

THE JOURNAL OF MENTAL SCIENCE.

[*Published by Authority of the Medico-Psychological Association*]

No. 141. NEW SERIES.
No. 106. APRIL, 1887. VOL. XXXIII.

PART 1.—ORIGINAL ARTICLES.

On the Treatment of the Insane sixty years ago as illustrated by the Earlier Records of the Dundee Royal Asylum. By JAMES RORIE, M.D., Physician and Superintendent of the Dundee Royal Asylum.

Having been invited by our indefatigable Secretary to give a contribution to the present meeting, and having been recently engaged in looking over the earlier records of the Old Asylum of Dundee, it occurred to me that a few remarks on the early history of this institution and the means then in use in the treatment of the patients might not prove uninteresting, as the Asylum was erected at a very important period in the history of psychological medicine, namely, that period when it had dawned on the public mind that harshness and chains were not the proper remedies for the insane, but that much might be done in the treatment of this affliction by kindness, gentleness, and especially by healthy occupation. The circumstances, then, which led to the erection of the Dundee Asylum, as described in a report published in 1815, were as follows :—

Dundee, which, as to population, ranks the third in Scotland, had no public institution for furnishing medical and surgical aid to the poor till 1782, when two gentlemen, a clergyman and a surgeon, commenced a subscription for the establishment of a dispensary. Their laudable zeal was liberally supported by an annual contribution and by the gratuitous assistance of the medical gentlemen in town, who, having divided the town into districts, not only prescribed to such as called upon them, but visited the poor at their own houses. The good effects of this infant dispensary was very sensibly felt by the poor ; but it was limited in its means, and the want of a house for the reception of patients greatly diminished its usefulness. Under these circumstances the contributors resolved to make an effort to procure the means for building an

XXXIII.

1

2 *On the Treatment of the Insane Sixty Years Ago*, [April,

infirmiry. It was in attending to the affairs of the infirmiry that the managing committee had to witness several cases of mental derangement, and to regret that the institution did not enable them to afford any relief to the unhappy persons. The subject was not only impressed upon the attention of the infirmiry directors, but also excited much interest in other parts of the country, with the result that a liberal support was given to the movement by public bodies and inhabitants both in town and country. A committee of contributors being appointed, about three and a quarter acres of ground were purchased about half a mile north of the town in an elevated situation, sloping to the south, with a dry soil and the air free and unconfined.

As the plan then furnished "had the unqualified approbation of the best judges," the following outline, as representing the views then entertained on this subject, may not be uninteresting. This plan possessed in a high degree the following advantages:—It admits of a very minute classification of patients according to their different ranks, characters, and degrees of disease. It secures to every room the freest ventilation, and provides for the diffusion of heat through the building. Under one general management it separates the different classes of inhabitants from one another as completely as if they lived at the greatest distance; and it enables that system to be executed which every asylum ought especially to keep in view, that of great gentleness and considerable liberty and comfort, combined with the fullest security. The plan which I now show you, and which is one of the original plans, exhibits a building, consisting of a central building and four wings—the letter H plan. At each end of the building was a room for the superintendents, having on one side a day-room for the patients which communicated with the adjoining wings and with the airing-grounds, of which there were two at each end of the building. At each of the eastern and western extremities of the airing-courts the plans showed wards for ten patients, with attendant's room and two day-rooms, and two airing-courts, all separately enclosed, but communicating with the main house by a covered passage. This portion was intended for violent and epileptic patients, but was never erected. It is of interest, however, as indicating the separate block system with communicating covered ways, but in a somewhat rudimentary stage of development. The front court was occupied by the entry to the house, and on each side by a walk and shrubbery. The back court, embracing kitchen and laundry, were laid out in a similar manner. Such were the general arrangements of the

building, whose foundation stone was laid in 1812. This ceremony attracted much attention at the time, the whole town being *en fête*. The stone was laid by the Right Hon. Lord Viscount Duncan, and with usual Masonic honours and accompaniments. The object of the institution, as inscribed on the parchment roll, was "to restore the use of reason, to alleviate suffering, and lessen peril where reason cannot be restored."

Next in importance to the stone and lime arrangements of a charitable and public institution is the constitution of its directorate, which, in the present instance, was as follows:—Under a Royal Charter in 1819, all contributors over certain sums to the infirmary or asylum funds were incorporated into one body, "the Dundee Infirmary and Asylum," but providing that this corporation should consist of two separate establishments, with distinct and separate estates and funds, the Infirmary and the Asylum; and in order to secure a thoroughly public and representative direction of the affairs of the asylum, the following directorate was established:—The Lord Lieutenant of the County, the representative in Parliament for the county, the Sheriff Depute of the county, the representative in Parliament of the burgh, the Moderator of the Synod of Angus and Mearns, five life directors appointed by the contributors, the Provost Eldest Bailie and Dean of Guild for the time being, three persons chosen by the nine incorporated trades, one by the three united trades, four by the Guildry, one by the fraternity of seamen, one by the chairmen of contributing lodges or societies, two by the Kirk Session, two by the Presbytery of Dundee, four by the freeholders and commissioners of supply, and eight by the governors of the infirmary. It would have been difficult to have selected a more judicious and representative directorate, and the harmony which has always prevailed in the administration of the affairs of the institution is the best proof of the sagacity and wisdom then displayed in their choice.

Accustomed to hear so much of the great improvements which have of late years been effected in the amelioration and treatment of the insane, one turns with a feeling of something more than ordinary curiosity to the earlier reports of such venerable institutions as the Scotch Chartered Asylums to ascertain the views then entertained as to the nature of insanity and its means of cure; but it is to be feared few nowadays realize the advance that had then been made. The earlier reports of the Dundee Asylum are full of interest in this respect, showing, as they do, that at the date of erection and

4 *On the Treatment of the Insane Sixty Years Ago*, [April,

opening of the institution for the admission of patients in 1820, the idea that the insane belonged only to the dangerous classes of society, and required nothing but safe custody for the benefit and safety of the public, had already given way to more humane, benevolent, and enlightened views. The fact that insanity was after all a disease, and capable of medical treatment like other diseases, was now admitted, and the great benefit of kindness, gentleness, and careful attention fully recognized; but few will be prepared to hear of the extent to which amusements, occupation, and recreation were regarded already as indispensable to the successful treatment of the insane. Nevertheless, in the first report of the asylum, published 1st April, 1820, we find this subject treated of as follows:—"The means of cure, though resting mainly on the moral regimen and general management of the house, have a constant reference to the medical art, as the functions of mind are immediately dependent on bodily organization, and insanity is thus often found intimately connected with, or the obvious result of, disease in the general system, which at all times sympathizes deeply with mental distress. Hence the application of medicine has been of decided and effectual service in many instances in the experience of this institution." But not only the value of medicinal, but also the importance of the moral agents was fully recognized. Thus we find the enclosing of the ground referred to not only as of consequence in respect to economy, but also "to the enlarged field of amusement which this would open up to many of the patients. Manual labour and innocent amusements form an agreeable recreation to those in a certain state of convalescence, and by abstracting the mind from the subject of erroneous thought, and improving the general health, have been always found a powerful means of remedy, while they add so much to the comfort and enjoyment necessarily abridged by this sad calamity. Many of the patients fill up a tedious hour by reading on various subjects, books, newspapers, &c." The views held in regard to such matters as the use of restraint would also seem to have made considerable advance, for although at this date regarded as absolutely necessary, mechanical restraint was employed with much caution and reserve. Thus it is said—"In cases of violence, restraint is necessarily had recourse to; but this is done as seldom and with as little severity as possible; and when the paroxysm that has rendered restraint necessary subsides, it is immediately withdrawn. Indeed, restraint even in cases of violent paroxysm is often superseded by those personal atten-

tions on the part of the keepers, who, with a quick discernment—the fruit of experience—can often anticipate outrage, and counteract its force, before it is thoroughly evolved. Certain discipline, indeed, without harshness, is, in general, sufficient to overawe the more violent; and habit confirms the fortunate association which produces tranquillity, and this, aided by the powers of nature and other subsidiary means, often leads to a happy issue.” No regular attending physician would appear to have been at first appointed, the only officers being a treasurer, secretary, lay superintendent, and his wife acting as matron. In the second report, however, we have the visiting physician recognized as one of the regular officers of the institution.

In this second year’s report for 1821 we have evidence of the recognition of the importance of the removal of the patient from old habits and associations, and especially the advantages presented by a public asylum for the treatment of the poor, and those of limited means and unable to pay for special attendance.

“One of the first steps,” writes the reporter for the year ending May 31st, 1822, “towards the successful treatment of the insane was the establishment of Lunatic Asylums. In few private families can a course of judicious treatment ever be successfully followed out. Many conveniences must always be wanting in them, which are to be found in every well regulated public establishment, while change of scene, and of those associations by which alienation of mind is often aggravated and confirmed, besides other things of very powerful influence on the health, comfort, and recovery of insane persons—all unite in recommending the removal of persons labouring under insanity from home, and a temporary separation of them from their relations. The time is happily gone by when it was thought enough to prevent the patient from doing violence to himself or to those around him. To security are added comfort and the means of cure. No longer condemned to drag out a miserable existence in filth and wretchedness, in solitude and nakedness, perhaps in darkness and in chains, the spirit of the times respects the feelings of the unhappy sufferer, fans the latent spark of reason in his mind, soothes him under his strongest excitements, and by means the most gentle and humane, either restores him to himself and to the world, or at least renders his situation infinitely more comfortable than was formerly attempted or even contemplated.”

“If these observations,” continues this reporter, “will apply

to the treatment of the more affluent, they are still more applicable to that of the insane poor. The rich may contrive to surround their suffering relatives with many sources of comfort, and to provide for them the means of recovery in private, although seldom, if ever, with that success which attends an institution conducted by those who are familiar with the application of the proper means of soothing and restoring the insane. But the poor have no resources: their friends have not the means of providing for them what is necessary for their security and still less for their recovery. An attempt to do so, indeed, continued for any length of time, is often fatal to the very object they have in view, as it confirms the false impressions indulged by the patient, and renders recovery more precarious. Nor will asylums conducted for private advantage, however skilfully and successfully managed, meet the exigencies of the poor. To the poor an institution conducted on public principles, and with a view eminently to the accommodation of a class of persons whose circumstances, and those of their friends, render the lowest possible terms of board indispensably necessary, is the only refuge. Such an institution is the Dundee Lunatic Asylum."

These views, so well expressed, may well commend themselves to the careful consideration of practical philanthropists of the present day. That the humane treatment was now thoroughly understood is also seen from the medical report of this year, 1821-22. After remarking that "it is almost needless to repeat what is so obvious and so well confirmed by universal experience, that the numbers of cures, other circumstances being equal, holds a direct ratio to the recency of the attack," an axiom which has been well quoted since, the report goes on to say "that severity and corporal punishment are here unknown, and it is surely very satisfactory to announce that not a single patient has yet been confined during the day to restrain fury or prevent mischief above an hour or two, and that very rarely during the past 12 months." And as showing how close we are here to a very different state of things, it is added: "Several who had known only chains and solitary confinement for many years experienced immunity from all restraints," and one case illustrative of this is given of an elderly man who had been confined for 15 years in the prison of one of the northern counties (being a criminal maniac), and whom, to use the language of the report, "continued violence and furious outrage had condemned to perpetual chains, but who, in a very short time, recovered the use of his senses in a very con-

siderable degree, and was enabled to join in the amusements and recreations that belong only to those advanced in convalescence, or of a milder class." In this report a strange intimation is made, namely, that "the whirling chair has only once been employed, but without decided benefit. Further trials warranted by the experience of other institutions are yet awaiting here to determine its value." This is the only notice of this curious instrument which I have found in connection with the Dundee Asylum, and, indeed, we rarely find it referred to even in the literature of that age, far less at any subsequent time, and the only description of one I have been able to discover is that of Sir Alexander Morison in his book of cases published in 1828. Its action is thus described: "The excitement of certain emotions or passions is sometimes of use in mental treatment, in particular the agreeable emotions of hope and of religious consolation, and the disagreeable ones of shame and fear. To excite the latter, in a moderate degree, certain mechanical means have been employed, as the rotatory machine and the douche of cold water." These whirling chairs would seem, therefore, to have belonged to the same category as the bath of surprise, an arrangement whereby a patient walking along a corridor suddenly found the floor give way and himself tilted into a cold bath. They would seem to have been variously constructed. In some by mechanical arrangements the top of a low table, on which a chair could be placed or where the patient could be laid on his back, was made to revolve with greater or less speed. In others, as in the one described by Sir A. Morison, an ordinary arm-chair is made to turn by ropes and pulleys moved by a small wheel. The chair, with straps to secure the patient, was then suspended from a cross-beam, and by lowering or raising the different ropes the patient could be placed at any inclination or position desired. The only effect that I ever heard to result from whirling chairs was in some cases to produce severe diarrhœa. The following account, extracted from the Report of 1824, gives a very good idea of the extent to which occupation and amusement were employed and valued as curative agents:—"Seventy-four patients," says the reporter, "still remain in the house, and though no general description can apply to cases that must be almost infinitely diversified, yet, at this moment, it can be stated that none of the patients are confined to their apartments, that in fine weather they are generally found in the airing-grounds" (indeed, it was a standing order about this date that the doors leading into the airing-courts should stand open

from morning to night, so that the patients might go in and out when they liked), "pursuing those avocations or amusements to which they are directed by their former habits or tastes. Some are engaged in reading, some in playing on musical instruments, some in drawing; some are employed in manual labour in the garden—here a party is seen at cards, there a couple are intent at backgammon. Some females are sewing, some knitting or spinning, some voluntarily engaged in the work of the house, while it must be added, with regret, that there are others from whom the eye of the keeper must not wander." Indeed, from this time constant attention seems to have been given to the occupation and employment of the patients, although it was not till several years afterwards, 1837, that the development reached its fullest extent. By this time weaving and other workshops had been erected and fitted up, and yards for stone-breaking, &c., specially set apart for industrious patients, and the general result is thus referred to by the Directors in their Report:—"The spade, the hammer, the hoe, the loom, the spinning-wheel, the needle, have been found most efficient expedients for dispelling the gloom of the melancholy, and of diffusing serenity and contentment throughout the different departments of the establishment." "The cheerfulness and alacrity with which the patients engage in their labours is a proof of their anxiety to obtain relief from the burden of inactivity. The pleasure with which they regard the fruits of their labours, and the attachment they gradually form to their various kinds of occupation, prove the value of manual labour to be a remedial measure of the greatest importance." As great misunderstanding now exists in the minds of many as to the extent to which the patients were then employed, it may not be out of place to give the following facts:—In 1835 the daily average of pauper patients resident in the Dundee Asylum was 96, and of these 92 were constantly employed, principally as follows: 14 men and 6 women were engaged teasing hemp and oakum; 10 men and 2 women weaving sheeting; 14 men gardening; 14 women spinning, and the rest were occupied in shoemaking, tailoring, mat-making, cutting firewood, mangling, pumping water, shoebinding, dressmaking, shirtmaking, knitting, quilting, upholstery, staymaking, flowering, fringe-making, repairing clothes, and assisting in laundry, scullery, kitchen, and general housework, the annual outcome presenting such results of work done as 642 webs of sheeting and 23 of bagging woven, 400 spindles of hemp spun, 211 cubic yards of metal broken, &c. About the same period 100 out of 130 patients

are referred to as attending chapel. Now I think it must be frankly admitted that these are not the ideas we are apt to form of the state of the Scotch asylums during what are now regarded as the dark ages of these institutions, that is before the abolition of restraint.

Now let us look for a little at the position of the officers, and especially the medical staff. At first, when the asylum was opened in 1820, no regular physician would seem to have been appointed, the only officers being a treasurer, secretary, superintendent, and matron; but in the report published in 1822 we find Dr. Ramsay occupied the position of visiting physician, and continued so till his death in 1835. The resident officers were a lay superintendent, with his wife acting as matron, the visiting physician being the principal responsible officer, and visiting the institution several times a week as required. Indeed, it was not till 1829 that the Act of Parliament was passed rendering it imperative that a medical officer should be resident in Asylums, and that only when the patients exceeded 100 in number. In accordance with this arrangement, it will readily be understood that the superintendent was merely a house steward, carrying out the instructions of the physician as principal officer. Accordingly, in the rules then in force, the physician kept the register of admissions; no patient was allowed to leave the precincts of the house without particular permission and instructions given to the superintendent by the physician. The physician had to keep the case-books, and so on.

The superintendent superintended the whole establishment, had authority over and power to dismiss the male servants, kept accounts of all provisions received and of moneys expended. The matron had similar authority over the female servants and female side of the house.

In addition, however, we find rules drawn up for an apothecary, who was never appointed, but whose duties were to be discharged *ad interim* by the lay superintendent. His duties were to get full information in regard to patients' histories for the physician's information, entering into case-books reports and physician's prescriptions, to faithfully administer every medicine ordered by the physician, but except in cases of sudden emergency to prescribe nothing.

Indeed, the efficiency of a lay superintendent was so thoroughly believed in, and the management seems to have been so satisfactory, that when the Act was passed in 1828, enacting that "Wherever there are 100 patients or upwards in

any asylum there shall be a medical gentleman resident in the house," the directors resolved, "That as the house cannot, in its present state, afford comfortable accommodation for more than 100 patients, this number should not be exceeded in the meantime, the directors being fully satisfied that the appointment of a resident medical gentleman, while it brought additional expense to the establishment, would not contribute to the real welfare and comfort of the patient." The necessity of appointing a "resident physician and surgeon" was thus for the time got over, but only by adopting a policy which, had it been persisted in, would have certainly brought disaster on the asylum, and which was several times afterwards temporarily adopted, but never without serious consequences. Indeed, no policy can ever be so hurtful to any institution, situated as the asylum then was, as that of restricting the number of patients to be admitted to the available accommodation, instead of extending the buildings.

A consideration of the position of the medical officers naturally leads us to examine the medical treatment then in vogue, and at the present time, when the question of adopting the best means for keeping alive the true spirit of the medical profession in asylums is under review, we turn to our early records with feelings of more than ordinary curiosity, and we find there that the direct influence of medicinal treatment would seem to have been much more believed in than even at the present day. In the report for the year 1824 it is said: "Within the last twelve months there have been examples of the successful application of medicine in dispelling some of the most unhappy illusions of the senses and perversion of the natural feelings. One man having the idea of a consuming fire in his vitals, was rendered miserable beyond conception by this notion, which perpetually haunted his imagination, and had rendered him obstinate in refusing food and drink, as, in his estimation, adding only fuel to the flame within him. After the use of appropriate medicine in correcting great and manifest disorder of the stomach and bowels, this idea gave way to more correct thought. He is now convalescent and happy." Again, the experience of the year following is thus recorded:—"Some of the worst varieties of madness, with all its revolting accompaniments, have given way to the use of active remedies—but experience justifies the remark that it is neither by an exclusive moral treatment nor the use of remedies alone drawn from the medical art, that the cure of lunacy is to be effected. It is best accomplished by a happy combination of both, and the discriminate application of

their principles to the specialities of every individual case." And in another report (1837) we have the remedies specified thus:—"As a general rule, every individual case requires a different plan of treatment; various remedies are employed, but we find that there is no specific for the cure of insanity. Topical blood-letting is of the greatest service. So is dry cupping. Blisters, and a liniment composed of the tincture of cantharides, the spirit of hartshorn, and croton oil, applied twice or thrice to the shaven scalp, have also proved beneficial. General blood-letting is very rarely resorted to. Baths of all kinds and cold lotions are in constant requisition, and are used with great advantage. Calomel, jalap, salts, rhubarb, tartar emetic, colocynth, croton, and castor oil are in general use." Although we find the bleedings referred to as topical, still, from the extent to which they were carried, they must have had a pretty general effect, as 20 leeches to the head, and cupping from the neck to the extent of 12 and 14 ounces, and this often repeated, was very generally practised. The following cases, which I have extracted from the 1st Case Book—indeed, they are the cases of the 121st and 272nd patients admitted—will give a much better idea than can otherwise be done of the practice and pathology of these days and as they are cases of intrinsic value, I have the less hesitation in inflicting them on your attention at present.

Cases.—Case No. 12. A. B., admitted 22nd June, 1820, æt. 40; manufacturer; sanguine temperament, fair complexion, blue eyes, married; with usual signs of furious mania, requiring very close restraint to prevent injury to himself and others; face flushed, eyes very wild and staring, p. 100, rather full. Copious perspiration, apparently from his struggles and incessant motion. B. costive. Tongue white and foul. Temporal artery beating full. Takes his food tolerably well, and sleeps none.

Complaints began about a fortnight before his admission, apparently from having taken more spirituous and fermented liquor than usual. He was bled, his head was shaved and bathed frequently with cold water and vinegar. Strong cathartics were given, and his diet regulated accordingly. For a few days he seemed to recover, but again relapsed, and had his head blistered without apparent benefit. Spare diet enjoined, and the antiphlogistic regimen in general, with occasional purgatives.

July 20th.—Has now gradually become more calm, and less subject to fits of ungovernable fury, less loud talking and quarrelling with ideal objects. Countenance evidently indicates the approach of convalescence. Walks out regularly to the airing-ground, and joins in the society of the day-room; middle diet.

12 *On the Treatment of the Insane Sixty Years Ago*, [April,

December 22nd.—Little improvement in his mental faculties, though he is more tranquil and much less subject for these last two months to any fits of irritation. Pulse calm, countenance cheerful, t. clean, appetite good, belly natural. Sometimes he becomes affected with severe diarrhœa, which has occasionally been relieved by magnesia and rhubarb. From 1 to 2 grains of tartrate of antimony dissolved in ℥i. to ℥ii. of water has done much on several occasions to tranquillize his mind and relieve those fits of irritation to which he has been subject ever since his admission.

January 6th, 1821.—Continues to improve.

January 31st.—Is still subject to occasional fits of irritation and violence, particularly in tearing or otherwise injuring his clothes or person, but keeps free from febrile symptoms; P. calm, countenance generally composed, health greatly improved.

February 28th.—Is greatly improved in all respects, but given to sallies of mischief in tearing his clothes, or throwing stones, or tearing up the plants in the airing-ground, but seems otherwise of placid temper, and conscious of everything about his person.

June 15th.—For the last three months his state has been somewhat more variable than before, and after some brighter periods he seems to relapse into greater derangement of his ideas, with less command over them, and without any obvious connection with the state of bodily health, which, on the whole, has continued good, the bowels, however, often requiring medicine. On the 16th May he was seized suddenly, in the morning, with epilepsy, which recurred several times during the day, and left him in the evening under coma resembling apoplexy. P. slow, and neither hard nor full, face rather pale, pupils contracted, bowels easy. Temporal arteriotomy was performed to 8oz., head shaved and blistered, sinapisms to his feet, Ol. Ricini and several enemata of senna immediately exhibited. A quantity of roots of grass and much fœculent matter were discharged. The coma was evidently relieved by the remedies employed, and gradually gave way to the entire restoration of his consciousness, and of as much reason as he has of late enjoyed. In the two successive days he has had a slight return, but without coma, and he is now, without any particular remedy (though with a restricted diet and constant attention to his bowels), in a convalescent state.

July 10th.—Has had no return of fit, but is equally mischievous and destructive of his clothes, &c., as ever, but attends to his natural wants. There is some degree of weakness, resembling paralysis, in his left leg and arm, but to no severe degree.

August 10th.—Ceases to attend to his natural wants, and seems not to regain any portion of his mental faculties. He is silent and stupid. Health good. No return of fits.

September 12th.—No return of fits, and his paralytic affection is much gone, but he remains insensible to the calls of nature, and has become extremely dirty. In a few days after last report he had

another lucid interval, and was left free of restraint, but he soon relapsed into his present state. Appetite good. Sleeps ill. Some sores about the genitals threatening gangrene from the irritation of the urine healed up under the linseed meal poultices.

September 25th.—Was attacked with epileptic fits at 3 p.m. Hab. dos. Cal. et Jalap cum Ol. Ricini, &c. Opus sit et enemata.

September 26th.—Free of fits. Medicines operated freely.

October 3rd.—Is now convalescent. No further occasion for medicine.

October 12th.—More stupid than ordinary, and has that expression of countenance indicating the approach of a fit. B. costive. T. whitish. Appetite good, P. calm, sleep variable. Hab. dos. Cal. and Jalap.

October 13th.—Medicine operated powerfully, and with evident good effect.

November 10th.—Particularly noisy during the night.

November 14th.—Still continues in the same way.

November 24th.—Again attacked with fits about 7 p.m., which continued with little intermission until next evening, when he died quite comatose. Body not opened.

Here we have a very well reported case of general paralysis running its usual course.

The following shows also how a case of organic brain disease was then described and treated.

No. 27. Mr. M.P., from Edinburgh, æt. 42. Spare habit, dark complexion. Innkeeper. Some of his relatives are known to have been affected with derangement.

Admitted on the 6th January, 1821, with symptoms of very manifest derangement of intellect, occasioned by a long course of hard drinking, particularly of spirituous liquors. Quick and lively in his expressions, but free of violence. His mind is naturally turned towards the objects of his usual pursuits, but perfectly confused and extravagant on this or any other topic that engages his attention. Pulse calm, T. clean. Appetite bad, B. irregular.

General health indifferent for some time past owing to frequent excesses. Has been formerly subject (about seven years ago) to epileptic fits from the same cause, but of short duration, and no great violence. The dyspeptic symptoms resulting from continued intoxication had been so violent as to give rise to the suspicion of schirrus of pylorus. Purgatives and laudanum ether and assafœtida were said to have been useful in his former attacks of what I apprehend to have been more allied to the delirium tremens than any settled attack of the maniacal kind. Hab. Pulv. Rhei c. Magnes.

January 7th.—A very violent diarrhœa came on prior to the use of the powder, accompanied by retching and vomiting. P. very calm.

14 *On the Treatment of the Insane Sixty Years Ago*, [April,

Mind more serene and collected, but still very manifest incoherency of thought and unnatural elevation of spirits.

January 17th.—Had remained in a state of convalescence in all respects until within these two days, when he became irascible and quarrelled with his keeper on the slightest occasions. At 2 or 3 a.m. he was seized with a very violent fit of mania after a restless and sleepless night, requiring the strait waistcoat and very strict confinement. During the whole day the fit raged with unabated fury, when he again became calm and was released from strict confinement. P. a little quickened, eyes bright and sparkling, countenance flushed, T. whitish, spits often, attempted to burst from confinement with most violent and unceasing exertions towards morning, and refused for some time to take food. Thirst urgent.

19th.—Violent and tranquil by turns, but has been out to the open air in the course of this day. Low diet. Hal. Sol. Tart. Emetic ʒi.

January 20th.—This operated violently, and occasioned severe diarrhœa.

January 31st.—Is still under confinement from the frequent recurrence of violent agitation and fury; P. on the whole calm; heat of skin varies; eye bright and unsettled; pupil much contracted; headache; B. again costive; appetite indifferent; much thirst; T. clean.

February 1st.—Abrad. Capillitium et appr. Capiti raso Emplast. vesicator amplum. Capiat dos. in Mag. c Rheo.

February 2nd.—Blister has risen well. Is more tranquil; P. and heat of skin natural. Is still under the restraint of the jacket.

March 1st.—Continues nearly as in last report. The paroxysms have been equally frequent and violent, dependent on no perceptible cause, and very uncontrollable by any means employed to abate them. A second blister seemed rather to do harm. The pulse generally small and natural in frequency; the pupil of the eyes still remarkably contracted; appetite good; B. regular, and at all times very sensible (sensitive) to the operation of purgative medicine.

Requires constraint almost constantly from his disposition to injure himself and destroy his clothing, as well as the furniture of the room. Cont. Sol. Tart. Antim. vel Pulv. Rhei c. Magnesia, pro re nata.

June 12th.—Within the last three months his case has been nearly uniform in many respects. In consequence of the command of his relatives, his board was reduced, with—patient put into another ward—the manifest effect of inducing a change for the better in the violence of his paroxysms, probably from his attention being strongly abstracted from his own feelings and erroneous ideas, and fixed on those more striking objects with which he was now surrounded, and from the effect of sympathy and imitation. But at no time was it ever for a moment safe to leave him free of restraint, from certain danger to himself and those around him. His mind never regained tranquillity, nor became subject to reason. It dwelt on the business of his former life with an imagination full of caprice, varying every

hour, and quite beyond the power of volition. He was always irascible and prone to mischief, artful and exceedingly expert. Was restless, and slept ill during the night, which was often spent in talking loud or singing, or raving with passion and resentment against imaginary enemies. P. seldom or never quick, or full or hard, even under severe paroxysms, though his face then was red and swollen, his eyes staring wildly, gnashing with his teeth, and equal desire to bite and tear his clothes, &c. Heat of skin only on such occasions increased, seldom with perspiration. Bowels unequal, but easily moved by any medicine, even the gentlest, as rhubarb and magnesia, &c., T. always clean. No headache or throbbing at temples; no affection of vision, eyes always animated; pupils closely contracted at all times. Within these six weeks his appetite, which was always keen, became voracious, while he became more emaciated and pale, and apparently under the power of some visceral disease, though nothing perceptible was to be discovered either about the thorax or abdomen. He became covered with ptechia, many of which about the back and lower extremities went into sloughs, leaving small foul sores. He passed dark-coloured offensive stools. Oedema about the limbs succeeded to an attack of erysipelas in both, and afterwards more generally over the body.

These symptoms had just begun to leave him entirely when he was seized, without obvious cause, with epileptic fits on the morning of the 12th. They proved severe, and returned at short intervals during the day (about five in number), the last at half-past four p.m., when he fell into a comatose state, and expired about three a.m. on Thursday. No practice was or could possibly avail in a case so utterly hopeless. About seven years ago, prior to marked insanity, he had been affected with convulsions, and afterwards with delirium tremens of drunkards.

On opening the head, there was found unusual turgescence of the veins and sinuses, with considerable effusion of serum on the surface of the brain everywhere. The four sinuses were distended with water—the left containing more than an ounce, the others rather less. The choroid plexus very vascular, and thicker than common. Veins running over the surface of the lateral ventricles uncommonly turgid and beautifully ramified. On the right side of the crista Galli a very evident disorganization had taken place in a portion of the anterior lobe of the cerebrum, adhering to the bone, and of a soft pultaceous consistence and yellowish colour, lying over and evidently in contact with the right optic nerve. The origin of the nerve seemed sound, as well as the nerves themselves. Cerebellum entire. A large quantity of water issued from the spine, and the medulla spinalis seemed remarkably small. The brain was undoubtedly extremely firm two days after dissolution.

In abdomen, liver sound; stomach diseased about pylorus, thickened and firmer than natural; colon large, and distended with flatus;

omentum absorbed ; much bile effused ; intestines seemed vascular. No other signs of disease.

Remarks on this case.—From the history and appearances after death, it is obvious his disease must have been incurable by any means of art.

Now, when we consider that these were the ideas then entertained before it was considered necessary that there should be a resident medical officer in asylums, it must be admitted that insanity was even then fully recognized to be a disease—indeed, the frequent use of the term Hospital instead of Asylum in these early reports fully bears this out.

And now the question naturally presents itself to us : Has there been any great change in the views of asylum physicians since those days ; and, if so, to what are they to be ascribed ? and secondly, Is the present system of asylum administration the best that can be adopted ? The first part of this query must, I think, be admitted, and answered in the affirmative. We do not bleed, and blister, and cup our patients so vigorously as in the days of old ; leeches have almost disappeared, and setons seem a thing of the past. And what are the reasons ? Partly, no doubt, this is due to increased knowledge and more enlightened views, but in a great measure, I am convinced, to other causes which have not been sufficiently recognized. Shortly after the days to which I have referred, the great discussion arose as to the abolition of restraints, and raged through the profession with a force and fury of which we have now little conception. This naturally diverted men's minds from attending to the purely medical or medicinal elements of treatment at that time. Again, the physician of the asylum had to become resident, and, from motives of economy, had added to his medical functions certain duties in no ways connected with the medical profession, such as general supervision of the institution, government of servants, attendants, regulation of stores, &c., which could have been equally well, if not better, discharged by a lay superintendent. These all tended to kill the physician's medical interest in his patients ; and of late years we have had added the introduction of what may be termed the gregarious mode of treatment so strongly advocated by a late Commissioner in Lunacy, and which seems to have been developed from an idea that the insane, with few exceptions, require no further treatment than good food, good clothing, good lodging, and suitable mild occupation and recreation. Now, I humbly think such ideas may be carried too far. By all means

let us have these general principles carried out so far as they can be done, but not to the exclusion of the individual treatment; and year by year I am becoming more and more convinced of the correctness of what we have seen so strongly advocated in these early reports, that there is no panacea for insanity, but that every individual case ought to be judged of, and treated in all its individual bearings. And this brings me to query number two: Can this be done in asylums as at present officered? Judging from my own experience, namely, of an asylum with about 300 patients annually resident, and a general movement represented by about 150 annual admissions, and the same number leaving the institution, I believe that a principal resident medical officer and an assistant are insufficient, especially when, in addition, they are hampered with the discharge of duties which could be equally well, if not better, performed by a lay general superintendent. For a population such as the above, and one so constantly changing, I am becoming more and more convinced that the medical staff ought to be relieved of many fiscal duties, and materially increased, say by the addition of clinical clerks, before proper justice can be done to the patients.

Since writing the above, I have had my attention directed to a paper which exactly embodies many of my views of the subject, and consequently leaves me little to do but endorse them. I refer to Dr. Strahan's paper read before the Psychological Section of the British Medical Association, at Brighton, and an abstract of which is published in the *Journal* of 25th September, 1886.

Referring to the necessity for more medical officers in asylums, Dr. S. writes as follows:—"With asylum medical staffs at their present strength, little more can be done than we are doing for the insane. Our asylums are splendid places for the care of the incurable insane; and so long as they are looked upon as mere retreats, the present staffs will suffice: but the moment we attempt to change them into hospitals, where every case is to be studied, we must augment these staffs, and so make the change a possibility. At present an asylum with 700 inmates has generally but two medical officers. The superintendent must give the greater part of his time and thought to fiscal duties. There is a fast-increasing custom of abolishing the office of steward in asylums. This makes the superintendent the universal provider and adds to his fiscal duties, and it must directly tend to the extinction of the medical spirit."

Now, this has been precisely my experience. When ap-

pointed to the Dundee Asylum, in 1860, there had been for many years about 200 patients resident, with an annual admission and discharge of about 40 to 50 patients; but when the lunatic wards of poorhouses were opened in 1864, the number resident fell to 153, and the admissions suddenly rose to 101. Then ensued violent fluctuations, the resident population rising rapidly to 350, and the annual admission in one year reaching 150 cases.

Now, although in the old asylum I had neither steward, medical assistant, nor head-attendant, and consequently the greater part of these duties devolved upon myself, so long as the resident number kept about 200 and the admissions under 50, I had no difficulty whatever in keeping myself thoroughly acquainted with the individual histories of all the patients, and so doing them full justice; but when the admissions rose to 100, 120, and 150, I felt myself no longer able to individualize the cases as I could have desired, and had to be content with a more general acquaintance with the patients' varying peculiarities. Now, how is this to be remedied? and it is on this point that I am specially desirous of eliciting the opinion of this meeting. Dr. Strahan suggests the separation of the curable from the chronic, but in our case this has already, to a great extent, been done; at least, the useful and harmless have been pretty thoroughly separated from the recent, violent and degraded. Since 1864 no fewer than 521 cases have been transferred from the asylum to the lunatic wards of the Dundee poorhouses; during 1884-5-6 no fewer than 156 have been disposed of in this manner. Now, in the first place, it will be seen from the above that the functions of the chartered asylums, at least in Scotland, have of late been very materially changed from what used to be the case; and it seems extremely desirable that what is to be expected of them in future should be clearly defined. When the Dundee Asylum was opened in 1820, its duties were defined to be "to restore the use of reason, and to alleviate suffering where reason could not be restored." It was, therefore, a curative hospital for the curable, a place of detention for the dangerous, and a place of residence for the incurable; and it is of importance to bear in mind that these were the views held by the Commissioners in Lunacy at the time of the appointment of the Lunacy Board, and for several years subsequently. But now these views have materially changed. It has now been considered that suitable accommodation for a large number of the incurable patients can be found in poorhouse wards, and the functions of the asylums

have altered accordingly. These institutions are now looked upon as hospitals for the curable, places of detention for the dangerous, and places of residence for the rest of the incurable only who are degraded and dirty in their habits, and neither curable nor dangerous, but simply expensive to look after. I have never, however, seen any reason why the last class should not be as easily provided for in the lunatic wards of poorhouses as the incurable of more cleanly habits. It seems to me that if this succursal arrangement for disposing of the harmless insane in poorhouses is to be acknowledged as satisfactory, then all incurable, not dangerous, should be admissible into these wards; and, if so, there seems to me to be no reason why similar wards, on equally good grounds, should not be established in connection with our local prisons, similar to the wards in connection with the General Prison, Perth, for the incurably insane who are dangerous, and the asylums would then be left free to discharge what, I think, everyone will admit is their proper function—the treatment and cure of insanity and allied diseases. From an instructive table given in the last Report of the Commissioners in Lunacy for Scotland it will be seen that few patients would require to remain over five years in the Asylum; for of 1,319 new cases admitted into establishments, it was found that while 305 were discharged recovered within the next twelve months and 209 the following year, 51 recovered the 3rd year, 38 the 4th, and only 26 the 5th.

But to carry out the idea of a curative hospital thoroughly, the medical staff would require to be increased in number, and relieved of all mere fiscal duties; and if in addition to the treatment of the insane in the asylum a certain control of the district, by appointing them also local inspectors, were conferred on the asylum officers, patients suitable for being boarded-out, and for being sent to lunatic wards, &c., would be much more satisfactorily selected than at present, and also the anomaly of asylums being converted for convenience into receptacles for degraded cases requiring only careful, though it may be expensive, supervision as to cleanliness and ordinary comforts, would be prevented.