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Croonian Lectures. On the Pathology, Morbid Anatomy, and Treatment of Insanity, delivered at the Royal College of Physicians, London, 1858. By ALEX. JOHN SUTHERLAND, M.D., F.R.S.

(Continued from Page 19.)

THE time allotted for the delivery of a lecture did not allow me to state, when we last met, the appearances found on dissection in the thorax and abdomen in cases of insanity.

I will now do so very briefly, and will afterwards speak of that which I had proposed more particularly to form the subject of my present lecture, viz. the treatment of insanity.

In 167 cases—where it is specially mentioned that the thorax was examined—there were adhesions of the pleuræ in 95, of these 22 were on the right, 15 on the left side, 58 on both sides of the chest.

There was pleuritic effusion	in 24 cases.
Inflammation of the lungs	in 30 „
Gangrene of the lungs	in 5 „
Tubercles and vomicae were found	in 46 „
Pulmonary apoplexy existed	in 1 „
Melanosis of the lung	in 2 „
Emphysema	in 4 „
Abscesses	in 2 „
Bronchitis	in 12 „

With respect to the diseased appearances of the heart, as Dr. Stevens, the resident medical officer of St. Luke's Hospital, has paid particular attention to this subject, I shall refer to those cases only which he has examined.

From March 10, 1853, to Aug. 6, 1856, the total number of post-mortem examinations was 42, and disease of the heart was

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duct was imperforate in 2 cases, and the common duct was thickened in one case. The kidneys were congested, and larger than natural, in 70 cases. In one case one of the kidneys with its fat weighed 31 oz., in another the kidneys were twice the natural size.

They were granular, marbled and mottled in 27 cases. In one patient the right kidney was small, and slightly lobulated, with its pelvis turned in a remarkable manner away from the vertebræ, while its ordinary convexity was turned towards the spine: it was supplied by two arteries from the aorta: the ureter arose in three distinct branches from the pelvis on its exterior edge, and after running over the anterior surface united into one tube near its lower extremity. They were small and wasted in 2 cases, remarkably softened in one case, preternaturally dense in 2 cases, filled with cysts in 3; a calculus was found in one case; on section the cortical substance of the kidney was found to have undergone fatty degeneration, some lobules having their secreting structure quite destroyed.

The spleen is sometimes softer than natural, of a pulpy consistence, resembling a clot of blood: in one case only was it enlarged and hard, and in two cases firmer than natural.

The pancreas was in one case much enlarged by tubercular deposit, in another case it was enlarged, and of a brown-yellow colour; in two cases it was small, hard, and dense, and in one case infiltrated with large granules.

The mucous membrane of the bladder was extensively inflamed in one case.

In the uterus there was a fibrous tumour in one case, scirrhus in one case. The left ovary was enlarged in one case. The cervix uteri was much ulcerated, and there was a communication the size of a quill between the bladder and uterus. There was slight ulceration of the os uteri in two cases.

In the case of G. F. two large fibrous tumours and cysts were found in the ovaries.

The Treatment of Insanity.

In every case of insanity which is presented to us, we have a new problem to solve; and the best way of doing so is by ascertaining the cause of the disease. Experience is a much less fallible guide to us in arriving at our conclusion than the evidence of the friends of the patient. There are groups of symptoms which accompany the different species of insanity so constantly, that it is impossible to be mistaken; and it is necessary, in certain cases, more especially those which are the result of masturbation, at once to tell the patient what the cause of his disease is, and to warn him that unless he leaves off his fatal habit, that he is never likely to recover his reason.

Too much pains cannot be taken in endeavouring to ascertain the hidden cause of insanity, and where it is not obviously manifested by the symptoms, it is necessary to inquire into the previous habits, disposition, and disorders of the patient, and those he may have inherited; remembering always that the vices as well as the diseases of the parent are hereditary. In the sane patient we are greatly assisted by his description of the peculiarity, and position of the pain under which he labours; in the insane patient we have no such assistance, as he either cannot or will not describe it. We ought, therefore, to examine minutely into the general health of the patient; not only do we derive valuable hints for treatment from ascertaining the state of the pulse, that of the skin, tongue, bowels, and urine, and in female patients that of the catamenia; but also from ascertaining the temperature of the head, the peculiarity of the complexion, from the expression of the countenance, from the want of tonicity in the vessels of the conjunctiva and its general paleness on the inner eyelid, and especially from the action of the pupil. We must also investigate the sounds and impulse of the heart, the throbbing of the carotid and temporal arteries, the functions of the lungs and the other organs of the body, in order to ascertain whether the insanity be symptomatic, or whether it be complicated with functional or organic disease of some other viscus. We have sometimes the nicest points of diagnosis and the most delicate evidence to weigh, and to pronounce our judgment upon.

In former times all patients appear to have been subjected indiscriminately to the same treatment. They were bled largely, they were even bled periodically, when there does not appear to have been even the excuse for doing so from the presence of acute symptoms. This active method of treatment gave way to one which was perfectly inert, as far as medicine was concerned, and the recoveries were few; still later every patient's head was shaved, and leeches were applied with a view of subduing excitement. Lastly, I believe the sedative treatment has been quite as indiscriminately used by modern practitioners as hellebore was by the ancients.

The sedative plan of treatment is, however, a great improvement upon the lowering system of former days. Now, bloodletting is seldom prescribed in any form, we grudge every globule of red blood which is abstracted, as on it depends the reparative process which we wish to effect in the brain-substance; and there never has been an instance within my recollection where the head of a patient has been shaved in St. Luke's Hospital.

Cases of acute mania require the most vigilant attention, as the practitioner is so often tempted, in consequence of the violence of the symptoms, to employ heroic remedies. As in encephalitis there is a stage of excitement, and a stage of collapse, so in acute mania there is a stage of irritation, and a stage of exhaustion; the treat-

ment which is applicable to the one stage, is often inapplicable to the other. Nevertheless, we often anticipate the stage of exhaustion, and either endeavour to save our patient's strength by ordering nutritious food, and by abstaining from prescribing lowering remedies, or we give him stimulants with a view of carrying him over that which is the most perilous part of the illness, viz., the state of utter prostration which is so frequently the result of the paroxysm.

The treatment of acute mania is analogous to that of fever; but whereas we meet with congestion in the former disease, we never meet with it in the same degree as in the latter, when delirium occurs.

The symptoms which we are called upon to relieve in acute mania are, great heat of head, sleeplessness, paroxysms of excitement, thirst, constipation.

Ice, and cold lotions to the head, appear to relieve the patient, as if they are not applied he will sometimes endeavour to cool his head by means not the most desirable. At this period of the disease alkalis are indicated, for the same reasons that they are in fever, and because it is necessary to neutralize the irritating effects of the urine, which is frequently highly acid, and scanty, and brings away with it from the kidneys much epithelial debris, not unfrequently mixed with tube-casts. The cortical structure of the kidney is in many cases congested, and the blood becomes deteriorated as the due elimination of the urea is thereby prevented.

If the patient be dirty in his habits it is necessary to pay great attention to cleanliness, as the highly acid urine is apt to produce bed-sores.

The want of sleep, which is so common a symptom in the acute stage of insanity, must be relieved by those remedies which are employed in all cases of asthenic irritation. In delirium tremens, it is well known, that small doses of opium only add to the excitement, whereas a large dose often brings on sleep from which the patient wakes to a state of health.

Nothing is more difficult than to ascertain the length of time that a maniacal patient can exist without sleep. The attendants frequently report that the patient has not slept at all; but closer investigation will convince the medical man that his patient has had snatches of sleep during the day, and it is very curious how little amount of sleep will refresh the maniac.

I cannot discover any longer period of sleeplessness in my note books, on which I can rely, than that of a female patient in St. Luke's Hospital, who, according to her own account, after her recovery, and according to the evidence of the nightly watch and of the nurses, went five days and nights in succession without sleep.

I am aware that more extraordinary cases of insomnolence are recorded, extending to as many weeks as the days I have mentioned, but we must receive these with some caution, knowing how apt we are to be deceived by the testimony of patients upon this point.

I believe that many patients have been saved from an attack of mania, by the judicious prescription of a large dose of opium. A gentleman of gouty habit consulted me some time ago, because he had not been able to sleep for several nights, as his mind was constantly absorbed in his business: he told me that it was of no use to prescribe opium, as he could not take it in any form. I found from the prescriptions which he brought with him, that opium had been given in too small doses, I therefore ordered him to take half an ounce of compound tincture of camphor, with five grains of compound soap pill at bedtime, and a few days afterwards he called on me to say that he had recovered. This patient was on the verge of suicidal melancholy, as he thought he was ruined.

When I speak of large doses of opium, I wish it to be distinctly understood that I do not recommend heroic remedies. I know that extraordinary cures have, in one or two cases, been reported, but I believe that extraordinary deaths have also occurred after unusually large doses of opium.

In mania the patient often wakes from sound sleep to a state of more active excitement. If we continue large doses of opium in these cases, we must take into consideration the cumulative effects of the remedy; and allow a sufficient time for the plus quantity to be eliminated before we repeat the dose. We must remember, also, that the irritation of the brain is not to be subdued by sedatives alone, and that although sleep will, to a certain extent, supply the waste of nervous force, a proper amount of nourishment must be added. The greatest mistake a medical man can commit under such circumstances is to keep his patient upon low diet. Food is of more value than sedatives, and it is sometimes necessary to give nourishment every two hours, sometimes every hour; even to wake the patient from sleep, to prevent him sinking from exhaustion. As the injected conjunctiva, from the want of tonicity of the blood-vessels, is a sure symptom of want of proper nourishment, so the parched tongue is a sure indication of the necessity for the use of stimulants.

I need scarcely say that there are cases of mania which are dependent upon congestion with a tendency to apoplexy, which are totally distinct from cases of mania from asthenic irritation, which require a different mode of treatment; but these cases are easily recognised.

I have not unfrequently met with patients whose symptoms are decidedly aggravated by sedatives. In a case recently under my

care, a tendency to suicide followed the administration of morphia; I therefore made the patient tire himself with long walks, prescribed active purgatives, and he recovered.

If one form of sedative should not produce sleep, it is better to change it than to increase the dose to any great extent. The compound soap pill will often succeed where morphia has failed, and much good is sometimes derived from a combination of sedatives.

In cases where sedatives disagree, and increase rather than allay the excitement, a glass of Scotch ale or Burton ale given at bedtime will frequently procure sound sleep.

In the acute stage of the disease there is often tumultuous action of the heart, which is relieved by morphia and chloric ether at night, and by digitalis given twice or thrice daily.

Although purely chemical reasons for prescribing remedies are often at fault, and can never be set against practical reasons, it is not unimportant to remember that the vegetable alkaloids approach nearer to the composition of the brain than any other substances, and are therefore more readily assimilated.

The great problem to be solved is the best method of treating the paroxysm of insanity in all its forms. The old treatment used to be to strap the patient down to his bed, when owing to the accumulation of nerve-force, not worked off by a sufficient amount of exercise, the favouring the congestion of the brain by the horizontal position, whereby the excitement was increased, and by prescribing a lowering treatment, the patient very soon sank from exhaustion.

Depletion is now seldom employed in general practice, and therefore the maniacal patient has a better chance than in former days; and large blisters to the nape of the neck are now rarely prescribed, as fatuity sometimes followed their unwise application. I believe issues to the scalp in the direction of the sagittal suture, recommended not many years ago upon high authority, and the actual cautery to the nape of the neck, at one time prescribed in France, have been totally abandoned.

Ten years ago I prescribed chloroform at St. Luke's Hospital, with a view of arresting maniacal excitement. Dr. Parker, who was in the habit of administering it during the operations at the London Hospital, very kindly assisted me. It certainly arrested the paroxysm and procured sleep, but I was not satisfied that it produced any curative effect. It is, however, right to state, that Dr. Parker considered the recovery of two patients to have been accelerated by its exhibition.

In a case where large doses of morphia had failed to subdue the paroxysm after epilepsy, and to procure sleep, I requested Dr. Snow to exhibit chloroform. In the course of two hours Dr. Snow administered chloroform four times. The first inhalation was

followed by twelve minutes' sleep; the second and third by ten minutes' sleep; the fourth by sleep of half an hour's duration. The chloroform first subdued the maniacal excitement, this was followed by a calm, which was succeeded by the peculiar excitement of chloroform. After the effect of the chloroform had subsided, the maniacal paroxysm returned, and Dr. Snow again exhibited the chloroform, in the afternoon; ten minutes' sleep was produced by the first inhalation; twenty minutes, by the second; but again, after the effects of the chloroform had subsided, the paroxysm returned; and the patient died a week afterwards of exhaustion, after a succession of paroxysms.

Various remedies have been recommended in the treatment of the paroxysm; the most recent is one which I saw last year in France; it is a net, in which the patient is confined, and swung between two trees, after the manner of a hammock; it did not appear to be likely to be generally adopted. In our County Asylums, where mechanical restraint is not allowed, the medical man has to contend with many difficulties in the management of the paroxysm. Many methods of treatment have been invented in order to supersede the great abuse of mechanical restraint. M. Esquirol's baths have been replaced by those of M. Briere de Boismont. The use of the padded room, at one time so generally employed, is discountenanced, and large doses of morphia have given way to those of ipecacuanha and tartar emetic. Considering how difficult a question this is to determine, I think we ought to be careful to abstain from condemning any one who, from mistaken motives, and not from gross ignorance or cruelty, has resorted to some new method of treating the maniacal paroxysm. And this brings me to the question of the use and abuse of baths.

Our first rule in prescribing any remedy is to do good. Our second is not to do harm. The balance may hang even between doing nothing, and prescribing a new remedy. Indolence always throws her weight into the scale of the former. We must not forget that baths have a moral as well as physical effect upon the patient. When prescribed for its moral effect the excess of a remedy must always be considered as a punishment, sometimes as cruelty.

Warm-baths are useful in the treatment of various cases of insanity, and are prescribed for many reasons. They produce a soothing effect upon the patient, and subdue nervous irritation; this is frequently followed by refreshing sleep, by a less frequent pulse, by less accelerated breathing, and by an increased secretion of urine, which is often scanty in the acute stage of mania. They have also a beneficial effect in relaxing the capillaries, and in improving the secretion of the skin, which is defective in many cases, indeed altered to such an extent that it has led some to think that insane persons can be recognised by the peculiar smell of this secretion.

The influence of warm-baths upon the quality and quantity of the blood is well known ; but Dr. Wordsworth, in his work on 'Greece,' gives us a hint as to their moral effects ; he states that there is an inscription on the walls of Pompeii, which is a warning against the use of the calidi fontes, such as the neighbouring ones of Baiæ or Cumæ, to persons in peculiar circumstances ; it is this :

" Quisquis amat, calidis non debet fontibus uti
Nani nemo flammis ustus, amare potest.

Cold-baths are useful for the purpose of bracing the nervous system, and of giving tone to the relaxed capillaries, by which means the whole nervous and sanguineous systems are improved.

I was formerly in the habit of prescribing the plunge-bath at St. Luke's Hospital, in cases where every other remedy had failed, and in some instances with good effect. An eminent sculptor told me, after his recovery from an attack of mania, that he attributed his cure entirely to the plunge-bath ; he said that when he rose to the surface of the water he heard a noise like the sound of trumpets, and from that moment he began to improve.

The effect of the douche-bath in cases of acute dementia is sometimes very striking. Before the douche the patient is like a statue, he never speaks ; he is apparently (though not really) unconscious of all that passes around him, his movements are automatic, the limbs remain fixed, as in catalepsy, in the position in which they are placed ; the pulse is weak, sometimes scarcely perceptible ; the extremities are cold and livid ; the respiration is chiefly diaphragmatic, and slower than in health. After the douche the patient's energies of mind and body are roused into activity ; he appears like a person waking out of sleep ; he will sometimes talk sensibly for some time ; he will move his limbs as in health, and the circulation, respiration, and animal heat, are for a certain time restored to their normal state. There have been some few instances of a patient's waking up to permanent recovery.

The douche requires great caution in its use ; the first application should not exceed a quarter of a minute ; it may afterwards be gradually increased to three quarters of a minute. The modified douche can be continued longer, the time of the application depending upon the height of the fall, and the size of the pipe.

Cold water falling upon the head from a height has sometimes a very prejudicial effect. A patient of mine brought on an attack of insanity by standing too long under a waterfall, and I have attended two cases of dementia produced by the prolonged administration of cold affusions by a well-known empiric.

So careful are the French and German physicians to avoid the ill effects of the douche, and shower-bath, that the latter is never prescribed as it is in this country, and the douche in the German

asylums is applied to the spine, and very rarely to the head. When the prolonged tepid-bath is used, and a stream of water is allowed to flow over the body, the head is protected. One of the exceptions to this rule is at Vienna, where, according to Dr. B. Jones, there is a very powerful shower-bath, which delivered nearly 38 gallons of water in a minute, and upwards of 550 gallons in fifteen minutes; but the openings in the rose were very fine, and the shower much spread, so that the patient, instead of being confined in a small box, has free space to move.

It cannot be doubted that the ordinary shower-bath is a very valuable remedy in many cases of insanity, but I should be very sorry to think that the principle of the non-restraint system had so far failed as to render shower-baths of extraordinary duration and power in any case necessary.

Dr. B. Jones, who carefully tested the effect of the prolonged shower-bath, states that "it produces an immediate depression of the pulse. By the first shock of water between 64° and 68° Fahr., the pulse becomes weak and irregular, and may be reduced in rate even fifty beats in the minute. After the first shock the pulse recovers a little, but remains weak until the secondary effect, or shivering, comes on, when it becomes weaker and intermitting, and may be quite imperceptible. After ten to fifteen minutes the pulse remains very small and weak, and shivering continues whilst the experiment lasts."

"The Medical Jury," as it has been termed, was unanimous in the opinion it formed upon a late painful case.

As one of that jury I must say, that it seemed to me impossible, after reading the defence, to pronounce any other verdict than one of acquittal. I felt that a medical man ought not to be condemned because a case had terminated fatally, if he had conscientiously adopted a plan of treatment which had proved beneficial in fifty others, however much his treatment differed from my own and that of other medical men. But after the fatal termination of the case I have alluded to, and after the full investigation which this new method of treatment has received, he would be a bold man who would adopt it. I can find many excuses for its origin, none for its continuance.

The most common mistake which is made in practice is, to treat all the insane with precisely the same remedies. The same may be said of the paroxysm. But when we consider that this is common to all species of insanity, we have gone far to dispel the error of supposing that one remedy is always to be prescribed in its treatment.

Paroxysms are due on the one hand to moral causes alone, on the other hand they are the result of asthenic irritation, to a minus as well as a plus quantity of blood.

The treatment of the paroxysm by tartar emetic is too lowering,

and the only cases where its use appears to me to be indicated are those of paralysis of the insane, whose extreme violence is readily subdued by a combination of a quarter of a grain of the potassio tartrate of antimony with a drachm of tincture of henbane. The sedative plan of treatment is best adapted to cases of asthenic irritation, and here it is that morphia does so much good; but even in these cases there is much variety in its effects. Some patients get well very speedily under its use, much nausea and sickness is produced in others; while in some the tranquillising effect occurs soon after its exhibition, in others not till about twenty-four hours afterwards. In cases of oppression of the nervous centres from congestion bordering on apoplexy, it is necessary to warn the friends of the patient that after the abstraction of blood, by leeches or cupping, the patient will be roused from his state of lethargy to one of maniacal excitement; these paroxysms gradually subside after the circulation has recovered its proper balance. I need not dwell longer upon this subject, as it must be obvious that, in order to treat the paroxysm, we must be guided by the symptoms which give rise to it.

This would lead me to speak of the medical treatment to be adopted in the different forms of insanity, but as my remarks upon this subject have been published in the 'Medical Gazette,' and in one of the 'Reports of the Commissioners of Lunacy,' I hope you will allow me to condense what I have to say within the briefest possible limits.

First, with respect to the acute stage of the disease. Women after childbirth sometimes suffer under symptoms which are analogous to those of delirium tremens, but which do not amount to mania; in these cases opiates and stimulants given freely arrest the symptoms. In cases of puerperal mania, salines with excess of ammonia, brandy, and tincture of opium at night, should be administered during the first stage of the disease, and followed, as soon as the patient can bear it, with a light tonic. I was much interested in watching a case of puerperal mania admitted under my care into St. Luke's Hospital, in 1856. The patient had an abscess in both mammæ in succession; before the matter was discharged from the left breast there was incoherence, and while it was discharging there was a lucid interval. Inflammation afterwards occurred in the right mamma, and incoherence again showed itself, and when the matter began to be discharged it was succeeded, as before, by a lucid interval, but with this difference, that after talking for some time she became fatigued, and the mind again wandered. The patient was ordered to take a mixture with excess of ammonia, four ounces of brandy and two pints of porter in the day. I ordered the wine and porter after a time to be omitted, prematurely as it turned out, for the pulse rose to 100 in the minute, and she became

much excited. I therefore made her resume the wine and porter when she immediately improved, and left the hospital cured, about six weeks afterwards.

In hysterical mania local causes often produce a recurrence of excitement; this may be due to a variety of causes, *e. g.* to the return of the catamenia, to tumours of the uterus, to warts on the labia, and to bad habits. In such cases local is more efficacious than general treatment, and must vary according to the requirements of each particular case—as leeches where there is congestion, alum hip-baths where there is a flabby state of the os uteri, the excision of warts, and the allaying of local eruptions and discharges. Where the disease depends solely upon local irritation from masturbation, the most efficacious remedy is ice, or cold water; ice protected by cambric applied to the vagina, or linen saturated with cold water applied externally. The most troublesome cases are those of unmarried women addicted to self-pollution, and of married women, who, on account of social rather than physical reasons, have failed to bear children. I have ordered bromide of potassium in these cases, but its use requires great care. It occasionally produces absorption of the mammæ, great emaciation, and an unsightly eruption resembling *ecthyma cachecticum*.

In male patients addicted to masturbation a seton to the nape of the neck, or the acetum *lyttæ* applied to the prepuce, are sometimes very efficacious. In these cases, which are often accompanied by involuntary seminal discharges upon the smallest excitement, my colleague, Mr. Luke, finds that the best method of treatment is to pass a catheter, at intervals of two or three days. As the instrument advances towards the prostatic portion of the urethra, the patient complains of great pain, as if a red-hot iron were being passed; and he does not often require a repetition of the operation.

In the acute stage of melancholia, with congestion and tenderness in the region of the liver, the different preparations of mercury and colchicum are indicated. I have known patients who have recovered from an attack of acute melancholy after salivation has occurred.

Cases of acute melancholy, accompanied with exhaustion from refusal of food, if they give the most anxiety, certainly reward that method of supplying nourishment which is most energetic. In these cases the inhalation of ether will sometimes overcome the repugnance to taking food. The refusal to take nourishment is often owing to a disordered state of the stomach and bowels, and if this be relieved the difficulty is overcome; but it is also the result of disease of the lungs, when we have to choose between the chances of aggravating the disease or of allowing the patient to sink from inanition. In the majority of instances, however, the refusal of food is the offspring of delusion, and, in such cases, all other means failing, it is absolutely necessary to have recourse to the stomach-

pump, otherwise the patient will die of exhaustion, of gangrene of the lungs, or of softening of the brain—as in the cases I quoted in my last lecture.

In acute melancholia the urine is often loaded with urate of ammonia, and the evacuations from the bowels are pale, and unhealthy; the specific gravity of the urine is also higher than in the other species of insanity; these symptoms, which are the result of the congestion of the liver, coupled with the mal-assimilation of the food, the obstinate constipation of the bowels, and, at the same time, the general state of nervous irritability and tendency to exhaustion, prove that while it is necessary to prescribe alteratives and purgatives, we must, at the same time, support and soothe the patient with ammoniated salines and opium.

Acute dementia is eminently a disease of nervous exhaustion. Although the term acute is used generally to express active symptoms, it is here employed solely to distinguish the disease from chronic dementia, where the functions of the intellect are obliterated, whereas in acute dementia they are merely suspended; it must not, therefore, be supposed that remedies applicable to the treatment of acute diseases are indicated in that of acute dementia.

The patient requires a generous diet, with tonics, stimulants, and minute doses of tincture of opium to stimulate the heart's action. I have already spoken of the use of the douche-bath in these cases, but there are patients labouring under this disease to whose treatment it would be wholly inapplicable, from the injurious effects of the reaction of the remedy. In these cases, the inhalation of ether as a stimulant sometimes has a beneficial effect. The pulse is raised, the tonicity of the vessels is improved, and the patient is roused from his lethargic state. Chlorate of potash is a useful adjunct to our tonic treatment, particularly when there is venous congestion with anasarca of the extremities. The inhalation of oxygen has been recommended for the relief of these symptoms, but I have not had sufficient experience of its effects in such cases, to be able to speak with confidence upon the subject.

I have employed electricity in these and other cases of insanity, but it does not appear to me to have any other physical effect than that of a powerful stimulant, and its moral effects are attended with great alarm in the mind of the patient.

In the acute stage of paralysis of the insane, if the disease be accompanied with hyperæmia, we must keep our patient upon a vegetable diet, and employ active purgatives. If there be much congestion with threatening of apoplexy, it is absolutely necessary to employ cupping or leeches; but the fulness of the vessels of the head is generally more safely removed by purging. The medicine upon which I most rely in the first stage of this form of paralysis of the insane, for equalising the circulation, modifying the hyperæmic

tendency, and checking the chronic inflammation of the membranes, which we know from our post-mortem examinations is almost always present, is the solution of the bichloride of mercury, which may be combined with cinchona, if, as is often the case, the patient should require support while he is taking the alterative; or we may prescribe blue pill, to be taken twice or three times a week, and a draught with sulphate of zinc, two or three times daily. In that form of paralysis of the insane which is complicated with a scrofulous habit, cod-liver oil is the best remedy. When the disease is one of modified delirium tremens, and incipient general paralysis, we must treat the case accordingly, and, of course, not think of lowering the patient by abstracting blood, or by hypercatharsis. When the disease is the result of syphilis, the patient requires a course of sarsaparilla with iodide of potassium. When it depends upon venereal excess, tonics and a generous diet must be administered, as the disease is apt to pass speedily into dementia. The progress of the symptoms is sometimes very rapid. I have seen the disease run through all its stages in a few days. On the contrary, I have seen the symptoms ebb and flow, between the first stage and the stage of incubation, for upwards of a year. When there is phagedænic ulceration in the last stage of the disease, Battley's solution of bark with a mineral acid, and tincture of opium, must be given in large doses, frequently repeated. The epileptic vertigo which so commonly occurs, is relieved by ether and stimulants, and the ulcers by a carrot poultice mixed with charcoal. With great care the life of the paralytic insane may be prolonged, even when the disease has advanced to its third stage, by regulating the temperature of his room, and not allowing the skin to get chilled in cold weather, which is always detrimental in these cases, and by strict attention to diet, for the functions of the pneumogastric are disordered, as well as those of the hypoglossal nerve, and the patient is apt to overload his stomach, and bolt his food.

In all cases of insanity, after the acute stage has passed, tonics are indicated; vegetable tonics, followed by preparations of iron, which must be persevered in for some time in anemic cases. In the second stage of melancholia, a combination of the compound decoction of scoparius with sarsa, or of quinine and nitric acid in full doses, are very beneficial in some cases.

When the disease appears to hover between the second and third stage in mania, and the patient becomes lost to what is passing around him, and, in short, sinking into dementia, it is useful to prescribe strychnine with tincture of lytta and cinchona. Also in hysterical mania, the valerianate of iron and zinc combined with compound galbanum pill; and where the disease is complicated with menorrhagia, it is necessary to moderate the discharge by giving from five to ten grains of gallic acid two or three times a day.

Cases of symptomatic insanity may be passed over without comment, as it is unnecessary to speak of the treatment before such an audience as this; for, by treating the fever, the phthisis, the disease of the heart, and so forth, the insanity is as likely to subside as the delirium, whose place it has taken.

But in order to show the importance of early attention to such cases, I will quote the following example of symptomatic mania, which was communicated to me by Mr. Standert, of Taunton. He attended a patient, aged fourteen, who, when a child, had suffered from scrofulous abscess of the elbow. One morning he was heard by his father making a great disturbance in his bed-room, and was found by him violently agitated, speaking incoherently, and breaking to pieces the furniture; he caught the lad in his arms, and threw him on the bed, when he at once became composed, but did not seem conscious of the mischief which he had done: he said that in getting out of bed he had felt something odd, but that he was very well; when Mr. Standert arrived, five hours afterwards, he found him in bed reading: his tongue clear, pulse regular, countenance calm and cheerful, and he said he was quite well, but that his father had ordered him to remain in bed till Mr. Standert had seen him. Upon being desired to get up, directly he put his feet to the floor his countenance changed, the jaw became violently convulsed, and he was about to rush forward, but he was seized and pushed back on his bed, when he at once became calm, looked surprised, and asked what was the matter with him. He said that he had no pain, that he had slept well, but that he felt odd when he stood up. It was found upon inquiry that he had been fishing on the preceding day, and having entangled his line, had taken off his shoes and stockings, and waded into the river to disengage it; but he said he had not cut or scratched his feet, or met with any accident. In order to ascertain this, his legs and feet were minutely examined, and not the slightest scratch or injury could be seen; but on holding up the right toe between the finger and thumb, to examine the sole of the foot, the leg was drawn up, and the muscles of the jaws were suddenly convulsed, and on releasing the toe these effects instantly ceased; the toe was then closely inspected, the nail was perfect, there was not the least swelling or redness in the surrounding parts, nor any tenderness or uneasiness felt when it was compressed laterally; but on the ball of the toe there was a very small elevation, less than the head of a small pin; there was not the least redness on this spot, nor any effect produced by passing the finger over its surface, but on compressing it with the finger and thumb against the nail very cautiously, a slight convulsion ensued; the patient, when asked whether anything pricked him, said no, but that something made him feel very odd. The part, when examined by a good pocket lens, exhibited no scratch or puncture of the cuticle; the

elevated part was then cut off by a pair of scissors, and in the cuticle thus severed no thorn or particle of sand was discovered; the toe was then pressed in every direction, and the strange sensation had passed away, and never returned.

This case will serve as a type of those in which excitement radiates from the circumference to the centre, so as to set up diseased action in the brain, and is followed by an attack of acute mania.

The Moral Treatment.

Almost every case of insanity requires moral, as well as medical treatment, and the moral cause of the disease is as necessary to be discovered as the physical, to enable us to prescribe the proper remedies.

I need not enter here into a particular description of the moral causes of insanity, as they must be well known to the audience I am addressing, and, indeed, we need not go far to discover causes. Insanity is the result of luxury as well as privation, of oversensitive refinement as well as of coarse brutality, of secret vice as well as of open crime.

No man can doubt that the present age is one which favours, if it does not cause insanity. We live in an age of excitement, where all is hurry and occupation. Vast schemes of enterprise, speculations on an enormous scale, frauds to an extent unknown in former years, dazzle and bewilder the mind. Little time is given to repose, less to contemplation. The giddy wheel of life runs on, throwing up some new project for amassing wealth at every turn.

The literature, the habits, the tastes of a people, have all their influence for good or evil. What we read has as much effect upon our habits of thought, as what we say or do has upon our habits of action.

The reflecting physician derives valuable information relative to those causes which are in constant operation in the production of insanity, from the tables of the increase in the consumption of tobacco, spirits, malt, and opium; from ascertaining the enormous amount of immoral publications which are at present in circulation; from being painfully convinced of the growing strength of infidelity; from certain data furnished by Porter's Tables of the progress of the nation, more particularly in reference to the vast sums of money raised and expended by railway and joint-stock companies.

I will say no more at present upon this part of my subject, but I will proceed at once to the consideration of the moral treatment.

This subject is a very wide one; it relates to the management of the intellect, the affections, and the passions. It refers to the cultivation of the minds of those who are predisposed to insanity from

hereditary taint, as well as to the treatment of the diseased mind, and also to the subject of the general management of asylums.

I shall be able in this lecture only very briefly to refer to some of these matters. I feel, indeed, that it is quite unnecessary for me to speak of the latter, as the subject has been exhausted by Dr. Conolly, in his able work on 'The Construction and Government of Lunatic Asylums.' With regard to prophylactics, I may be allowed to say that nothing can take the place of sound religious principles. There is nothing that can act in the same way as a safeguard against those influences which are liable to produce insanity. Inasmuch as the majority of cases of insanity proceed from moral causes, the chief danger is from within, and the remedy must come from within also. Purity and self-denial, humility and contentment, are the best safeguards against those contrary dispositions which are the fertile sources of the disease.

In the moral treatment of the insane the most important question is that of isolation. It is not necessary to remove every patient from home. There are some who suffer from slight attacks of the disease, and who only require rest and relaxation. There are others who suffer from symptomatic insanity, who ought not to be removed unless the disease shows itself in its secondary form. Some patients in the first stage of the disease, when medical treatment is of most avail, may be treated very well at their own houses by detaching them from the rest of the family. But the symptoms must be carefully watched, and if they do not abate in a short time, the patient ought to be removed.

The removal from home is always a painful struggle between duty and affection. To recommend this at a time when apparently the patient most needs the soothing influences of his family, to separate those who have never before been parted, nothing appears more harsh or more unnatural; and no one would be justified in prescribing such a remedy, if daily experience did not prove its importance.

There is another consideration: the energies of body and mind of the relations become exhausted by watching the patient, and it is not right to run the risk of sacrificing the healthy to the diseased mind—if I may so say, the living to the dead; of two evils surely it is the better to allow the patient to have the chance of ultimate recovery by having recourse to isolation.

Isolation acts in many ways upon the patient's mind—it sometimes startles him at once into health. I have had cases where the moral shock caused by removal to the hospital has produced immediate recovery. There is also not unfrequently a remission in the symptoms after admission, moments precious for the medical man to take advantage of in explaining to his patient the reasons for separating him from his family. Isolation acts also in this way—it excites in the patient a feeling superior to his morbid one; he soon begins to have a yearning for home, and when he is told that if he exercises self-control, and endeavours to co-operate with his physician in the

treatment of his case, he will be led to examine into those peculiarities of mind and conduct which are brought forward as proofs of his disease. It is always important that the medical man should inspire confidence and gain the affection of his patient, and this can only be done by kindness of manner and by showing that he is really interested about the patient's recovery, and by never disappointing his expectations. Isolation acts also in changing the associations of the patient, a matter of no small importance when we consider how powerful an instrument association is in creating delusion. It is essential to animate the patient with hope; and we often find that cheerful sights and sounds have a great effect upon the melancholic patient.

In considering the moral treatment by means of the feelings, it must be borne in mind that there is a complete perversion in some cases; but in others the ruling passion often becomes prominent, and that which has been kept under by the judgment, and by the usages of society, often shows itself when the mind is weakened and the restraints of society are no longer felt, so that we have to address ourselves to passions which have long been allowed to grow up into habits, before we can hope to subdue the delusion which has become engrafted upon it.

Common humanity will teach the practitioner to pay the same deference to the feelings of the insane that he would to the sane patient, and to avoid making any reference to his delusions in the presence of others which might wound him by causing ridicule, and which might sink him in his own estimation. The patients do this amongst themselves, and it is often beneficial; but the medical man loses his influence with the patient if he should attempt it. Indeed, insane patients require the greatest tenderness, and demand the deepest commiseration and forbearance. It is experience alone which can give the physician that tact which is requisite in answering his patient's questions, in cheering the depressed, in comforting the timid, in exhorting the dissolute, in being patient under abuse, firm under appeals to his feelings, self-possessed in danger, and just in giving and withholding indulgences.

The nature of the moral treatment depends upon the degree of severity of the symptoms. In acute cases of mania, where there is a superabundance of ideas ever present to the mind, the patient should be withdrawn from objects which favour this chaotic state, and should be kept as tranquil as possible. The excited brain requires rest, but the excess of nerve-force requires muscular exertion, and if a patient be constantly confined to his bed the excitement is increased, typhoid symptoms soon appear, and the patient sinks from exhaustion. The excitement in anæmic cases, on the contrary, is relieved by placing the patient in the horizontal position. I once succeeded in curing the convulsions of a patient who had been reduced to the

brink of starvation by lowering treatment and by refusal of food, by keeping him in a recumbent position for three weeks.

When the acute stage of the disease has passed off, the treatment of the intellect becomes of as much importance as that of the emotions, and we frequently effect changes in the former by means of the latter.

In mania we endeavour to restrain the ideas within the least possible limits; as the attention is arrested by the most trivial impression, or subdued by any fancy, which happens to be uppermost, our endeavour therefore should be to obtain repose of mind, by subjecting our patient to a monotonous life, and by withdrawing everything likely to excite the mind.

Much attention has been devoted to this subject by some authors, even the colour of the furniture and shape of the patient's room have not escaped their investigations.

Cases of monomania require a very different moral treatment. As the reflecting faculties are exercised at the expense of the observing faculties, our object should be to restore the proper balance of these antagonistic states of mind. We should endeavour to excite the patient's attention by presenting a variety of objects to his notice, in order to prevent him brooding over the one subject which fascinates all the powers of his mind. We should endeavour to make him avoid monotony as much as possible, and we should not permit him to seek that solitude which he so much desires in order that he may gratify with more abstraction his indulged grief or his fatal delusion.

Besides the exercise of the faculties of observation, the other faculties of the mind require our attention. The memory may be strengthened, if only not fatigued, by learning well chosen passages by heart; the judgment may be disciplined by studying the exact sciences, and the imagination may be corrected by analysing works of history or biography. In choosing the means of employing the mind in these cases care should be taken not to select any occupation which is purely mechanical; it is not of much use to advise a lady suffering under melancholia to apply herself to needlework or music. We must bear in mind the distinction, so well pointed out by Bishop Butler between active and passive habits, and not allow the mind to lose itself in reverie, as the undue exercise of the reflecting faculties causes great exhaustion of mind, accompanied with depression of spirits.

The most difficult cases to treat are those of religious melancholy. They are restless in solitude, sullen in society, beset with dark temptations from within and fears of impending evil from without; they have no bright star of hope to cheer their night, no beam of joy to brighten their day; before them despair sits brooding over the future, while conscience, with terrible minuteness, chronicles the past. These patients require the gentlest possible treatment and

the greatest encouragement we can give them. They are full of suspicion, and the least harshness crushes all their energies.

Daily experience proves that the insane are more capable of deriving benefit from amusement and occupation than was formerly supposed. The extent to which this has been carried at the Dumfries Asylum is an answer to all prejudice upon this subject. Even the latent powers in the mind of half-fatuous patients are called into play by occupation. It has often struck me that the labour of patients in asylums in our agricultural districts might be rendered more available than at present towards the support of the inmates, but of course their bodily strength, being often feeble, must not be overtaxed. At Sonnenstein, in Saxony, greater attention is paid to this subject than in any asylum I have visited, and, as I was informed, with the best results.

Paley, in his 'Moral Philosophy,' says—"There are falsehoods which are not lies; that is, which are not criminal, as when you tell a falsehood to a madman for his own advantage."

Under this head would come the fancy cures, recommended by Feuchtersleben, but this method of treatment is two-edged, and it is dangerous to handle. The test of delusion is truth, and our aim should be to root out the delusion by bringing it to this test.

I was called in to attend a lady, whose insanity had existed upwards of twenty years, and I found that the most extraordinary deceptions had been practised upon her during the whole time of her illness. By entirely discountenancing these, and by telling her the exact truth; by amusing her mind, and calling forth its latent energies, she was persuaded gradually to correct her mistakes and leave off amusing herself with trifles which a child would have been ashamed of, and she improved to such an extent that I at last succeeded in suspending the commission of lunacy.

I do not mean to say that we are always to be bringing delusions to this test whenever we visit our patient. We may begin by pointing out to him that we are not quite satisfied as to the truth of his assertions; we may afterwards infuse more and more doubt into the matter; if we find this to fail, we may call in the assistance of some friend in whom the patient places confidence.

Some years ago I attended a patient with Dr. F. Hawkins. We had in vain endeavoured to infuse doubts into the subject matter of his delusions, but it happened upon one occasion that a young lady of great personal attractions, dined and spent the evening at the house where he was residing, and having been previously instructed how to play her part, he was induced to speak to her without reserve upon the subject of his erroneous impressions, and we were rejoiced to find at our next visit that the eloquence of the lady had prevailed and that he had abandoned his delusions.

We must not be always probing the delusions to ascertain the

depth of the wound, but we must give them time to heal. It is very injurious to refer to them whenever we meet our patient; it is only necessary to do so when we wish to ascertain whether the patient has recovered or whether he is concealing his delusions. Nothing irritates a patient more than mentioning his fancies before others; it is therefore of advantage to speak to him when he is alone, and by attentively listening to what he says, sometimes without answering, or sometimes by postponing our decision as to the truth or otherwise of his assertions, we are enabled to leave him in good humour, and without having wounded his self-esteem.

We should endeavour in every way to elevate the minds of our patients. It is because the cases have not been well-selected that so much disappointment has been expressed as to the influence of religion upon the diseased mind. Formerly much prejudice existed upon this subject, and religious services were entirely excluded from the few asylums that then existed, by which means both patients and attendants became more and more brutalised.

We were far behind the French in the treatment of insanity. It is possible that the late war prevented us from sooner profiting by the humane treatment introduced by Pinel, and followed up and improved by his talented and amiable successor, M. Esquirol. When we consider the gross abuses which existed, the ignorance that prevailed, and the neglect with which our insane were treated at the period I refer to, we are forced to the conclusion that it was the Committee of the House of Commons, in 1815, which gave the first impulse to the more humane treatment of the insane in this country.

The Acts of Parliament which have passed subsequently, relating to the care and treatment of lunatics, have prevented any return to the gross abuses formerly practised. But the chief safety against any retrograde movement is to be found in the energy and ability of those whose minds have, in consequence of the passing of these acts, been directed to the subject.

From 1838 to 1840, Lincoln and Northampton, Hanwell and Lancaster, vied with each other in laying the foundation of the non-restraint system. But the chief merit is undoubtedly due to Dr. Conolly, for enlisting, by his eloquent writings, so many feelings of sympathy in its favour. And I perfectly agree with the opinion which was expressed by Lord Chancellor Campbell, in the trial of *D— v. F—*, viz., that "It is one of the greatest boons which has ever been conferred upon the lunatic."

I hope that what I have said upon the subject of the pathology of insanity has a direct bearing upon practice. I have endeavoured to show that insanity is a very complicated disease, and that no theory which limits itself solely to the consideration of the state of the nervous system on the one hand, or of the blood on the other, is wide enough to embrace all its species.

I believe it to be a matter of great practical importance, that insanity should be recognised as a disease which is symptomatic as well as idiopathic; for I have known cases of symptomatic insanity where mental aberration had replaced delirium, and where the attention of the medical practitioner was solely occupied by the delusions which were prominent, and where the fever and phthisis (which were masked, and which had produced them) escaped notice.

It cannot be too often repeated, that we must take all the symptoms into account, the constitutional as well as the mental symptoms, before we are in a condition to prescribe the medical and moral treatment which may be applicable to each individual case.

Third Annual Report of the Commissioners of Lunacy for Scotland, presented to both Houses of Parliament by command of Her Majesty, 1861.

REPORTS of Lunacy Boards are becoming quite a literature. We have before us at the present time the admirable Report for Scotland of the present year, and the Belgian Report, and are expecting the Reports of the English and Irish Boards. Each of these carefully drawn documents not only affords most valuable information on the various questions affecting the insane, but serves in a great measure to illustrate and correct the others on the moot questions, and there are many, with which they are compelled to deal. Even the character of the work of the Commissioners in Lunacy appears from their reports to be by no means so identical as we might expect; the English Commissioners', for instance, appears to be mainly occupied in the visitation of public and private asylums, which, through the beneficial pressure of their influence, have been brought into a state of organization which, although it may leave much improvement to desire, is perhaps in that state of development in which any general change may be anticipated with some fear lest advantages obtained may be counterbalanced by advantages lost. The Scotch Commissioners, on the other hand, are at work in a field where any general change which they can effect is likely to be attended with advantage without any counterpoise; their visits are by no means confined to asylums more or less well conducted; they have to hunt the misery of insanity in its humblest retreats, in the wretched wynds of old burghs, in the shanties of the inhospitable mountain side, or the hovels of the bleak and desolate islands of the western coast. Of the total number of the insane in Scotland, two thirds of the private patients, and more