On the
Treatment of some Varieties of
Insanity
by
David Collie M.B., C.M. Ed.
Introductory Remarks.
The physical condition which we understand by the term insanity, to one which has been recognized from the most ancient times, but it is only within a comparatively recent date that anything like an accurate idea of its causation & pathology has been arrived at.

Among the Ancients, as amongst Savage races, at the present time, mental unsoundness was ascribed to the influence of spirits or devils, & the scriptural narrative seems to confirm the then-prevailing belief. Such being the case, it is not wonderful that the efforts of mankind, in these ages, were less directed towards the study of the mental phenomena of those who were afflicted, than to the protection of the community from the acts of its insane members. This protection was most easily effected by excluding the insane from the social life of the community, expelling them beyond the habitations of men, chaining them up amongst the tombs, or keeping them closely guarded in
Introductory Remarks
cases and prisons.

The supernatural idea of the causation of insanity, that is to say the idea that those who were deprived of their judgement and understanding were so deprived by the direct interposition of the Deity, lasted throughout the Dark Middle ages and up to comparatively recent times. Although during the last three centuries, a truer conception of the nature of insanity was dawning upon the minds of men, yet so late as the latter half of last century, few if any attempts were made by those who had the custody of lunatics for the cure or amelioration of their malady, that their general condition was most intractable.

The description which one reads of the condition of the inmates of the Bicêtre in Paris, when Pinel undertook the charge of that institution are most revolting. According to one account

"Vice, crime, misfortune, infirmity, disease, the most loathsome & the most distempered..."
Introductory Remarks.
were all confounded together, as were also the officers of the attendants. The building was unfit for habitation, wretched dens in which one would hesitate to place the meanest animal; the attendants were malefactors released from prison; the patients were loaded with chains, and manacled like convicts. Insolent with rage the unfortunate patients would surprise and strike down their keepers. Thus on the one side there was ferocity — on the other murder.

Péris was appointed Director of the Bicêtre in 1792. This eminent individual was a man of letters, quite as much as a skilled physician. I was fitted alike by his mental training and his naturally excellent and benevolent disposition for the great work which Providence had designed him for.

At the close of 1792 Péris entered on his functions at the Bicêtre. In the course of a few days, 53 patients were released from their chains.
Introductory Remarks.
the result being even beyond his hopes. Tranquility and harmony succeeded to tumult and disorder, the freedom from restraint having the most beneficial effect on the patients.

The further labors of Esquirol at the Salpêtrière, and of Connolly, in this country, have contributed in no little degree, towards the removal of one of the darkest blots in the history of human misfortune. If we pass from 1792 to the present time what a change we find. In not one of the great public asylums of this country, is there to be seen the semblance, even, of such restraint as was practiced in former times. The good seed sown by Pinel and his successors, has brought forth abundant fruit, not only in the abolition of restraint, but in the general care that is taken of lunatic patients, in the endeavours that are made to ameliorate, or cure their mental disease.

In all branches of practice, it is by the correct observation...
Introductory Remarks
of mental phenomena that are often considered to be
less prevalent in the two kinds of insanity. The
admission of patients to asylums is a mental
abnormality that is often associated with
treatment of mental illness. The rules for the
government of such institutions vary widely
among different countries. Mental hospitals
are often seen as a last resort for those who
suffer from mental illness. The lack of
adequate facilities for the treatment of
mental illness can lead to serious
consequences for the patients and their
families.
Introductory Remarks.
Under the First Division, there fall to be considered cases of "Acute Mania with delirium," (2) Acute Mania (from whatever cause),. Under the Second Division there are included (1) Ordinary Melancholia, (2) Melancholic Averse Stupor, (3) Acute Melancholia & the condition known as "Acute Dementia."

It is manifestly beyond the scope of a graduation thesis, to pretend to give anything like a detailed account of the symptoms, pathology, treatment & prognosis of even the commonest varieties of insanity. Therefore, after a few remarks on the appearances & of the different varieties, I shall go on, at once, to the treatment & prognosis, as far as I have been able to become acquainted with each, finishing up with some general remarks & statistics collected during a residence in St. Luke's Hospital.
Acute Mania with Delirium
Acute Mania with Delirium

This is the first variety of those which are characterized by exaltation or increase of functional activity. The first stage which is described by alienists is called the stage of alteration. In this case it is so short as to be generally quite unnoticed. Acute Delirious Mania may occur as a sequel to the exanthemata, to Childbirth, or it may come on without any obvious cause whatever. Without any warning to his friend a patient becomes restless, excited, finally quite maniacal. Along with a certain amount of fever there is great disturbance of all the vital functions. The tongue is foul, sometimes red at edges, breath offensive, the skin dry & hot, the bowels obstinately confined, the face flushed & conjunctive injected. With regard to the mental symptoms there is incoherence, hallucination of sight & hearing, complete disregard for appearances, e.g. exposure of person. The great wear & tear of tissue caused by the
Treatment.
Continual movement, whether to or off the patient, ends in a state of exhaustion and collapse, frequently passing into stupor and death. Of all forms of insanity it is the most dangerous but if the patient's physical endurance carries him through, the chances of his restoration to mental soundness are very great. In a certain number of cases, however, the attack may terminate in melancholia, from which, after a time, the patient recovers, or he may sink into a state of chronic dementia.

Now, with regard to the treatment of this condition. It is evident from what has been observed, with regard to the exhausting nature of the malady, that the most important requisites are: I To place the patient under such conditions that he cannot injure himself or annoy or injure others; II To diminish pyrexia, to depress, soothe the nervous excitement; III To secure the proper nourishment of the patient; IV To attend to the general health e.g. To promote secretion and excretion.
Treatment continued
Under the first heading we must consider the question. Is the patient in such a condition that he will be benefitted by removal to an asylum? Here the patient's social position and circumstances will have a great deal to do in determining our plans for his welfare. If he is in poor circumstances, of course there is no alternative for us, but to have him taken, with all care and speed, to a public asylum. But if the patient belongs to the middle or upper classes, especially if he inhabits a detached house, it will be perfectly possible and infinitely preferable to treat him at home. A bedroom stripped of its furniture and fittings, with the windows and door secured, and a mattress with some blankets, or a thick quilt on the floor, will form a suitable ward for our patient. A skilled attendant, if he can be procured easily, but if not a domestic servant physically strong enough to control the patient, will also
Treatment continued.
be a sine qua non. Secondly, with regard to direct remedial measures. To control the excessive muscular activity, which is so exhausting to the patient, and to diminish the pyrexia and nervous excitement, there is nothing better than the packing sheet. An ordinary sheet, torn out with cold water, wrapped forcibly round the patient, followed by several blankets, will in a short time produce sudomotoric effects besides, control his struggles most effectually. The sheet may be kept on, from twenty minutes to two hours, at the end of which time, the patient may be so quiet, that with a little management, be may be induced to enter a bath. When taken out of the bath, the patient is to be well rubbed, then is induced to lie down. The result of this, in many cases, is that the patient falls into a quiet sleep from which he awakes on a fair road to recovery.

Dr. Sheppard, Medical Superintendent of Cologne
Treatment continued
Hatch, after many years experience, believes that the packing sheet is the most effectual remedial agent which we possess in the treatment of acute delirious Mania. Medicinal agents may also be called in to secure sleep and quiet the excitement. Of all the drugs which have ever been tried, with this intent (and a good many have been tried at one time or another) there is none to compare with the Hydrate of Chloral. Given in doses, which it would be criminal to administer to a sane patient, its effect is generally certain in inducing sleep. Less than half a drachm it is useless to give. From that to one drachm, with or without an equal quantity of Bromide of Potassium, may be given at once. Opium which is our sound anchor in the treatment of so many of the ill that flesh is heir to is here more than useless; it is almost certain to increase
Treatment continued
or at least to prolong the excitement. The Bromide is good, but weak in its effects; when given alone or in solitary doses, if given at all, it ought to be in combination with Chloral, as before mentioned, or in half drachm doses, three times a day. I have not seen any advantage following the administration of Herbane, Hydrocyanic Acid, or Indian Hemp. Saffar Ebetic, which acts by depressing the circulation, affects secondarily the nervous system, and in asthenic cases, does good and is well borne. Thirdly, with regard to the patient's nourishment. In a disease so exhausting, and which advances with such rapid strides, it is of the utmost importance to see that the patient consumes an abundance of nourishing food. If he cannot be coaxed into eating what is placed before him, it will be necessary to have recourse to instrumental means. The nasal tube, or the ordinary stomach...
which are both discussed under the head of melancholia, are the usual alternatives in this case. Milk, eggs, soup, minced meat ought to be supplied liberally. When recovery takes place, they may be supplemented with stimulants.

Fourthly. The Bowels are sure to be constipated, therefore a smart purge of calomel, or even croton oil will be indicated. Apart from the benefit obtained by unloading the bowels, stimulating the hepatic and intestinal secretions, there can be no doubt that a purgative is beneficial in some more remote way. Whether or not the irritation of the intestinal mucous membrane has a metastatic effect, the good obtained by free and early purgation has been noted by many writers and observers.

We have already seen the effect of the packing sheet, in exciting the action of the sudorific gland. This action is to be
Treatment Continued

Duration & Terminations
Kept up, if possible, by warm baths repeated daily. Great care must be taken to keep the patients room sufficiently warm, especially during convalescence. This is not a case in which moral treatment has much scope for employment, but every care must be taken, that the patients attendants are kind as well as firm so that when they have to restrain his violence, they should do so in a way which although efficient will not leave them a mass of bruises. During convalescence, the Turkish baths & walking exercise will help him immensely.

The duration of this disorder varies from a day or two, to 10 days or a fortnight. If after three weeks, no change for the better has taken place, the prognosis is bad. The terminations are, recovery, death or worst of all, a gradual passing into chronic mania, or dementia.
Termination

Acute Mania
In patients of good constitution, who can be got to take nourishment in sufficient quantities, the prognosis is decidedly good. In the case of those who have been exhausted by previous illness, or childbirth, or those who refuse food persistently, the prognosis is grave. In the fatal cases the advent of collapse is sometimes dreadfully sudden. Complete prostration passes rapidly into coma and before many hours all is over.

II Ordinary Acute Mania

The state, which is designated by alienists, Acute mania, is acute when compared with chronic mania; when compared with Acute Delirious mania, it cannot be so spoken of. In cases, of which a perfect history can be obtained, there is generally a period of alteration from the patient’s normal state, perhaps of some week or duration. Here we have excitement present,
Acute Manic Continued
although not in such a marked degree as in acute delirious mania, together with incoherence of language, change of disposition & behaviour, disregard for appearances. In favourable cases, the delusions are numerous and variable; in unfavourable cases, they tend to become fewer & more fixed & are often connected with religion. As in the case of delirious mania, there is disorder of function, manifested by arrest of the secretion of skin & bowels. In this disease, the prognosis is much affected by the question of hereditary taint. Should it be a first attack, in a subject, without family predisposition and under forty years of age, the chances are in favour of recovery. It has also been observed that the cases which do not recover very rapidly, are more likely to remain permanently well, than those who throw off the disease more quickly. However, Dr. Savage of Bethlehem Hospital differs from this view.
Treatment of Acute Mania
The physician has continually to be on his guard for relapses. Cases which apparently recover after a week or two frequently relapse more than once, before complete restoration to health takes place. The terminations are in care, in a gradual sinking into chronic mania or dementia. Or the patient may alternate between mania and melancholia; to this condition is given the name of Folie Circulaire. The treatment may be conveniently considered under the same heads as in the preceding class.

To place patient in a place where he will be safe. In this class unlike the former, there is nothing to be gained by keeping the patient at home. In all probability, he will be under treatment for weeks, perhaps many weeks. He has been longer in becoming insane, when convalescence sets in, he will be, for some time, in a state requiring a certain amount of freedom of movement, under proper supervision, which can not be obtained in a private house. Therefore
Treatment of Acute Mania
let the patient be conveyed to an asylum at once. For the first few days, it is possible that some additional restraint be employed, such as seclusion, in the padded room. Many of these cases are extremely noisy & dirty, while others employ all their energy in destroying their clothes & bedding. A strong canvas suit laid up behind, with a leather collar & buckle is the usual remedy for persistent destruction of clothes.

To allay excitement and promote sleep. This is a most important part of our treatment. If there be much heat and dryness of skin, the packing sheet, as in the former case, will be serviceable, only we must use it, with moderation, bearing in mind what a powerful depressant it is. A warm bath, every evening, with a cold douche for the head, is a valuable adjunct to the other treatment. Sleep must be induced if possible, by hypnotics, of which Chloral Hydrate is the chief. Opium, which is so valuable in Melancholia is here to do
Treatment of Acute Mania
harm here, therefore let opium be eschewed.

Half a drachm of the hydrate of chloral, at bedtime, repeated in four hours if necessary, will generally give some sleep. The patient is not to be sent to bed with an empty stomach, but a light meal, with a glass of ale, or stout administered shortly before bedtime.

III. To attend to the nutrition of the patient. These are not the cases, in which the most trouble is to be apprehended, with regard to feeding. Nevertheless, in a certain proportion of them, it will be found necessary to call in the aid of the stomach pump, or nasal tube, both of which instruments are more appropriately treated of under the consideration of melancholia. In acute mania, the patient must have abundance of nourishing and digestible food. Plenty of milk, eggs, with minced meat and vegetables, will be required to sustain him in his excitement.

IV. To attend to patient's general health. It will
Treatment of Acute Mania

Insanity with Depression
necessary, usually, to begin by opening the bowels thoroughly, with a dose of castor oil, or calomel. They must be kept open, and the aperient will have to be repeated possibly more than once. Some physicians believe that small doses of the Bromide of Potassium exercise a beneficial effect, in acute mania, but it is chiefly in epileptic cases that one would expect benefit from the Bromide. Tartar emetic and other depressants are required, in very violent and noisy cases. The daily use of the warm bath will encourage the action of the skin, which is true to the dry and offensive. Moderate exercise, between two attendants, must be kept up, every day, and the sleeping and eating apartments must be thoroughly aired.

We have been considering, up till this time, some of the varieties of insanity, which are characterized by excitement; we now come to a group of varieties, in which depression is the
Insanity with Depression

Melancholia
Distinguishing feature. Instead of the rapid idea-
tion and scattered motor activity of the maniac,
there is a state the reverse of all this. In this
division of insanity, with depression, it is convenient
to discuss the varieties commonly called, Ordinary
Melancholia, Melancholia cum stupore, Acute Mel-
ancholia and Acute Dementia. In all three the
typical characteristics are due to a defective pro-
duction of nerve force, which in its turn depends
upon an imperfect nutrition of brain tissue.

Melancholia.

There are some people otherwise perfectly healthy
who are periodically the victims of gloom & even
derpendency. They are people of what would have
been called, in the last generation, a bellicose or
melancholic temperament, and generally suffer
much from constipation & other disorders of the
alimentary canal. With them, however, gloom
does not deepen into melancholia, but passes
off, in a few days, or weeks, as the case may be,
Melancholia continued
The higher centres are never affected. They are
miserable, they feel miserable, but they attribute
their sensations to the proper cause, viz. that
they are not in a perfect state of health, and they
take such remedies, and adopt such means as
experience has taught them are most efficacious,
in bringing them back to a normal state.
There is another group of cases, which one meets
with, in general practice, in which, together with
great depression of spirits, there exist feelings and
presentiments (one hardly likes to call them delusions)
concerning the state of their internal organs. In
these, as in a certain number of the last described,
there will be found, frequently, some functional
or even organic affection of the abdominal viscera.
To this class the name of *Hypochondriasis* has
been given, and a certain proportion of those affec-
tions drift into Melancholia.
When a patient, after having been in any of the
conditions just described, becomes still further
depressed, and when he no longer attributes this
Melancholia continued
depression to physical causes, fixed delusions and false ideas taking the place of vague uneasiness and empty fears we say that he is insane.

The delusions of the melancholic are centred in self. He is the most wretched of men; he has committed the most unpardonable and unheard-of offenses. It is who is the cause of his family's ruin and shame. Death alone can relieve him from his sufferings, and death certainly will, if he be not placed in a position of safety; for the melancholic is intensely suicidal. His countenance, attitude, general appearance give an outward indication of his mental suffering. His face is sallow: the expression of it is one of settled gloom. He will be found on inquiry to have grown careless and untidy in his dress, to have changed in his feelings towards others: very probably also to have lost weight.

Now what is the appropriate treatment for such a state of things?

First, as regards the safe custody of the patient...
Treatment of Melancholia

Feeding
Abstained food, accompanied by stimulants, varying in quantity with the necessities of the case. The quantities of milk, soups, eggs etc. which melancholic cases will digest, is truly astonishing. But great difficulty is to be anticipated in getting them to eat the food which has been prepared for them, and it is in the case of melancholics, that the stomach pump and nasal tube are most frequently in requisition.

In all cases when instrumental feeding is to be carried out, the patient should be made as far as possible immovable. This is best accomplished by making him sit down on an inclined chair, which is made for the purpose, and complete immobility of the limbs is attained, by passing several strips round his body and drawing them tight thru' the arms and legs of the chair. The stomach pump and nasal tube have each their own advocates, but I must own for a preference
Treatment of Melancholia

The stomach pump.
for the latter method. The simplicity of the instrument, the effect which it produces on the mind of the patient, and the rapidity with which the whole operation is conducted are charms which it is difficult to overrate. The stomach pump with its accessories, gags, tube, and brass fittings, is very liable to get out of order, and at the moment when required is, most likely, at the instrument maker's. I cannot agree with Dr. Sheppard of Colney Hatch, who says that "As long as a man has got a mouth and it can be opened (and I have never seen one that could not be opened) I shall continue to regard it as the legitimate high road to the stomach." One might as well say, that because the High Street of a town was the most frequented it was therefore illegal to make use of the narrow but convenient side streets. It is not a question of what is legitimate but what is expedient. Nor can I say that I have seen...
Treatment of Melancholia
as yet the "terrible irritation" which he describes as being the result of frequently passing the nasal tube. I have seen however a patient between whose jaws it would have been impossible to have inserted a gag without performing a dental operation. But perhaps under the circumstances this would be legitimate!

When about fourteen eighths of the tube have been passed, a metal cup is generally attached to the free extremity and the fluid food poured into this.

As in other kinds of insanity, insomniac is here a marked symptom, and opium or some of its preparations will be indicated. This drug which, in mania, is positively injurious, in melancholia is peculiarly useful. Chloral, which is our sheet-anchor in the treatment of mania, is by no means to be trusted in this instance. It will induce sleep, no doubt, but it does not possess...
Treatment of Melancholia
that healing influence over the disease, which opium undoubtedly does.

In addition to careful watching, nourishing food and the administration of opium, we must see that the patient has sufficient exercise, of a kind suited to his age and strength. For people of middle life and upwards, walking exercise is the most satisfactory. The patient is not to be allowed to saunter up and down the path at a snail's pace, but is to March, here and there, between two attendants.

“A little brisk exercise, which sends the blood surging through the capillaries, and produces that glowing sense, which is so thoroughly enjoyed by a healthy subject, will do more good than three times the amount slowly conducted.” Great stress must also be laid on regular bathing. In these cases the Turkish Bath is clearly indicated, as the sudorification and manipulation gets rid of much epithelial debris, and aids in restoring funct...
Acute Melancholia

Treatment of Acute Melancholia
to the skin.
The subcutaneous injection of morphia will be found the most convenient way of administering a sedative. Special

Insanity and its Treatment by G. Fielding Blandford M.D.
Melancholia with Slips and Acute Dementia

Treatment & Prognosis
Care must also be taken with regard to warmth and proper clothing as these cases are liable to pneumonia of a low type.

The two remaining classes Melancholic and stupor and Acute Dementic are remarkable for their outward resemblance to each other. In both we meet with an extreme amount of depression; motion, speech, and all interest in surroundings being in abeyance. The former will sometimes eat the food placed before him, at other times he will require the stomach pump; the latter as a rule takes his food mechanically and seldom requires instrumental interference. In the former case the prognosis is grave, but when recovery takes place the patient is found to remember all the incidents which happened during his illness; in the latter which affects usually the young of both sexes the prognosis is good, and after recovery the patient remembers nothing which has transpired. In the former the patient sleeps badly; in the latter tolerably well.
Melancholia and Stupeur
and
Acute Dementia

Treatment continued
The treatment of Melancholic and stupor is chiefly expectant. Keeping the patient warm, and feeding him regularly are the most important things. Galvanism, which I have seen several times applied, in these cases, does not seem to be of much benefit. The most common termination is in chronic dementia.

Acute Dementia, on the other hand, we have a more hopeful task. The patient, who are usually young, will, by being merely left to themselves, recover in a short space of time. As before said, they take their food well, sleep well, and the principal care for the medical attendant is to see that the bladder is properly evacuated, for this is a malady in which the catheter is sometimes required.

A great deal of attention has been paid of late to the subject of the curability of insanity. It is certain that cures do take place, in considerable numbers, but it is equally certain...
Concluding Remarks.
that relapses are painfully frequent. The statistical statistics of the York Retreat, for a period of 44 years, give a very fair idea of the ratio of cures to admissions. Out of 244 patients, chiefly drawn from the middle classes, 113 died during the first attack and 131 recovered. Of the 131 who recovered, only 45 remained permanently sane; the remainder, 86 had subsequent attacks and of these only 20 died sane. Thus only 53 per cent recovered from the first attack, and this return must be considered, at least 10 per cent more favourable than the average statistics of our county asylums. But, instead of taking a county asylum, which admits all kinds of cases, curable and incurable, without distinction, we take a hospital like St. Luke's, or Bethlem, where, the cases being selected, the perfectly hopeless are weeded out, we shall find a marked improvement. The following table contains a summary of all the curable patients admitted into St. Luke's
Hospital for one hundred years, i.e. from its foundation in 1751 till the end of the year 1850.

Patients admitted & discharged from 1751 to December 1850

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted</td>
<td>7311</td>
<td>10778</td>
<td>18089</td>
</tr>
<tr>
<td>Discharged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cured</td>
<td>2813</td>
<td>5005</td>
<td>7818</td>
</tr>
<tr>
<td>Unfit</td>
<td>985</td>
<td>835</td>
<td>1793</td>
</tr>
<tr>
<td>By desire of friend</td>
<td>187</td>
<td>321</td>
<td>508</td>
</tr>
<tr>
<td>Proving to be pregnant</td>
<td>62</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Proving not lunatic</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Friends not complying with rules</td>
<td>31</td>
<td>26</td>
<td>57</td>
</tr>
<tr>
<td>Not objects of charity</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Discharged deceased</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Discharged from Bethlem</td>
<td>2</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Insane about twelve months</td>
<td>2</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Died</td>
<td>7276</td>
<td>10725</td>
<td>18001</td>
</tr>
<tr>
<td>Uncured</td>
<td>2473</td>
<td>3886</td>
<td>6359</td>
</tr>
</tbody>
</table>

Remaining in Hospital December 1850

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35</td>
<td>53</td>
<td>88</td>
</tr>
</tbody>
</table>
The next table shows the percentage of Cures and Deaths during the same period.

### Durable Patients

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cures</td>
<td>38.48</td>
<td>46.44</td>
<td>43.22</td>
</tr>
<tr>
<td>Deaths</td>
<td>11.05</td>
<td>5.31</td>
<td>7.63</td>
</tr>
</tbody>
</table>

Now at first sight this table is not so satisfactory as that of Dr. Thurmanz, the total percentage of cures being only 43.22 as against 53. But it must be borne in mind, that this table includes the returns for the latter half of last century, the much lower percentage of cures then obtained tending to lower the general percentage.

The next table shows the number of patients admitted and discharged during the year 1850.

<table>
<thead>
<tr>
<th>Number of Patients admitted and Discharged</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients admitted as fit</td>
<td>72</td>
<td>107</td>
<td>179</td>
</tr>
<tr>
<td>Discharged as unfit</td>
<td>10</td>
<td>6</td>
<td>16</td>
</tr>
<tr>
<td>Discharged as unfit, fit to discharge</td>
<td>62</td>
<td>101</td>
<td>163</td>
</tr>
<tr>
<td>Number Discharged cures in 1850</td>
<td>44</td>
<td>69</td>
<td>113</td>
</tr>
</tbody>
</table>
The recoveries therefore in the year 1850 were in the following proportions:

Males ... 70.96 per cent
Females ... 68.32 " "
Males + Females together ... 69.33 " "

This much higher percentage of cures, in recent times, points distinctly to improvement, in the treatment. Concerning this I can not do better than quote from the report for this year (1850) by Dr. Sutherland Philp. After remarking that: for the first 50 years of the hospital's existence, the physicians in charge had had no faith whatever in medical treatment, but had relied entirely upon good diet and moral surveillance, they go on to say: "The average percentage of recoveries during this period was fully 11½ per cent lower than between 1831 and 1840. This fact alone, without reference to any other considerations, would have been sufficient to have convinced us of the importance of attending to the medical treatment of the patients confined to our care; and we are of opinion that the moral treatment being

"The same, and other things being assumed equal, the number of recoveries will advance pari passu with the improvement in our knowledge of the pathology and medical treatment of the disease."

The following table would tend to show, pretty clearly, that our knowledge of the disease is progressing:

<table>
<thead>
<tr>
<th>Period</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 1821 to 1830</td>
<td>47.12%</td>
</tr>
<tr>
<td>From 1831 to 1840</td>
<td>56.14%</td>
</tr>
<tr>
<td>From 1841 to 1850</td>
<td>69.14%</td>
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But it is not alone by an increase in our knowledge of the nature of insanity, that the highest results are to be obtained, it is equally necessary that the general public should be taught, what insanity is; and above all, the immense importance of the early diagnosis of the malady should be impressed on everyone. On this head Dr. Savag of Bethune states that of those patients who are sent for treatment within 3 months of the onset of the disease, 70 per cent or more recover, while of those sent for treatment...
after the lapse of 12 months, not 20 per cent get well.
In spite of anything that can be said by the un-
educated layman, in depreciating the curative re-
sults of lunacy practice, the fact remains that men
and women who have been insane under restraint,
do recover, are able to take their place in the world
and die in the possession of their faculties. From
the very nature of things there are precisely two
cases the world in general hears nothing about.
The patients themselves and their near relatives
have a direct interest in drawing a veil over the
unpleasant and unfortunate recollections of the past
in the words of Dr. Savage: "We must remember
that as the evil that we do lives after us," while the good
is forgotten, so the prejudice against asylum is
such, that persons who have been under treatment,
and have recovered, hide the fact from all they
can. I know of cases that have been discharged
from Bethlehem, have married and had families,
their husbands or wives never knowing that...
Bedlam was the skeleton in the closet. The more that insanity comes to be regarded by the outside public as a physical disorder, and like other diseases, requiring prompt attention, treatment the sooner will the afflicted be brought to the alienist for examination if need be for treatment, and the greater and more satisfactory will be the results of that treatment.

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