


Classic Text No. 90

‘The Pathology and Treatment of Mediomania’, by Frederic Rowland Marvin (1874)

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Introduction by **Carlos S Alvarado**

Atlantic University, USA

Nancy L Zingrone

Atlantic University, USA

Abstract

During the nineteenth century there were several examples of attempts to pathologize mediumship. One of them was the work of US physician Frederic Rowland Marvin (1847–1918), who is the author of this Classic Text. The excerpt presented here comes from the second part of Marvin’s book, *The Philosophy of Spiritualism and the Pathology and Treatment of Mediomania* (1874). Marvin argued for a diagnosis he called ‘mediomania’, conceived by him as a neurosis of uterine aetiology that could assume epidemic dimensions. His views are consistent with nineteenth-century somatic ideas of psychopathology as well as with ideas about the weaknesses and vulnerabilities of women.

Keywords

Frederic Rowland Marvin, mediomania, mediums, mediumship, mental epidemics, spiritualism

Introduction

Traditionally there have been many attempts to explain unusual phenomena through a variety of conventional psychological and medical processes, such as the action of the imagination, expectation, and the workings of the nervous system.¹ This trend can be found in writings about apparitions (Ferriar, 1813), possession (Calmeil, 1845) and mesmerism and hypnosis, examples of which are the rejection of animal magnetism by such writers as Bertrand (1826) and Braid (1843). This was also true for mediumship. The purpose of this Classic Text is to discuss the pathologizing of

Corresponding author:

Carlos S Alvarado, Atlantic University, 215 67th Street, Virginia Beach, VA 23451, USA.
Email: carlos.alvarado@atlanticuniv.edu

mediumship through the presentation of a segment of the writings of US physician Frederic Rowland Marvin (1874b).

Spiritualism and mediumship

The development of spiritualism in the middle of the nineteenth century brought mediumship into a prominent position in society in the USA.² Mediums, referred to by some as the ‘modern pythia’ (Luce, 1877), were individuals believed by many to be able to contact the dead. Acting in a trance or not, they conveyed communications said to come from deceased spirits via verbal statements, writing, visions and impressions. Many messages purported to come from historical personages such as Thomas Jefferson and John Calvin (Spicer, 1853: 146–8). But there were also reports of spirit communications conveying verifiable information (e.g. Cooper, 1867: 75), something that convinced many that their loved ones survived bodily death.

In addition, there were mediums in whose presence physical manifestations were reported to take place. The spirits were thought to communicate via rapping sounds, through the movement of objects and through materializations, or appearances of phantoms in the séance room that represented the deceased, among other phenomena reported at the time (e.g. Crookes, 1874; Owen, 1871).

Many prominent individuals – among them chemist and physicist William Crookes (1832–1919), Judge John W. Edmonds (1799–1874) and naturalist, evolutionist and anthropologist Alfred Russel Wallace (1823–1913) – defended spiritualism and the phenomena of mediums, giving prominence to their performances (Crookes, 1874; Edmonds and Dexter, 1853; Wallace, 1875). Actual work claiming evidence for mediumship was very influential on public opinion, as seen in the studies of Crookes (1874) with medium D.D. Home (1833–86), among other investigations and observations (e.g. London Dialectical Society, 1871).

As Galvan (2010: 2) says, the medium was ‘at once emblematic and pliable: she signifies diversely across individual narratives and spans multiple genres’. For many, these individuals were considered to be the prophets of a new revelation, one that did not depend on the Bible or organized religion. Nevertheless, the spiritual origin of mediumship defended by spiritualists was questioned. There were many who considered mediums a disruptive force in society. Some argued that mediums in particular, and spiritualism in general, were the instruments of the devil (e.g. Gordon, 1856). Others assumed that the performances were all fraudulent (e.g. Jewett, 1873). In addition, there were others who saw mediumship as a disease, a condition related to a variety of mental and physical diseases. This is the topic of both the present introduction and the Classic Text.³

The idea that spiritualism could cause all kinds of mental problems, including ‘insanity’, was discussed frequently (e.g. Bulet, 1863; Winslow, 1877). One author wrote in the US journal *Medical World*: ‘Clearly, Spiritualism is an extensive mental epidemic, which in extreme cases has repeatedly terminated in confirmed madness. Nearly every asylum for the insane, throughout the Union, bears melancholy evidence of the truth of this declaration.’ (Anon., 1856: 310).⁴

An anonymous writer in the *North American Review* said that the brain could lose its balance due to strong emotional experiences. It was stated that mediums were exposed to ‘much unnatural and unhealthy excitement, the brains of many are agitated beyond their power of healthy endurance, and of these some become insane’ (Anon., 1859: 334). A contributor to *The Lancet* wrote: ‘The counterpart of the wretched medium we find in the half-deluded and half-designing hysterical patient ...’ (Anon., 1860: 466). Another commentator said: ‘The abnormal conditions of mediumship are apt to be connected with bodily derangements more or less marked’ (Anon., 1869: 602).

Others also mentioned hysteria. George M. Beard (1839–83), a US physician who specialized in nervous disorders, referred to the ‘strange performances of hysterical mediums ...’ (Beard, 1874: 2). Similarly, William A. Hammond (1828–1900), also a prominent physician of the time, wrote in his book, *Spiritualism and Allied Causes of Nervous Derangement*: ‘At most of the spiritualistic meetings which I have attended there have been hysterical phenomena manifested’ (Hammond, 1876: 256).

Such concepts of pathology interacted with two other ideas. The first was the somatic understanding of mental illness prevalent through a great part of the nineteenth century (e.g. Bucknill and Tuke, 1862; Winslow, 1866). Physiological views were also prevalent among the phenomena discussed in conjunction with hypnotism, mesmerism, somnambulism and trance (Beard, 1877; Braid, 1843; Carpenter, 1877; Laycock, 1851).

Ideas about pathology were also related to nineteenth-century beliefs that female physiology was ruled by the system of reproduction, problems with which produced a weaker nervous system than that of men (Smith-Rosenberg and Rosenberg, 1973). It was assumed that women were not strong enough to inhabit the public sphere and were better confined to domestic tasks because inherent emotion or too much education could upset the balance of their nervous system. Many believed that exposing women to an education similar to that enjoyed by men would undermine their health and make it impossible for women to enjoy ‘a future secure from neuralgia, uterine disease, hysteria, and other derangements of the nervous system’ (Clarke, 1873: 18).

Later in the nineteenth century, as well as in the twentieth century, others continued to associate mediumship with pathology (e.g. Charcot, 1888: 1–12; Duhem, 1904; Janet, 1889; Lévy-Valensi, 1910). This short review is sufficient to show that Marvin’s ideas were part of a general trend in discussions of mediumship by the medical profession of the day.

Marvin’s life

Frederic Rowland Marvin (1847–1918) was born in the town of Troy in upstate New York.⁵ He attended Union College in Schenectady, New York, and Lafayette College in Easton, Pennsylvania, before graduating with his MD from the College of Physicians and Surgeons in New York in 1870. From 1872 to 1875, Marvin was a Professor of Psychological Medicine and Medical Jurisprudence at the New York Free Medical College for Women.⁶ He married Persis Anne Rowell, seven years his senior, in 1874. His wife held the distinction of being the first woman elected to the Middletown, New York, School Board. The couple had no children (Reynold, 1911: 502).

In 1876 Marvin entered the Theological Seminary of the Reformed Church in Brunswick, New Jersey, graduated in 1877 and was ordained as a Dutch Reform minister in 1879. A possible explanation for his change in profession so early in his career lies in excerpts from his writing published in *An Ethical Problem or Sidelights Upon Scientific Experimentation on Man and Animals* by Alfred Leffingwell, a past President of the American Humane Association. An extract from a letter Marvin wrote to the Association says: ‘Though now a Minister of the Gospel, I was educated to the profession of medicine ... In the class-room I saw vivisections so unqualifiedly cruel that even now they remain in my memory as a nightmare’ (Leffingwell, 1916: 429).

Marvin held pastorates in Congregational Churches in Middleton, New York (1879–83), Portland, Oregon (1883–86), and Great Barrington, Massachusetts (1887–95). He was remembered as ‘a cultivated Christian gentleman ... an effective and interesting speaker ... [who] had a most interesting personality and maintained a warm interest in the common affairs of life’ (Corwin, 1922: 415–16). From 1895 through 1900, Marvin travelled and studied in Europe, following which he returned to Albany, New York. Although he did not take up another pastorate after his return, he

was in great demand as a supply preacher for Presbyterian and Congregational churches in the Albany area until the end of his life.

Marvin was also a prolific writer who published a wide variety of titles during his long life, ranging from poetry to collected sermons, and essays to medical and theological monographs. Among these were *Epidemic Delusions* (1874a), *Literature of the Insane* (1875), *Christ Among the Cattle* (1899), and *The Last Words (Real and Traditional) of Distinguished Men and Women* (1900), and other works (e.g. Marvin, 1870, 1874b, 1903, 1907, 1910, 1915).

The Philosophy of Spiritualism and the Pathology and Treatment of Mediomania (Marvin, 1874b)

Marvin's 68-page booklet consists of two lectures, delivered at the New York Liberal Club on 20 and 27 Mar. 1874, respectively.⁷ The lectures are preceded by a preface in which the author expresses sadness that his lectures are necessary. He writes: 'These lectures are not written for spiritual media.⁸ Spiritual media are beyond the reach of lectures like these. They are in need of treatment which can be but faintly indicated in these pages. These lectures are written to save those who are about to be drawn into the meshes of Spiritualism ...' (Marvin, 1874b: iii).

In the first part of the book, *The Philosophy of Spiritualism*, the author criticizes spiritualism on the unusual ground that it is a materialistic philosophy: 'Its ghosts are material and appeal to the five senses – they have shape, color, and density; they walk and talk like men and women ... Other forms of Materialism have left the soul out and ignored its existence, but Spiritualism is an organized effort to drag it into view and exhibit its earthiness' (p. 5).

According to Marvin the phenomena of spiritualism are of nervous origin:

Certain physiological and natural laws which have been recently discovered are explaining many of the wonders of spiritual intercourse. Cerebro-physiology, with its marvelous doctrines of unconscious cerebration, automatic thought and action, the correlation [*sic*] of thought with other forces in the universe, and the physical basis of memory, is sending light into the dark things of modern witchcraft. (p. 24)

In the second part of the book, from which we have taken excerpts for the Classic Text below, Marvin presents his diagnosis of 'mediomania,' the pathological condition of mediumship that presented trance, convulsions and ideas of communication with spirits. This condition was more frequent in women than in men, was allied to hysteria and chorea, and was contagious to the point of being epidemic.

Marvin's book was noted or reviewed in several publications, but we will present only those that agreed with or criticized him. In the *Popular Science Monthly* the reviewer declared the book's conclusions were 'in accordance with the existing tendencies of scientific thought' (Anon., 1874c), while another commented that 'all minds that are now sane should imbue themselves with the ideas of this work to guard them from the taint of a spreading infection ...' (Anon., 1874d: 550). Praise also came from a commentator who considered Marvin 'a healthy mind, armed with scientific knowledge and common sense ...' (Anon., 1874e). The reviewer in the *Chicago Medical Journal* agreed with Marvin's intention, but took issue with his discussion of the sexual aspects of the condition (H., 1874).

Others were more negative. In the *Atlantic Monthly* the reviewer doubted if Marvin's arguments would do any good: 'Their own philosophy is vague; their rhetoric, though clever, is somewhat shrill ...' (Anon., 1874b: 629). 'Mediomania,' wrote the commentator in the journal *Medical Record*, 'is hardly more than a common form of melancholia dished up with a dash of hysteria' (Anon., 1874f: 633). The writer went on to say that the writing style of the book 'is exceedingly

bombastic,' and shows 'a reckless poetical license' (pp. 633–4). Another medical journal said that those who wasted the time to read the book 'will be doubtful which most to deplore, the insanity of media ... or that of the author' (Anon., 1874g).

Negative comments also came from believers in the phenomena of spiritualism. For example, the minister, spiritualist and physician Samuel B. Brittan (c. 1815–83) said Marvin 'runs a reckless tilt against something which he suspects is Spiritualism' (Brittan, 1874: 477). He pointed out that there were many male mediums who, by virtue of their sex, could not suffer from uterine pathology.

Furthermore, he stated that Marvin brought dishonour to his profession:

We are surprised that the Free College for Women ... , will even tolerate – in the chair of Psychological Medicine – a man who only trifles with the great problems of life and immortality! – questions that demand of him an honest statement and a logical explanation. It is time for all such pseudo-scientific expounders of Spiritual Phenomena to stop airing their egotism and to engage in prayer. (Brittan, 1874: 481–2)

Years later Marvin (1905) referred to his book on spiritualism and wrote: 'I do not now defend the conclusions I arrived at in that work, but I do hold that mediums and phenomena are not now any more respectable or worthy of confidence than they were when the book was written. The mediums are a sorry lot at the very best.' Another reference to spiritualism appears in his book *Poems and Translations*, in which he presents a poem entitled 'Modern Spiritualism' (Marvin, 1907: 44). The movement is described as one based on lies, and one that goes against reason.

In another book Marvin wrote an essay about 'human derelicts' and refers to visionaries and to the Fox sisters. In his view 'our fathers had no definitive knowledge of hypnotic influence or control' (Marvin, 1915: 84). Although he classes mediums and other inspired writers as derelicts, gone were the references to pathology of his earlier work (Marvin, 1874b).

Marvin's book has become an exemplar for modern scholars interested in nineteenth-century ideas about women. This is especially the case for those who focus on some aspect of mediumship (e.g. Braude, 2001: 159; McGarry, 2008: 125; Owen, 1990: 149; Zingrone, 1994).

Notes to Introduction (for references, see pp. 241–244)

- 1 Other examples of this sceptical tradition include: Carpenter, 1877; Grellety, 1876; Madden, 1857; Newnham, 1830; Tissot, 1868.
- 2 For historical discussions of American spiritualism see: Braude, 2001; Carroll, 1997; Cox, 2003. These, and other authors (e.g. Alvarado, Machado, Zangari and Zingrone, 2007; Tromp, 2006), have discussed mediumship.
- 3 Most medically-oriented writers on the subject did not believe there was anything in mediumship but pathological and psychological processes, e.g. Alvarado et al., 2007; Brown, 1983; Le Maléfan, 1999; Moreira-Almeida, Silva de Almeida and Lotufo Neto, 2005; Owen, 1990; Zingrone, 1994.
- 4 There were cases in which individuals, mainly women, were committed to asylums due to their spiritualistic belief and practices; Haber, 1986; Owen, 1990; Porter, Nicholson and Bennett, 2003. Spiritualists disagreed with affirmations of the wide prevalence of spiritualistic-related madness; Anon., 1857; Anon., 1863. One spiritualist physician conducted a survey by writing to various asylums and presented statistics to the contrary; Crowell, 1877.
- 5 Biographical material compiled from the following sources: Anon., 1904a: 471; Anon., 1904b: 401; Anon., 1910: 254; Anon., 1918; Coffin, 1879: 230–1.
- 6 This college was free to women and was said to represent three schools of medicine: the old allopathic one (of which Marvin was a practitioner), and the homeopathic and the eclectic; Holbrook, 1873. The college was incorporated at the New York Legislature on 12 Apr. 1871; Anon., 1873a: 348. It was reported to have

- graduated students in 1873, 1874 and 1875, and to have closed in 1876; Anon., 1914: 14. There is much information about students and the faculty in a report of the trustees to the regents of the university for the academic years ending on 10 Apr. 1875; Anon., 1876: 342–4. The report mentions Marvin as faculty member and as President of the Faculty, and presents some topics of his course of psychological medicine, including: Outlines of Insanity, Affective Insanity, Obscure Neuroses and Insane Diatheses, and Epidemic Delusions. Newspaper reports for 1875 also mention Marvin as President of the College; Anon., 1875a; Robinson, 1875.
- 7 The Club, founded in 1869, was dedicated to the discussion and presentation of intellectual, social and political topics; Putnam, 1894: 569. The *New York Times* presented reports of two lectures Marvin gave at the Club about ‘disordered mental action’ and the ‘aetiology of insanity’; Anon., 1873b; Anon., 1874a. Marvin also lectured at the Cooper Institute in New York City on Madame Roland and the French Revolution; Anon., 1875b.
 - 8 The term ‘media’ was used in the early literature of spiritualism as the plural of mediums: e.g. Capron, 1855: 171; Gordon, 1856: 69.

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‘The Pathology and Treatment of Mediomania’, by Frederic Rowland Marvin (1874)*

Insanity is a word used to signify the whole family of intellectual derangements. This family is a large one and we have selected for this evening’s study that member of it known as mediomania, or the insanity of mediums. Mediomania is a very ancient form of derangement – the name is modern, the phenomena ancient.⁹ The earliest histories of civilization record both rare and typical cases of this interesting disorder, and mediaeval chronicles are filled with the fairy-tales, marvelous revelations, and cruel fate that marked the progress of the disorder. Uncivilized men in uncivilized ages observed the phenomena but mistook their import, and modern science is only just beginning to ravel the mystery and suggest methods of rational treatment. [...]

Mediomania, though usually sympathetic, is occasionally idiopathic. Its causes are predisposing and exciting. With regard to the predisposing causes of mediomania and its allied neuroses, conflicting opinions are held by eminent pathologists. There are those who mention among the prominent predisposing causes of mediomania – sex, age, natural heritage and civilization. Sex, age, and Civilization enter into the account; they frequently determine the nature and modify the phenomena of insanity, but the absurdity of mentioning them among the causes of any form of intellectual disorder must be evident to the most careless observer. No one is insane because she is a woman, nor because she is civilized, nor because she has reached a certain age; and yet if she be insane, the existing civilization will largely determine the nature of her derangement, and her sex and age will play their part in deciding the character of the disorder and the fate of her intellect. [...]

Sex and age, though not in themselves predisposing causes of mediomania, modify the phenomena of that derangement and make possible many of those conditions which give rise to it. There are certain physical conditions, arising from functional and organic disturbances of the sexual organs, which occasion this and other forms of insanity. Sexual insanity is such insanity as arises from or results in sexual derangement. In women the sexual system is more complicated, both as

* The original spelling and punctuation are followed.

to structure and function, than in men, hence those forms of insanity which are associated with derangements of that system are more frequent among women than among men. Mediomania, while it often attacks men, and from other than sexual causes, more frequently assails women, and is usually preceded by a genito or venerio-pathological history. Men are more likely to suffer from such cerebral disorders as apoplexy, hemiplegia, rainollissement, and general paralysis, while women are subject to such disorders as chorea, hysteria, and utromania. More women become insane than men, but more men die from insanity than women. The word mediomania, though not actually synonymous with the word utromania, is very closely allied to it in meaning. The word mediomania does not positively designate a pathological condition, for it has grown out of a vulgar belief with regard to certain phenomena, yet it fills a previously unoccupied space and must not be discarded until a better word shall have been coined.

Uterine disorders, whether functional or organic, seldom fail to result in some form of hysteria or of its allied neuroses, and no nervous disorder is oftener thus exhibited than mediomania.¹⁰

Mediomania has its own peculiar phenomena, and the best way of bringing them before you is by reciting a case, with the history of which I am familiar:

Mrs. W., aged 23, of nervous temperament, and delicate habit, was seized with a sharp pain over the axis of the lumbar vertebra. This pain was repeated at irregular intervals and followed by syncope. The syncope alternated with a state of nervous exaltation known as ecstasis.¹¹ During the ecstasis she was, to use her own words, "entranced with joy." The ecstasis would last from a few minutes to many hours. When I first saw the patient she was recovering from a prolonged attack of ecstasis and was suffering profound exhaustion. Her pulse was rapid, feeble, and irregular; her limbs were cold; pupils dilated; cheeks flushed; lips dry; tongue heavily coated and bordered with a broad red line running from base to apex and sharply defined; and the respiration was rapid, shallow and sighing. To such questions as I asked her she returned evasive answers and seemed to be endeavoring to conceal her thoughts and emotions. I saw her the second time while she was entranced and remained with her until she recovered normal consciousness. About this time visions were presented to her of which she spoke with great reserve. Her husband told me she had spoken to him of a communication which she had received from their dead child. Desiring to discover the patient's intellectual condition, I held with her a long and somewhat enthusiastic conversation concerning the immortality of the soul. At first I received nothing but a general consent to the doctrine, but suddenly and without preparing her mind for the declaration, I confessed to her not only a belief in the doctrine of personal immortality, but possession of convincing proof of a life to come; I declared myself able to see a spirit child, and, having previously examined the husband on the subject and inspected the family photographs, I accurately described the little spirit of her child. This was more than she could endure. Turning her keen, luminous eyes toward the window, she said in a hoarse whisper, "It is my little Harry! where do you see him?" Following the direction of her eyes I took the hint and promptly replied, "In front of the window." Before the conversation ended the patient confessed that she was in daily communication with the spirit of her child and that her whole life was spent in the alternate excitement and depression which accompanied these spiritual communications. She was afflicted with obstinate amenorrhea, and physical examination revealed retroversion of the uterus. The case passed at my request into the hands of an obstetrician with whom I visited the patient. [...]

The trances which accompany and are part of the phenomena of mediomania may, like other forms of hysteria, be divided into convulsive and non-convulsive. The non-convulsive is the form usually met with.

The convulsions of mediomania resemble very closely those of epilepsy, but are usually less violent. The limbs and trunk are agitated, the head is thrown backward, the legs are violently

retracted and extended, the body twists and writhes as if in great agony, the *pomum Adami* projects, the face is flushed, the eyelids are closed and tremulous, the nostrils distended, the jaws shut, the hands are flung wildly in every direction – they sometimes beat the breast with rapid and mechanical strokes or are thrown into the air as if endeavoring to grasp something; occasionally the patient plucks her hair or rends her clothing. The respiration is labored, deep, and irregular. The heart palpitates. Frequently in the intervals of the paroxysms the patient gives utterance to disconnected sentences or fragments of sentences more or less connected with the delusion occupying her mind.

Now with all this there is usually little or no distortion of the countenance, and the face wears a very calm and satisfied expression. Soon the convulsions cease and the patient becomes quiet. The quiet is sometimes complete, but usually broken and watchful. The patient is exceedingly tremulous, and a sudden draft or a slight noise will induce a repetition of the convulsion. A word or look of sympathy or tenderness will act like magic. The moment the patient finds herself the object of attention or conversation she will be seized with a most violent convulsion. These attacks may be repeated many times, with short intervals of quietness.

Another and more common form of mediomaniacal convulsion is that in which the patient becomes suddenly unconscious, and in which such phenomena as slow and interrupted breathing, turgid neck, and flushed cheeks are prominent, while the violence of convulsion is greatly abated. The patient recovers weary in body and melancholy in mind. After the paroxysm a large quantity of pale, limpid urine is passed. These phenomena, like those of kindred forms of hysteria, seem to be dependent on functional disturbance of abdominal or thoracic viscera, for the symptoms are such as naturally arise from disturbance of the ganglionic system.

In mediomania of a non-convulsive character the loss of consciousness is seldom complete, and it frequently happens that a mediomaniac is able to answer questions and converse fluently while deeply entranced. They who have attended spiritual meetings and lectures will call to mind many examples of this wonderful power. The partial loss of consciousness which occurs in this disorder does not attend the onset of the attack, but is gradual in its invasion. The larynx is never closed, hence that peculiar, heavy, sighing inspiration which is almost characteristic of the non-convulsive spiritual trance.

Mediomania occurs in both sexes, but more frequently in women, especially at puberty or the menopause, or at some period between puberty and the menopause. It seldom occurs early or late in life; children and old women are not often its victims.

Mediomaniacs are usually young women in whom the process of menstruation is interfered with. They are feeble and debilitated; they have pale faces and cold extremities; they have feeble and depraved appetites, and a dislike for animal food; they will eat strange and unwholesome things and will, frequently, refuse all kinds of food, pretending to their friends that they have eaten nothing for whole weeks. A very public and remarkable example of this morbid propensity for deception is found in a Mrs. J.O. Darling, of Canawaugus, N.Y. – a mediomaniac who pretends to have remained twenty days without eating. During this time she was busily engaged in watching a corpse which she believed would be reanimated in six months.

Another prominent predisposing cause of mediomania is found in Natural Heritage [...] Now, if it be true that like produces like, our organisms must be, within certain limitations, like the organisms of our parents, and not only must we inherit physiological or pathological lungs, livers, and stomachs, but normally or abnormally organized brains. And if it be true that organic disease leads to functional derangement, it follows that since thought is a function of the brain, abnormally organized brains are productive of disordered mental action, and such brains may be inherited. What is true, in this respect, of one portion of the nervous system is true of all portions – the ganglionic nervous system as well as the cerebro-spinal.

Mediomaniacs do not always reproduce their disorder in their progeny, nor does their neurosis always assume the same type when reproduced. Like other disorders, mediomania is a member of a family from which it is not easily alienated. Hysteria, chorea, utromania, and mediomania are all in one group, and though not always attended by the same causes they are very closely related. Hysteria or mediomania in the first generation may become chorea or melancholia in the second, open insanity in the third, and idiocy in the fourth: the merciful laws of nature usually forbid that there should be a fifth generation.

The exciting causes of mediomania are, so far as have been ascertained, in no way essentially different from causes which bring about other forms of insanity. They are usually divided into physical and moral or psychical, but in the last instance there is no such thing as a moral or psychical cause, since every phenomenon occurring in the system has a physical basis for its antecedent.

Mediomania occasionally manifests itself in sporadic cases, but is usually epidemic. Its present manifestation is in connection with modern Spiritualism, from the practices of which it has derived the prefix of its name. The epidemic does not appear to be decreasing, though fortunately its victims are now almost altogether from the vulgar and illiterate classes, and scientific men do not seem to be liable to the contagion. It numbers among its victims a few men and women of talent and genius, but they were attacked years ago. Had they remained free from the disorder up to the present day, they would not now be very susceptible to its influence. The fact is, Spiritualism has lost its hold on the higher classes, and is spreading with fearful rapidity among the rude and illiterate. Whole communities are given over to its influence. Its believers have their organizations, places of worship, mediums, books, and papers, and they are as sincere, earnest, and fearless as were the Flagellants, Lycanthropes, and Crusaders of the Middle Ages.¹²

Mediomania, hysteria, and allied neuroses are contagious – not by the reception of morbid particles into the system, but through that tendency to imitate which haunts the nervous system like a ghost, urging it to strange and frantic deeds. This tendency to imitate is seated in all minds, whether educated or ignorant, but its most prominent parts are played in the lives of the rude and illiterate [...]

In the Middle Ages two thirds of the witches were women, and now more than two thirds of the spiritual media are women. This has always been so, and I suppose it is right it should be so. Women are naturally more sensitive, impulsive, and enthusiastic than men, and it is well for them that they are so; but they must exercise great care that these fine qualities do not become deranged, and it is necessary to such care that they cultivate many of those qualities of mind which are more completely developed in the male temperament. That woman has the most symmetrical, balanced, healthy, and perfect temperament who with the sweetness of womanhood unites the strength of manhood, and that man has the most complete and rounded temperament who to the strength of manhood joins the fineness, gentleness, and sweetness of womanhood. [...]

A neurosis in no way essentially different from hysteria is what is known as utromania. Utromania frequently results in mediomania; indeed, at the present day the two are seldom entirely dissociated. Many women undergo perceptible mental disturbance at every menstrual epoch. The dangers of puberty are greater to girls than to boys, and more girls between the ages of twelve and eighteen become insane than boys. [...] I dread to treat no form of insanity more than utromania, for of all derangements it is the most violent and persistent, and yet it is a very common disorder. The angle at which the womb is suspended in the pelvis frequently settles the whole question of sanity or insanity. Tilt the organ a little forward – introvert it, and immediately the patient forsakes her home, embraces some strange and ultra-ism – Mormonism, Mesmerism, Fourierism, Socialism, oftener Spiritualism. She becomes possessed by the idea that she has some startling mission in the world. She forsakes her home, her children, and her duty, to mount the rostrum and proclaim the

peculiar virtues of free-love,¹³ elective affinity, or the reincarnation of souls. Allow the disorder to advance and it becomes a chronic malady, and, alas! the once intelligent, cultivated, and pure woman sinks through a series of strange isms and remarkable affinities until she reaches the despicable level of the *demi monde*.

Utromaniacs imbibe very strange notions, and, what is remarkable, they reflect the spirit of the age with great accuracy. In the classic ages of Greece and Rome they were sibyls, priestesses, and vestal virgins. [...] in the darker days of the Middle Ages they were witches, saints, and worshipers at sacred shrines; and in these times they are what the age makes them. They drift with neither rudder nor compass on the tide of human affairs, the sport of every wind that blows. They usually conceive the idea that they are reformers, though themselves wofully [*sic*] in need of reformation. They adopt strange modes of dress, and conduct themselves in so eccentric a manner as to attract attention. They entertain bitter and unnatural dislike for everything which has helped to make their lives happy, useful and pure. They trample upon the sacredness of their marriage relations and despise their religious obligations. They regard their husbands as tyrants bent on their enslavement, and they are likely to forsake their homes for positions of public trust for which they are unfitted.

Every one is acquainted with utromaniacs, for this is the age of utromania. They assemble in strange and eccentric meetings, which they advertise with sad audacity in every daily print. [...]

The treatment of convulsive mediomania regards (1) the paroxysm interim between the paroxysms, and (2) the interim between the paroxysm. During the paroxysm it is the duty of the physician to do all in his power to prevent the patient from injuring herself. Her clothing should be loosened; and if she uses her hands and teeth so as to injure herself or others, she should be forcibly restrained. Open the windows or doors so as to give her plenty of fresh air, but be careful that you do not expose her to a draft. If the patient is willing to swallow, the attack may be shortened by the exhibition of such articles as asafoetida, valerian, and ammonia. Asafoetida and spiritus ammonise may be combined. [...]

If the patient will not or can not swallow, she may be induced to do so by the application of some stimulating volatile substance to the nostril. If this fails, resort may be had to enema. An excellent enema is made by mixing asafoetida and turpentine. Mediomaniacs are usually constipated, and it is the duty of the physician when first called to a case to discover the condition of the intestinal viscus.

In mediomaniacal insanity favorable results have followed the administration of cannabis indica or Indian hemp – not the tincture, which is unreliable, but the extract, and if you choose you may combine it with the bromide of potassium. Where the insanity is associated with dysmenorrhea, I can not do better than recommend camphor combined with opium and hyoscyamus or conium. If necessary you may exhibit your sedative by hypodermic injection; medicines so exhibited act with greater promptness than when given by the stomach, and are less likely to irritate that organ. The injection should be made upon the inner side of the upper arm or in some other place where the skin is thin.

Attention has been called to the fact that the erotic element is likely to enter very prominently into all forms of hysterio-mania. Hysteriomaniacs and mediomaniacs are proverbially erotic, egotistic, and religious.

The first symptoms of sexual derangement which a physician is likely to detect are love of solitude, irritability of temper, offensive and steadily increasing egotism, and, a little later, great irresolution and profound and unnatural religiosity. Soon the face betrays the derangement – its features droop, the eye gains a sudden and spasmodic brilliance, the lips and tongue become dry and hot; and, sometimes, the glands in the neck and axilla become enlarged and tender. The face is subject

to sudden flushes, followed by great pallor, and, as the disease progresses, persistent thirst, loss of appetite, and insomnia supervene. Strange and interesting psychological phenomena now make their appearance. The patient shuns society, and is suspicious and revengeful. He divides his time between devotional and sexual rapture. Soon the intellect becomes involved, and some pronounced form of mental derangement appears.

Profound and protracted religious excitements are productive of *aidiomania*. Religious revivals, spiritual seances, and Romish pilgrimages seldom fail to result in epidemics of sexual impropriety. The lives of saints, priests, ecstasies, devotees, and media, are so many records of sexual derangement. St. Theresa and St. Catherine de Siene, who, in nightly trances, believed themselves folded in the arms of Jesus, were nymphomaniacs; and the love festivals, holy loves, and seraphim-kisses, are believed by physiologists to have indicated points of union between religion and sexual erethism. [...] ¹⁴

It is frequently said that a man's religion stamps itself upon his temperament and comes to so affect his nervous system as to appreciably modify its phenomena. This is true, but the converse is as true. The religious faith not only determines but is determined by the nervous status. [...] Under one religion you will find a certain family of diseases prevalent, and under another another, and physicians, especially cerebro-pathologists, will find, in studying cases, that they can not afford to leave the religious tenets of the patients out of consideration. Women of certain denominations are more prolific than women of other denominations, and this is owing to the fact that the organs of generation both in themselves and their husbands are under the control of the nervous system, and the nervous system in the face of a great religious conviction is, like the sensitive leaf, a plant in a rushing wind.

Now all this is especially true of Spiritualism. There is no religion on earth so exciting as Spiritualism. No religion burns up so much tissue or uses so much nervous energy as Spiritualism. Operating upon the human organism, it converts more oxygen into carbonic acid than any other religion with which I am acquainted; consequently it is more injurious to health than any other religious faith, and its occurrence in the sensitive nervous system of a young girl is dangerous in the extreme.

In order to discover the pathological conditions established in the system by Spiritualism, I instituted several experiments which, though not sufficiently exact to be conclusive, indicate some of the physical results of *mediomania*.

I selected ten patients under treatment for nervous disorders, of which seven were women and three men. Of these ten five professed to be media in one way or another. Four of the five were sufferers from disorders peculiar to their sex; the other subject was a man. I subjected three specimens of urine from each patient to careful and comparative analysis and discovered that in every case the urine of the media was loaded with phosphates. There was also a deficiency in the amount of urea, the average quantity being only about 240 grains per diem. The deficiency in urea I suppose to be due to the nonnitrogenous diet of the patients, for you remember that I directed your attention to the fact that hysteriomaniacs and *mediomaniacs* usually avoid animal food. The exhibition of a moderate quantity of animal food to one patient increased the number of grains of urea eliminated in a very few hours. [...]

Deposits of uric acid exhibited broken and fragmental crystals. Why the crystals were fractured I do not know. ¹⁵

A healthy adult usually consumes about seven pounds of food *per diem*, and in the same time discharges from the system the same amount, of effete material. He takes into the system oxygen, water, albumen, starch, fat, and salts; and he discharges carbonic acid, aqueous vapor, perspiration, water of the urine, urea, salts, and feces. Food having been taken into the system combines with the

tissues and becomes part of their substance, and the condition of these tissues determines the character of their several functions, and among them that of thought. [...]

It is difficult to prescribe a regular and uniform diet in any form of mental disorder, for circumstances so modify cases as to make exceptions to all rules. But in general it may be said that the spiritual medium should be placed on a partially meat diet. The diet which I employ in ordinary melancholia might be appropriately employed in the treatment of mediomania. Give plain, nutritious food, poultry, game, fish, mutton, and beef, and in many cases you will find alcoholic stimulants useful adjuncts.

The constipation which marks mediomania, and of which I have spoken, will frequently disappear under the influence of the stimulus of the increased amount of food.¹⁶ If, however, the colon is distended by hardened masses of scybala they must be removed by enema. Active purgation should be avoided. A lady who was more of a medium than she cared to confess was frequently disturbed at night by what she took for a spirit-hand. This hand was very cold and when placed in contact with her sensitive skin caused great nervous disturbance. The spirit-hand was usually placed over the pit of the stomach. When once thoroughly awakened by the hand, she found it difficult to sleep again. I advised her to eat a sandwich and drink a glass of wine immediately after waking. This she did and obtained partial relief, and a few grains of chloral completed the cure.

Before closing this lecture, I again direct your attention to the relations which the sexual and religious instincts bear to each other. It is an interesting and singular fact that the special indulgence in religious exercises undermines the fabric of morality. Moderate use of the various instincts and faculties is right and healthful, and the religious instinct is as much entitled to exercise as other instincts; but I wish to make you believe that its over-exercise or exclusive exercise is productive of sexual immorality. Those men and women who in all ages of the world have been set apart for religious purposes have been notoriously impure. The same thing is true to-day. Priests, monks, nuns, saints, media, ecstasies, and devotees, are famous for their impurities. But scientific pursuits tend in another direction. By liberating the intellect, enlarging the affections, and cooling the temper, they encourage and foster calmness and purity. Geologists, botanists, doctors, and chemists, are, on the average, healthier and purer people. [...]

Notes to Marvin's text (added by CSA and NLZ)

- 9 On mediumship in ancient times, see: Howitt, 1863; Ogden, 2004; Paton, 1921.
- 10 Here Marvin was following a conceptual tradition prevalent in the nineteenth century before he published his book, e.g. Landouzy, 1846; Lightfoot, 1857; Storer, 1871; Tilt, 1862. One physician stated 'there is no doubt that insanity is often the result of uterine irritation in patients who are hereditarily predisposed to it'; Byford, 1864: 41.
- 11 It was affirmed that ecstasy was a 'neurosis of the nervous centers, mainly the brain', which was affected by 'exaggerated fasting and by the excitation of religious feelings' (Despine, 1868: 598). See also: Bertrand, 1826; Desages, 1866; Maury, 1861.
- 12 On epidemic delusion and mental epidemics, see: Anon., 1851; Calmeil, 1845; Gilmore, 1868; Marvin, 1874a. For later discussions, see Tuke, 1892; also Rosen, 1968.
- 13 While some spiritualists advocated various positions regarding the ill-defined term 'free love', such ideas were not exclusive to spiritualists and were in fact present in the USA before the advent of spiritualism; Spurlock, 1988. Braude (2001: 128) has argued that such association was used as an ideological weapon: 'Those wary of radicals classed Spiritualists, socialists, and woman's rights advocates together as sympathizers with the bogeyman of radicalism, free love.' See also Hardinge's (1870: 233) complaints about the generalizations of the critics of spiritualism.

- 14 Writing about ‘salacious delusions’ English physician Henry Maudsley (1835–1918) stated: ‘In every large asylum are to be met women who believe themselves to be visited every night by their lovers, or violently ravished in their sleep; and in some of these, as in St. Catherine de Sienne and St. Theresa, a religious ecstasy is united with their salacious delusions. Indeed, a religious fanaticism carried to a morbid degree is not seldom accompanied by a corresponding morbid lewdness; while religious feeling of a less extreme kind in some women, especially certain unmarried and childless women, is very much a uterine affection’; Maudsley, 1867: 241. See also Mazzoni, 1996.
- 15 On urine analysis in relation to psychiatric conditions, see Bucknill and Tuke, 1862; Lindsay, 1856.
- 16 Some physicians have mentioned constipation as a frequent event in cases of mental illness, e.g. Winslow, 1866: 97, 421.

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