Hanwell. It was disappointing to hear of the small success of operative measures. He gave bromides sparingly, and was convinced that the constant use of these drugs sent a good many cases into asylums. He had not used ergotine, but commended the employment of Epsom salts as most potent and useful treatment. As to the *status epilepticus*, a stimulant was very necessary. For a good many years he had given injections of chloral with success, while in the control of ordinary seizures chloral with bromides rendered them less frequent and less severe. He did not think that dementia followed so surely on that combination as on bromides alone.

Mr. MACLEAN could not remember any good results from the use of ergot, but believed that the best course was to give small doses of chloral combined with bromides, thus diminishing the number of the fits in epileptic cases.

Dr. WHITE, in replying to the discussion, agreed with the statement made by Dr. Fletcher Beach to the effect that epileptic fits were referable in some degree to the amount of carbonic acid circulating in the blood, as it went to support his opinion and principle of treatment that fresh air and exercise reduce the number of the seizures. His paper was founded on his personal experience and observations, and was exclusive of children, who are not found in asylums as a rule. He regretted that a long series of observations made by him in the Chartham Asylum some fourteen years ago—records of five years' work—had been destroyed, rendering it necessary for him to begin afresh. His experience had differed from Dr. Bower's. He had found chloral of little use in the *status epilepticus*; and, although much hair may fall off, he had not seen frequent baldness in male epileptics. He could see that Dr. Rayner's treatment might be very useful, but had not yet adopted it.

Notes on 206 *Consecutive Cases of Acute Mania treated without Sedatives.* By C. K. HITCHCOCK, M.D., M.A

Medical Superintendent, York Lunatic Hospital.

DURING the sixteen years I have been at York 206 cases of acute mania have been admitted, inclusive of 29 relapsed cases occurring in sixteen individuals. Of these 206 cases, 171 have recovered, 8 have died during the attack and because of the mania, and 3 have died during the attack from intercurrent bodily diseases, 12 have been discharged relieved to the care of friends, 7 were transferred to other asylums, and 5 remain under care.

The average period under treatment was for males three and a half months, and for females five months, with the addition, in many cases, of one month at home on trial before discharge. Seven cases recovered after one year, and 2 after three and five years respectively.

The ratio of recoveries to the number of cases under treatment is 83 per cent., the ratio of deaths is 3·8 per cent.

The point to which I wish to call attention is that, excite-

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ment and sleeplessness being prominent symptoms in greater or less degree in all these cases, I have not used sedatives in the treatment of any one of them, and my firm belief is that I have thereby secured a larger proportion of recoveries, a calmer after-existence for those cases which have not recovered, and perhaps a diminished death rate.

Before coming to York I had the advantage of becoming intimately acquainted with the practice as to the use of sedatives in six different asylums, and formed the opinion that sedatives were largely and harmfully used both for recent and chronic cases; that no known sedative will cure or cut short acute mania; that given in large enough doses to subdue maniacal excitement there is a possibility of permanently harming a patient; that continued sleeplessness is not of itself a condition incompatible with complete recovery. Having watched the effect of chloral and other compounds of that group, hyoscyamine and the hydrobromate of its alkaloid, opium and its alkaloids, cannabis indica, and other drugs, I resolved to use none of them. Of course the speedy subdual of excitement and the inducement of natural sleep are most important points of treatment, but it always seemed to me that in preference to straightway drugging an excited sleepless patient one must try to ascertain in each individual case the cause leading to that state and endeavour to remove the cause and so indirectly attack the symptoms. The history of the case, with careful physical examination, with temperature taking, and urine testing, will sometimes give a clue to treatment. A purgative may work wonders, particularly calomel, valuable not only for its therapeutic action but also as it is tasteless and inodorous, and mixes readily with cream or butter. Milk and eggs with some farinaceous food in abundance will suit another case, and here the old maxim comes in that if you intend to feed, feed early and often.

Other types of patients, particularly those of post-puerperal mania with tendency to exhaustion, after the bowels have been well acted on and food has been taken, will most readily and harmlessly be influenced by suggestion. In these cases I never use or allow the use by nurses or others of the words mesmerism or hypnotism, but certainly the personal influence of the physician will in some cases induce the patient to take food or to sleep with the happiest results.

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Occasionally I have resorted to the wet pack or hot bath with or without cold affusion to the head, and sometimes use a bath of 110° to 115° for ten minutes, the patient being afterwards wrapped in blankets only. Hot whiskey and water or a glass of stout are also amongst simple remedies that may be very helpful.

I do not incline to keeping cases in single rooms, and if they are physically in fit condition to be in the open air they are out of doors most of the day, although I do not go the length of employment of forced and prolonged exercise combined with enormous quantities of food. If a case tends to pass into partial dementia I should add massage, shampooing the head, shower-baths, to the indirect treatment of suitable social influence and surroundings.

I have now solely considered the treatment of cases where the mania is established and the patient is under care in an asylum, exclusive of the prophylaxis of insanity or the treatment of cases of threatening mania. Although nothing new has been advanced, my relation of details of treatment is not intended to be didactic, but is merely a statement of my own experience in the treatment of a class of cases from which it is perhaps the easiest to get favourable results.

Discussion

At the Autumn Meeting of the Northern and Midland Division of the Medico-Psychological Association, 1899.

The Chairman.—I hardly agree with Dr. Hitchcock when he says that his is a common experience, because very few of us can say that we have treated a similar number of cases of recent acute insanity without hypnotics. I doubt if the death-rate in his records was really diminished by withholding hypnotics; indeed, more cases might have lived if these had been given.

Dr. Clapham.—My feeling is that the first and most necessary treatment is a good purge, not only for cases of mania, but for all cases that come into asylums. There is great neglect in this matter, judging from the effect of its administration. Feeding, of course, must be attended to in mania, where there is so much tissue waste. As regards hypnotics, I certainly do not agree with Dr. Hitchcock. Hypnotics get a man to sleep to begin with, and have the effect of putting him in a fair way of quietude and proper condition for receiving other necessary treatment. By using baths and other sedatives you may afterwards do without hypnotics, but I think it is certainly necessary in the first instance to administer them in many cases.

Dr. Miller.—There can be no doubt that even in comparatively recent times hypnotics have been abused to an alarming extent, but I have never personally known cases treated in the manner Dr. Hitchcock describes. Acute mania is more noisy during the day and dementia during the night. Good feeding and warm baths are extremely valuable, and go far further to quiet acute mania than the use of drugs.

Dr. Kay.—It is best to avoid the use of hypnotics as far as possible, but in asylums, to a certain extent, the interests of other patients must be safeguarded.

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In acute mania men do without sedatives better than women; the latter are much more noisy, and sedatives are a great advantage to them.

Dr. PERCEVAL.—If we give an hypnotic for the convenience of others we study the good of the largest number; but if we give it as curative, I heartily agree with Dr. Hitchcock that it is quite unnecessary. The high number of his recovered cases clearly shows that. I think the results of Dr. Hitchcock's method would have been more valuable if he had treated one half of his cases *with* hypnotics, and the other half, or some of them, *without*, as test cases.

Dr. HEARDER.—A great deal depends on the nursing staff. With a good nursing staff—two or three nurses to each maniacal patient if necessary—sedatives are not so much required; but with a comparatively small nursing staff they are practically indispensable, owing to violence of conduct. I think it is better to do without sedatives for these acute cases, and in the large majority I think we do manage them without sedatives to a very great extent. It is the chronic cases that are mostly treated by sedatives in asylum practice; and this is quite right, because they are hopeless from a curative point of view, and must be kept quiet to promote the chances of recovery in the acute insane. I do not think that in asylum practice sedatives are too greatly used in acute cases, for it is generally recognised that they do better without them.

Dr. HITCHCOCK.—What made me take up this subject was the fearful abuse of sedatives at almost every asylum with which I was connected before I went to York. I have seen two 16-ounce bottles made up for the males and females, each 1-ounce dose containing 30 grains of chloral, given night after night to be used at discretion for patients who were noisy. I have seen this most detrimental treatment pushed until many patients have been at death's door, and therefore resolved to adopt other methods even with chronic noisy patients. I cannot blame myself for any patient having failed to recover because no hypnotics had been given, even if sleepless for six or seven nights; but the longer I have gone on the more I have been satisfied of being right in continuing as described. I did not touch on the use of sedatives for chronic noisy patients, yet it has been my practice not to give them sedatives. I found at York certain old cases that had been accustomed to hypnotics. These continued noisy and excited until they died. I have not now any of those noisy, troublesome, violent cases, and believe that they are produced very often by the treatment pursued in the earlier stages of their insanity.

Hysteria and its Relation to Insanity. By GEOFFREY HUNGERFORD, L.R.C.P. and L.R.C.S.I.

THE term hysteria among the ancient Greeks had reference to a disease primarily due to some abnormal state of the female generative organs. Even yet we assign a foremost place to the sexual elements in hysteria, but more as a symptom than as a cause of the disease. We find that the greater the number of cases we investigate the more we shall be impressed by the fact that a marked element of sexual perversion generally exists, at times so dominating the reasoning powers of the patient that he becomes firmly convinced that unless his sexual desire is indulged the community will suffer in some inexplicable manner. In a recent case I found this symptom strongly

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