views, but that they may appear to be spontaneous acts, arising from firmness, and a desire to please him. If he sees that the main and open object of his attendants

to drive him from his present impressions, it will only cause him to watch and contemplate these morbid ideas more carefully, and thus retard the cure.

The attendants, as has been before remarked, should have great patience; they should always wear a smiling countenance, and in their conversation should not attempt to oppose, or even allude to the state of the patient's mind, but should endeavor to interest him with other subjects, changing them as often as they perceive he is weary of any one. Ridicule or sneering should never be allowed to form a part of the treatment, but kindness and compassion should constantly be the motive and basis of every action. No melancholic patient was ever laughed or sneered out of his dejection.

Gentle exercise in the open air is to be invited, and riding is one of the best. Cheerful scenes should always be selected for his walks and rides, and his attention kept occupied by the objects he is passing. Attention to dress, and even some pride in this particular, should be cultivated, as every such compassion weakens the force of the prevailing morbid associations, and tends to the recovery of the patient.

Many other remedies might be with propriety mentioned, which have been successfully used in particular cases, but these already enumerated will generally prove sufficient, when properly applied, and persevered in. Of course, there is not a perfect similarity in the cases of this disease, and some little change in the remedies will be indicated.

If, after all these means have been tried, and for a long time, the disease continues fixed and unchanged, we shall at least have the satisfaction that we have done all in our power for the patient, and that we have left no course untried, which could hold out a reasonable hope of raising a fellow being from a tedious and miserable life. When symptoms of decided fatuity supervene, or other circumstances occur to preclude the possibility of recovery, our object should then be to make the remainder of his life as comfortable as we could possibly wish for ourselves under like circumstances.

G. Whiting Venable.  
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