Thesis on the Treatment of Insanity by

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The Treatment of Insanity

I have chosen this as the subject on which to write my Thesis chiefly because I have spent a large part of my time since graduating, in becoming acquainted with lunacy at the Colney Hatch Asylum, and also on account of the great and ever increasing interest shown in the subject. The subject is one on which it is difficult to write much that is original, and this is all the more the case as my experience of mental disease is as yet limited; I have therefore thought it best to give a digest of the opinions of various writers, and to interpolate under the various heads of treatment some observations as to the course pursued by us at this Asylum.

The Classification of Treatment has been differently arranged by different authors. Buchanan speaks of it under these heads, i.e., The Moral, ii. The Hygiene, iii. The Medicinal.

Shelton: i. The Medicinal or Dietetic
ii. The Psychical.

Sankey: i. The Therapeutical or Physical.
ii. The Mental or Moral.
It is somewhat difficult, however, to apportion one remedial agent to one only of these divisions, sometimes a remedy may seem to belong to one, at another time to another.

I propose we consider the subject as follows:

1. **Prophylaxis.**

   That is to say, the prevention of the outbreak of insanity in the ordinary sane population, or especially in those of neurotic temperament.

2. **Treatment at the outbreak of actual insanity.**

   under this division we shall first consider.

   a. The most appropriate place for treatment.

   b. How an asylum; the requisite of a good asylum.

   y. Attendants on the insane.

5. Occupations exercise & amusement as aids to treatment.


   Electricity

Medicines.

The works referred to are:
1. Bucknill & Suter, Psychological Medicine, p. 634-764.
2. Crouston, on Mental Diseases.
3. Savage, Insanity and Allied Neuroses.
5.桑基, Lectures on Mental Disease.
7. Shepard, Lectures on Insanity.
10. Journals of Medical Science.

1. Prophylaxis.

In the American Journal of Insanity, for 1885, Dr. Gray of Utica says, "Preventive measures in connection with Insanity, is a wide field, which begins with the growth, development, and education of the child, up to maturity; and in his paper on "Hints for the prevention of insanity, he lays great stress on the important duties which medical men have to fulfill. The prevention of disease is daily becoming the first and most earnest attention of medical science in all its branches and departments; and the prevention of mental disease is clearly within the scope of the physician's highest aims, and for this purpose, the Family Physicians are favourably placed."
1. He must oppose with all his influence the generation of hereditary lunatics.
2. He must conserve by his care the bodily and mental health of pregnant and parturient women, thus providing that infants may be born with brains capable of some life.
3. He must watch during the tender years when the mind is forming, with marvellous speed, and indicate the natural laws which must not be broken without peril to the mental health, and advise against pursuits, occupations, and professions which may seem dangerous to doubtful mental stability.

If such great care should be exercised in behalf of the ordinary sane population, it is far more expedient when the object of the physician is to prevent the outbreak of actual insanity in an individual who is not heretofore insane, in more or less obvious danger of becoming so, and this condition is generally described as the "insane diathesis," or the "heurisii spasmodica." Writers on the subject do not all agree in their description of this condition; Maudesley describes a being who is obviously odd, queer and strange and generally eccentric in behaviour, such a being.
however Bucknill considers to be really of unsound mind and understands by the term, "a person who is of really sound mind yet who from constitution a fault is more liable than others to mental disease". He says, "for these moral treatment is the true phlebotomy, if left to run their course they inevitably mature into mental disease, & if the tendency be strong too often nothing can prevent their termination."

In childhood and youth moral discipline is possible; and we must decide whether home or school treatment is best, and if the latter whether a public or private school; rarely does a boy with the mumps do well at home. We must also be very careful of the physical health, on which mental health so much depends, by seeing that he has plenty of good wholesome food; fresh air and exercise; their studies should not be too severe or prolonged. Clouston says that very often such children are great flesh eaters, this should be stopped as soon as possible & milk and purineous diet substituted and he thinks such children should not take to study or to occupations that imply much brain work but that they
should go back to "nature and mother earth" and become farmers and colonists. It is during youth and early manhood these risks become intensified.

It may be necessary for such an individual to change his occupation if it is obviously unsuited to his temperament. He should practice self-control. Irregularly, says, "man has a great power of self-control of a healthy mind, but even if of the insane diathesis or for that actually insane, this power still exists. There can be no doubt that in the capability of self-formation which each one has to a greater or lesser degree there lies a power over himself to prevent insanity; not many persons need go mad perhaps—at any rate from moral causes—if they only knew the resources of their nature. How to develop them systematically," he adds however that their power of the will is the result of self-education. It can never be exercised suddenly by those who have never so disciplined themselves.

As Insanity is one of the most hereditary of diseases, marriage should be either avoided by those of strongly marked morbid diathesis or should be entered into with great care.
Bucknell says "the celebrity of the insane is the prophylaxis of insanity in the Place, and although a well-chosen mate and a happy marriage may sometimes postpone or even prevent the development of insanity in the individual, still no medical man having regard to the health of the community or even to that of the family can possibly feel himself justified in recommending the marriage of any person of either sex in whom the insane diathesis is well developed."

Intemperance in any form, which is another fruitful cause of insanity, should be avoided carefully. Mental anxieties, another great cause should be avoided by the wise cultivation of the mind and the formation of habits of self-government.

As an aid to prophylaxis it has been asked, should the threatened man travel? As to the wisdom of this, opinions somewhat differ. Bucknell says, as a rule he should not. Savage says it is very useful in some cases but a careful selection of fit cases should be made, the latter says it is good for young cases suffering from weakness bodily or mental, especially those suffering from mor-
bid self consciousness. Buckmill through
childish land travel speaks very
favourably of sea voyages; neither how-
ever should be attempted when there
is any probability of suicide or unprofit-
sue acts of violence.

II. Assuming that our efforts to prevent in-
sanity have failed, or that medical aid
has not been enlisted on our patient's
behalf, we have now to deal with an
outbreak of actual Insanity and we
shall now discuss the best mode of
Treatment.

When first called to see a patient of un-
sound mind it is necessary to decide
whether the patient can be safely and
satisfactorily treated without being
under certificates; generally relations
will sacrifice a good deal rather than
have their friends "made lunatics".
If he can be treated in his own house, if
he is only childish, not obstructive or
violent he need not be certified;
but if it is necessary in any way to
forcibly control his actions, or if
being of unsound mind, he is treated
in a stranger's house, he should be
under the legal restrictions of
certificates.
Having however decided that he ought to be certified, the next question to arise is: Where can he best be treated? This depends to a great extent on the patient means. If unlimited means.

1. If the patient has practically unlimited means, he need scarcely ever be sent to an asylum. A retired and suitable residence may be procured, a suite of rooms made safe, one or more skilled attendants engaged, even a resident medical man be provided and any required amount of consulting professional attention. This is especially useful in acute cases of mania and melancholia in which the patient is so much occupied by delusions and maniacal emotions that he does not know whether he is at home or elsewhere; he is successfully treated with the social advantage, frequently misguided but sometimes very real. If not having been treated in an asylum, and in any case the patient and his medical adviser will be better pleased after recovery if the treatment has been carried out without his being sent to an asylum; even in the case of rich patients however an asylum may be the most appropriate place for treatment.
B. If patient possesses only moderate means
1. He may travel with a companion who may with advantage be a medical man.

This is undoubtedly most useful in many cases, but quite the reverse in others, accordingly a careful selection of fit cases should be made.

Savage recommends it especially for young cases, especially those suffering from morbid self-consciousness or with hypochondriacal tendencies, also in cases of adolescent virility.

It is not to be chosen in cases of General Paralysis or when the cause of the break down has been Aplasia.

Sea voyages are useful when the physical state of the patient precludes active exercise & when there is no tendency to suicide or impulsive act of violence, hence it is useful in mild cases of hypochondriasis & when long mischief is threatening or in dyspeptic condition with loss of tone.

II. He may be treated at home

This is only suitable in cases in which there is hope of speedy recovery, & where there are judicious friends & sufficient space. It is often successful & appropriate.
when Insanity follows fever, or is due to childbirth, also when due to drink. In all these cases however the patient's means though not unlimited should be sufficient for the purpose.

III. He may be treated in the family of a stranger, or what is called "Single care".

This is useful in the case of new-born boys who are likely to suffer from the surroundings of a mixed school.

Epileptic children too are better educated in private houses, & often away from other children.

A patient in the last stage of General Paralysis may also be so treated.

But in the case of patients suffering from hallucinations and delusions, a private asylum or hospital is to be preferred.

IV.

He may be sent to a private asylum or an hospital for the insane, if unable to pay for the benefit, such institutions he will be sent to his County Asylum.

Spitalia says that there are three important questions to consider as regard the necessity for Asylum treatment, & enumerate them as follows—.
The safety of society:

1. The patient may commit homicide.
2. The patient may commit arson or incendiaryism.
3. The patient may make delusional or false charges from malicious motives, against others, to procure the punishment of innocent persons.
4. The patient may destroy valuable property.
5. The patient may make indecent assaults or scandalous exposure of their persons.
6. The patient may propagate his disorder.

The physical and financial safety of the family:

1. The patient may injure any member or members of it.
2. The patient may squander their property.
3. The patient may develop mistrust against members of the family, becoming the instruments of designing persons to inherit or rob those who are naturally dependent on him.
The interests of the patient as an individual.
The patients may be dangerous to themselves.

1. On account of suicidal inclinations

2. Through the occasional tendency to self-annihilation.

3. Through the continuance in a course of conduct and excesses which are calculated to intensify and prolong their malady.

The same author enumerates the following advantages of Asylum Treatment:

1. Refusal of food and medicines—the great obstacles to the treatment of the insane outside asylums—are best dealt with by a skilful corps of physicians and attendants always on the spot with the necessary appliances at their disposal.

2. The necessary supervision of their insane at all hours can be carried on with the least expense and greatest thoroughness in the asylum ward.

3. The propriety of the patient in an asylum, the continual reminder of its which the restraint of its
wants is to have something that he is considered insane—whether he believes himself
the so or not—is in many cases a
far stronger incentive to a kind of reflection which leads to the correction
of delusions than any drug.

4. The excessive and dangerous use
of narcotics, calmatives and restraint
necessary for the purpose of preventing
scandal in the neighborhood, or
more destructiveness at home, can
be dispensed with in an asylum.

We have now decided that an asylum
is the best place for the patient, we have
now to decide on the institution fitted
for the purpose. (In the cases of paupers
there would of course be no question of choice
as the patient would be sent to his own county
asylum). The term asylum may be used
to indicate:
* Hospitals for the Insane
* Private asylums or licensed homes
* for the upper-middle classes,
* for the poor—local county asylums.

These are certain required for
a good asylum.

1. It should contain a certain number
of patients, the number not being
less than 50 and it may advan-
tageously reach 200.

The advantages of these will
are:
A certain number is necessary to establish that system of method and discipline which forms a great part of the curative influence of asylum treatment.

2. It renders "classification" possible; the proper arrangement and grouping of patients in an asylum Bucknill considers a most important part of treatment.

3. The person who rules the establishment should always be resident in it, and should be a medical man. This is always the case in public asylums and hospitals for the insane. It should also be so in private asylums.

3. As regards the Asylum itself; as it must always be to a great extent a prison and a perpetual one for incurable patients, the ought to be provided with the means of living in it as happily as possible. It should therefore be wholesome, spacious, and cheerful. The locality should be good, the house well adapted to its arrangements to its special purpose and the surrounding grounds ample and attractive. It should not be situated within the crowded and
and dirty suburbs of a large town, whose depressing influences of atmosphere, outlook and associations cannot fail to have a bad effect on the feeble health and susceptible nerves of many insane persons, neither should it be so remote in the country as to be inconveniently distant from the amusements, interests and conveniences of towns. It should be on a porous and well drained soil and be well supplied with good water. The house itself should be spacious, airy, well lighted, well furnished, not overcrowded and well provided with baths, lavatories and water closets with various means of recreation.

One of the most important requisite for a good asylum is a thoroughly efficient staff of attendants. Bucknill remarks—"They are more than nurses of the sick, they keep watch and guard, are the instruments of order and discipline and to a great extent the active agents of moral treatment. The requirements we make upon their patience, endurance, temper and health are so great that their service when thoroughly good are well nigh invaluable."
They ought to possess robust health, good intelligence, sound courage, fair education, conscientiousness and what Bucknill calls "an open temper" or "contradiction borne with viscid dignity, amenability or meekness or phlegmatic apathy.

Blandford says "a good attendant is a treasure beyond price but it is not within the power of everyone, whatever the desire to have a good attendant: "nec situs, non fit." We should select with the utmost care those to whose charge we are forced to commit the insane, should watch them with unceasing vigilance, remove those who by constitution and infirmity of temper or weakness of health, are unfit for the arduous task, retain by ample pay and reward, the by relaxation or indulgence those we feel to be faithful servants."

Sankey says the chief essentials are perfect command over their own conduct and expression. A patient with delusions, or irritation, or for no apparent cause at all may accuse, vilify, invent the most specious tales against the attendant, who must learn to hear such, without showing the slightest resentment, not only without showing it, but without feeling any; and is-
specially without answering the patient. The number of attendants should always be ample, so that, when it is necessary to restrain a refractory patient from doing harm to himself or others, an attendant may be able to summon aid and not be obliged to act singly.

As regards the class of people from which it is best to obtain attendants, Bucknill says that men who have been educated in a different school rarely make good attendants, such as old soldiers, etc., also that men of better social rank are generally failures because probably they have already failed in their own line of life; he recommends the establishment in private asylums of two classes of attendants, namely, a class of gentle-man and lady attendants and a sub-class of menial attendants; this he says would probably be found very beneficial in these institutions as we often find better class patients dislike being under the authority of their social inferiors.

In November 1883 Dr Campbell Clark of the Glasgow district asylum read a paper at the meeting of the Medico-Psychological Association on "The Special Training of Asylum attendants."
Seven years previously Dr. Bowdler read a paper on the question of getting, training and retaining the services of good asylum attendants.

This is undoubtedly an important subject for the consideration of asylum Physicians.

Dr. Campbell started a course of lectures and ward teaching for the benefit of the attendants and was very well satisfied with the result, he says he was astonished at the greatly increased interest and zeal shown by their work, and advocates an extension of the system.

In conclusion, we must endeavour to get the best raw material possible & manufacture out of it the asylum attendants possible, to do this we must cultivate in attendants the two great mental qualities of observation and-kindness, we must also endeavour to encourage them to be cheerful, and as regards"delusions" they should be taught not to refer to them and what is more difficult not to defer to them.

Occupation of Essecins. Amusement.

I shall now shortly discuss these three aids to treatment, and they naturally follow the subject of attendants.
on the wirem", as we have in great measure to rely on them in carrying them out.

1. Occupation. In the County asylums this term is synonymous with "Work", and all patients who are capable, are employed in some way or other. At the Colney Hatch asylum, one of the three county asylums for Middlesex, during the year 1884, the highest number occupied on the male side was 381, out of a possible 920, the medical superintendent on the male side remarks that, having regard to the mental and physical condition of the patients, this number probably approaches the attainable limits. The farm attached to the asylum gives employment to many, to others the Bakehouse, Kitchen and Laundry are fields for labour; the tailors, shoemakers, upholsterers' shops employ others. In private asylums occupation or exercise as above mentioned is what we understand by the term "Work" in public asylums. Bucknill says they are not the same thing, lack half the interest, the regularity, and benefit, and that compared with the paupers lunatic, the private patient is far more miserable, more unhealthy, less likely to recover, he eats more, & works less.
But all. Pankey recommends photography as an admirable resource for men; the rearing of poultry, rabbits, etc.; the making of light articles in wood, as cases, boxes, etc.; even embroidery & needlework as occupation for gentlewomen. Blandford says "we should vary our mental exercise and occupation, some brains require to be fallow, for these we recommend a course of Pickwick; others require harder mental work. he says, he has found no work so suitable as the study of new languages, it is intellectual without being emotional and does not require a great number of books or much assistance; this statement I can confirm from my experience here where a few of our more intellectual patients have occupied themselves in this way. Drawing and water colour painting should be encouraged in all who have the very slightest intellectual artistic leaning,” one of two of our patients at Colney Hatch show great talent in this respect; then again if they show great eccentricity in their productions find an endless source of pleasure in their work.
Amusements.

Outdoor: at Colney Hatch the patients play football in winter, and cricket in summer, I take walks in the country.
Indoor: we have during the winter months weekly dances, also various dramatic and musical entertainments. Of these Buchanis says "I have considerable distrust if they are large, ostentatious or in any way public." He however strongly recommends that more should be done at Private Asylums, that patients should be enabled to indulge in cricket, boating, fishing, riding, etc. He says in concluding the subject: "We do not say that accidents never happen in these pursuits which we recommend though we have never known one. A constant benefit may well be purchased cheaply by a rare accident. But in fact accidents do not come in this way well watched liberty with enjoyment is far less perilous than the weariness through apparent safety of restriction and monotony. A lunatic is far more liable to commit some violent act on himself or others on account of the memory of a worse time existence, than in breach of the confidence, which is reposed in him for that purpose, well known to him of deceasing his limited enjoyment of life."
Restrain & seclusion.
This subject has, during the last few years, been very widely discussed, but for all that when the subject of treatment is being spoken of, it is impossible to entirely omit some observations thereon. Formerly the whole treatment of Insanity might have been summed up in these two words, now a day we endeavour to do without restraint and seclusion—only use them when we consider absolutely necessary. Pinel was the father of the Modern Treatment of Insanity, and in his work on that subject strongly denounced the old barbarous plan of procedure, he refers to the dogma of Celsus that when a madman has done anything outrageous, he is to be coerced by hunger chains and stripes; also to the Van Helmont plan of keeping a patient under water until he was nearly drowned in order that his extravagant ideas might be destroyed. All the old severe treatment or rather punishment of the Insane has been abolished at any rate in this country; Restraint and seclusion when employed as a means of treatment are always restricted to those cases which seem absolutely to require them, and some Alienist physicians refuse to employ them under any circumstances.
Clayton, in speaking of acute cases of mania in connection with this subject, says: "The
by far the majority of instances such mechanical restraint as used to be employed in this country,
and is still employed elsewhere, by strait
jackets, gloves, straitjackets, etc., cause such a feeling
of degradation, irritation, and resistiveness
that the good effects of any actual conserva-
tion of force by restraint is in my opinion
far more than counter-balanced. No doubt
there are exceptions to all rules; I have
seen cases where restraint had to be applied
to prevent the patient exhausting or
hurting himself, but they are amazingly few
in a well-equipped asylum, with large
grounds, a farm, good attendants and
plenty of them and a padded room.

Sheikha, an American Author says: "There
is no doubt that this means of controlling the
insane has been pushed to an extent unwarranted
by the emergencies of the case. On the other
hand it must be admitted that the agitation
against restraint has overstepped the limits of
legitimate criticism and reform. That there
are some subjects who require restraint
has been abundantly proved, and they
are better off with than without it. The
demonstrations of a novice superintendent
who burned all his restraint apparatus
as soon as he took charge of his asylum
was followed by the accumulation of black eyes, broken noses, and other minor surgical accidents as well as by several suicides.

On the whole probably in America more recourse is had to restraint than in this country, though some alienist physicians there have adopted the "no restraint" system to the fullest extent; some of those who do use it consider that the type of maniacal disease is more persistent in America than in England and that restraint is more necessary. Sheffield, a former medical superintendent of this (the Colney Hatch Asylum), says: "I am one of those who—as humane I trust—other alienist physicians—think that much evil has resulted from a too rigid adoption of the system of non-restraint. I am almost prepared to endorse the statement made long in his own asylum—one of the best conducted in Germany—by its physician and medical superintendent: "you have a monomania in England my dear doctor & it is called 'non restraint'. Formerly patients were restrained in a most reckless and undiscriminated manner to save trouble. They were neglected because they were restrained; but in the exceptional cases in which restraint is now practised they are restrained in order that they may not be neglected. It is to neglect them if we fail in adopting
those measures which meet the requirements of safety and order."

Sankey says: "How restraint is now the rule throughout England. Moderate restraint I am told liniers here and there in some private establishments. The system of iron restraint not only means the non-employment of mechanical means to confine the patient, but the general abolition of coercive measures whatever, such as punishments of all kinds, the use of threats, stern conduct or anything like overawing the patient by language or demeanour. And it means the opposite of all this, or gentleness, patience, and forbearance, and the more these are cultivated in an attendant, the more influence he will possess for good with his patient."

Buchill says: "as a rule mechanical restraint should never be employed except in surgical cases, often occasionally however it may be necessary. Where recourse to it in patients with confirmed suicidal tendencies, and for those who in their violent maniacal outbursts are a source of danger to others; but in my opinion Seclusion differs widely from Restraint in its capacity for beneficial employment. Restraint except in cases so rare that they may be left out of consideration, is always an unmitigated evil. Seclusion wisely employed is often an important
valuable Remedy. Seclusion should not be resorted to merely as a punishment for un-
proper conduct or as a means of getting
rid of a troublesome patient; but the extreme
irritability of some patients, the uncontrollable
fearfulness of others, and the reckless violence
of a few, during periods of Epileptic Ex-
citement are such that a removal from the
society of their fellow patients cannot be
withheld from them without sacrificing
their interests and safety. Attendants should
have the power to impose seclusion only under
the most pressing emergencies and only for
short periods until the medical officer can ar-
rive. Seclusion being a remedy should be
directed by the medical man solely, whose
care is to abstract from it every
punitive characteristic. It is a good plan to
exclude patients in the open air, if feasible,
and of course under observation. Seclusion Room
should preferably be light and cheerful Rooms,
furnished with means of occupation and amuse-
ment, where such rooms are unattainable
a vacant corridor, gallery or day Room should
always be preferred to the cramped space of a
single Sitting Room. Seclusion used as a
remedy should be made as agreeable as possible,
occasionally unostentatious but coercive to
prevent the welfare of the many from being
sacrificed to the passion of the few.
Dr. Cameron in a paper in the Medical and Physico-
logical Journal for October 1882, thus divide the
subject of restraint:

I. Mechanical restraint, or restraint by mechanical
appliances such as camisoles, wristlets, etc.

II. Chemical restraint, or the use of stupifying drugs.

III. Manual restraint, or the use of superior physical
force at the hands of attendants.

IV. Seclusion, generally taken to mean, putting
a patient into a single room at any time
between 10. am & 6. pm alone with locked door.

V. Cold Baths, shower baths, cold affusions,
the douche etc.

VI. Punishment.

1. The routine practice of restraint by me-
chanical appliances is a blunder of the part.
So much so that some mean say that no
form of restraint is necessary at any time,

but really the system of non-restraint
should be understood to mean the abolition
of all unnecessary restraint. It should
only be resorted to in surgical cases, or
merely only as a last resource.

2. It cannot be gainsaid that, by the use of
toxic remedies, noisy and violent patients
may be as effectually controlled for the
time being, as by any species of mechan-
ical apparatus. No bene ficial results
have been seen to follow the continuous
use of sedative drugs, and it is extremely
doubtful whether the systematic use of these remedies are ever productive of good.

One of the most powerful drugs of this sort is Hypomyamine, although not phialic Fluorine, comes under the same category.

III. By kindness and firmness on the part of attendants, most excitable patients are calmed down without there being any necessity for special recourse to restraint. But physical force at the hands of attendants is not always the advocated. Their function in these respect-ces cases when patients are so violent and unmanageable that attempts at personal re-straint might be fraught with danger either to the patients or to keepers. Struggles between patients and attendants should never be permitted; they are unseemly, have a baneful influence on the other patients, and are a fruitful cause of many deplorable accidents.

IV. Seclusion.

Frequently this has been found to act in a most beneficinal manner. When a struggle with a very violent patient is inevitable, it should not be continued through by the aid of two or more attendants. The patient might ultimately be overpowered, but recourse may be had to seclusion. This is often necessary in recent acute cases, also in paroxysms of acute recurrent manic epilepsy. Often unnecessary to lock the
door, the patient lies quietly in bed who would behave in the most violent manner if allowed to associate with other patients. This is especially noticeable in Epileptics. In the cases mentioned seclusion is a positive good whether regard be had to the patient himself, the other patients, or his attendants. The seclusion room should be of ample cubic capacity well ventilated, and generally lighted. A padded room may on rare occasions be an advantage, as being calculated more efficiently to prevent self-injury. It is generally better to avoid the use of a lock and key, and if necessary to deprive the patient of the power of leaving his room, an arrangement can easily be made whereby the door may be opened on the outside but not from within.

Cold Bath. We have in these a powerful means of restraint; it may however be attended with serious danger, and should probably be seldom employed.

Punishment. On the principle that all lunatics are not entirely devoid of self control, punishments as a mode of treatment is occasionally recommended. During the year of 1883, at the Colney Hatch Asylum, mechanical restraint was used in the case of 10 men and one woman; four of the former wore, for surgical reasons, strong canvas shirts with arms enclosed or locked grous;
In one case in which the operation for strangulated hernia was performed by my colleague Dr. Brumlow, the patient pulled out the stitches and hence restraint was necessary. Two were restrained to prevent self-injury, and two for destructive habits. As regards seclusion, seven men and twelve women were secluded. A few of the more dangerous men are secluded in short galleries where they have plenty of room to move about for short periods of time when they are at their worst, and would fight freely with their fellow-patients had they the opportunity.

**Forced Alimentation.**

Under this heading we shall discuss:

1. The cases in which it is indicated.
2. The various modes of feeding.
3. The nature of the food to give.

1. Buchanil says in cases of acute delirium you must begin to feed almost at the first outbreak of the disease as it is questionable between feeding and dying. We advise delay only in those cases in which there may be reason to expect that refusal of food is dependent on a foul state of the psyche. In general the decision as to the time when forcible feeding has become needful
will depend on not only the degree of inanition but on the balance which exists between the degenerative exhaustion and the alimentative repair of the tissues. In acute delirium the exhaustion is rapid; in lunatics with delirium causis refusing of food it is as slow as it would be in healthy people, the latter may be safely allowed to feel some of the pangs of hunger before forcible feeding is had recourse to. In the majority of cases however the golden rule is to feed early and to feed abundantly.

Tschik sav. Melancholicai, general paralytics, and mononomaniac labouring under delirium of persecution will frequently refuse food fearing that it will injure them (Sinophobia). While patients in atonic and stuporous states are simply unable to eat. Sometimes maniacal patients refuse food but generally only for a short time. When a melancholic refuses food the rule is to compel him to take it forcibly. With maniacs, mononmaniacs, general paralytics temporizing is advisable because these patients usually resume eating voluntarily, and for the additional reason that their anorexia is often due to a gastric disorder which can only be favourably affected by rest of the organs. With many Sinophobic patients it suffices to lead them to the table, to put the utensils
for feeding in their hands, or feed them with a spoon. With a large number of melancholic and monomanics with irrational delusions of commands to abstain from feeding, it is necessary to feed alone, temporizing admissible under other circumstances, would here be injurious. Particularly in melancholia, the nutritive disturbance is so great that not a day should be lost in waiting—frequently in vain—for a resumption of physiological habits.

II. The various modes of feeding.

These may be enumerated as follows.

I. By means of a spoon, either according to Williams' plan, or by the method usually followed by attendants.

II. By the nasal tube.

III. By the mouth, either with a tube until a funnel, or with the ordinary stomach pump.

IV. By the rectum.

Shiha says: The most simple and most readily extemporized apparatus for artificial feeding is the stove, esophaged tube with a funnel attached to the upper end, the advantage of the funnel over the ordinary stomach pump is that less pressure is employed that the apparatus does not appear as formidable to a suspicious patient, and that attendants if feeding should be seen.
trusted. They will not be tempted to omit strain-
ing the food. The stomach pump permits the
operation to be done more rapidly, and with
obstruction caused by a blocking up of the
tube, may be overcome by force. It should be
recalled that nausea and vomiting are
likely to occur in case the food is introduced too
rapidly. As regards the operation, the tube (well-oil)
may be passed through the nostril, or through
the mouth with the aid of an oral speculum.
The latter should be of strong make. In passing
the tube backwards, the index finger of the
other hand should be used as a guide, the
possibility of its entering the tracheal
passages should be borne in mind, this
accident produces coughing, straining,
and cyanosis, the two former warnings may
be absent in general paralyses with
laryngeal anaesthesia. Coughing and straining
may ensue through irritation of the pharynx,
even when the tube is passed properly but
in this case there are never any respir-
atory noises produced in the tube, res-
piratory noises may occur when the tube
is properly passed by escape of gas from
the stomach. Whether fed with a tube or
with the stomach pump, the patient should sit up
if he is very obstructive a restraining chair
will save the patient much needless muscular
excitation, the physician much trouble, and
diminish the chances of doing any injury. In case the esophageal tube is passed along the floor of the nasal cavity, it is apt to encounter a resistance which is pronounced in the posterior pharyngeal wall caused by the bodies of the cervical vertebrae. Tube recommends throwing the head of the patient back when the tube reaches the posterior base, for the tube having been bent a little to aid facilitate its downward passage; then at the moment when it is about to glide down into the esophagus, when there is a risk of its passing into the larynx, he advances the head tube brought forwards and downwards so as to send the point against the posterior wall of the pharynx. After passing the upper end of the esophagus, the tube is usually swallowed as it were and glides down without further difficulty into the stomach through the action of the constrictor muscles. At least 16 inches of the tube should be allowed to pass down before raising the funnel or using the syringe. Some patients are awful in resisting forced feeding, learning to use their abdominal muscles in such a way as to compress the stomach and cause the food to regurgitate. This generally insist in cases of acute melancholia but in monomaniacs with certain delusions, patience and a judicious denial of certain privileges will be necessary to prevent the patient
from carrying out his project of self-starvation. It is often found that the sight of
the feeding apparatus, after a patient has been fed several times is enough to induce him
to eat. In coma or stuporous patients it
should be resorted to at least 3 times a day
and if possible once at night. The nutritive line
is something enormous in these cases, it is the
duty of the physician to fight the foe for
every ounce of body weight, as it were; in
other patients twice a day is sufficient.

Hammond an American author says

"The patient, whether male
or female, if they have any particular whim
as regards their food such as taking it from
one person and not from another, or not
liking some particular kind of food, if
possible give way to them. Shove the
funnel to a stomach pump as the food
need not be so liquid, no values being inter-
fered with, there is the same objection to
the nasal tube on account of its small calibre;
whence if necessary should be over-
whelming so as to prevent struggles and
consequent bruises.

Sankey that after trying all other
means should we apply force; that he
has generally been successful with stom-
aching for women, but for men the
stomach tube is necessary."
Clouston. "If persuasion, a little starvation, and fresh air and exercise do not make them take their food, a patient will frequently masticate and swallow it when it is put into their mouths. If the patient will not swallow the simplest and most available of all apparatus is the about 6 inches of an indiarubber tube and a small funnel, the tube to be well oiled and passed through the nares to the pharynx. If the food is then passed down, an unnatural patient learns to expire when the food is passing into the oesophagus and blowing it out of his mouth. Then you have a longer slender elastic frayed rubber tube into the oesophagus, this implies no forcible opening of the jaws will succeed in many patients. But if the one fails we must pass the tube by way of the mouth. For forcible feeding have plenty of assistance. Take care the patient does not set up and tickle the throat and vomit the food after a meal.

Buchan. I prefer, when it becomes a question of passing tubes at all, the oesophagus to the nasal tube; with small nostrils and an aquiline nose, the nasal passage may be difficult; and as regards the mouth a strong set of strong teeth firmly clenched may be difficult to pass; but after all either the stomach pump or nasal tube or any modification of these instruments are only of
very rare and occasional value. A great many patients can be fed without or against their will by spoons, pap boats, etc. I recommend for mindless patients a pap boat with an air tube controlled by the thumb so that the food can only flow when the thumb is removed. For patients who resist, a large medicine spoon with an air tight lid and also a thumb tube.

Blandford. pap if I had to choose my method of feeding, I should prefer the ordinary tube as passed into the esophagus from the mouth; many advocate the "spoon method" but the object is to get the length of time it takes, and less of strength incurred by struggling. I resist during the attempt at feeding with a spoon.

Dr. Williams feeds with a spoon with the aid of three attendants; the ordinary attendant mode of feeding is - Place the patient on his back, support his head, hold it between the knees, force open the mouth & keep it open with a "sucking stick", pour in a mouthful of liquid and hold the nose till it is swallowed. Take in a paper in the 4th Vol. of the Journal of mental science prefers an esophageal tube passed through the nose and reaching the stomach; he speaks very strongly against the plan of forcible feeding by a spoon or funnel.
he says, it is not only the violence, that must accompany this mode of feeding, that objects, but much it must sometimes be an exceedingly painful operation: it also involves the medical attendant in a sort of personal contest with his patient. He objects that an ordinary stomach-pump tube, unless an oesophageal tube about 17 inches long, made of elastic gum, like an ordinary catheter, and the size varies from those to big medical catheter; one of these he passes down through the mouth into the pharynx, if the patient will open his mouth. If there is recalcitrance and the mouth is obstinately closed, he sends a tube adopted the size of the nostril, without any stilet but well oiled along the nasal cavity, and so into the cavity of the stomach.

At Colney Hatch, on the male side we used a large strong chair, with a series of straps by means of which the patient is firmly secured; the shape of the seat of the chair is a double inclined plane, the head is steadied by an attendant who opens the mouth with a wedge, the teeth are then kept apart by the same attendant, and the medical man places the ordinary stomach-pump tube, the food being injected by means of an ordinary stomach pump or by means of a funnel; we rarely have any struggling on the
part of the patient after he has been firmly secured in the chair as he feels the utter uselessness of doing, sometimes it is somewhat difficult to keep the head sufficiently steady while introducing the tube but generally this difficulty is overcome.

On the female side of the asylum the patient is seated in a chair and if necessary restrained in movement by attendant but there is no doubt there is far more likelihood of bruises when this done, & there is great difficulty in keeping the patient steady when several attendants are occupied in restraining.

The patient's movements, also it is probable the patient is more irritated by the manual restraint of attendants than by that of the strap which so effectively control his movements. We find the stomach tube passed through the mouth less irritating to the patient than the nasal passage.

There may be a certain amount of difficulty in passing the tube even after it has reached the esophagus on account of the unhealthy condition of that passage, which may be inflamed & red obstructed by a quantity of mucus. As regards the class of patients in which we find it necessary to feed, a large majority are melancholics and in these cases we
generally feed immediately, as the bodily health is so much impaired that it is unsafe to wait, though the tongue may be foul & the breath offensive, we then generally give a small dose of a mild aperient with the food; we are often obliged to feed these cases for long periods. We also have to feed patients suffering from other forms of invalidity, sometimes it is wise to wait a day and then the patient gets tired of fasting and takes his food again, or often one or two applications of the stomach pump are sufficient, sometimes it may only be necessary to show the patient the apparatus & to induce him voluntarily to swallow the food prepared for him just as if he were eating. Some general paralytic in the later stages of the malady, & demented patients will not take any food of their own accord, but will swallow it quite readily if it is put in their mouths. It is certainly advisable in these cases that the food should be quite soft as though they will swallow they will not masticate their food. In some few cases in which the patients were so weak as to show signs of fainting when being fed, & when vomiting has been incessant from organic disease of the stomach we have found it necessary to feed per rectum.
In a paper in the Journal of Mental Science on Rectal feeding and Medication, freighted in the Journal of Mental Science on Rectal feeding and Medication, it is stated that "Rectal feeding is appropriate in cases where normally the food is refused or the swallowing of it is unsafe and inefficient, but also the stomach tube excites vomiting or suffocative sneezing, or the food regurgitates with danger of entering the air passages, or vomiting and severe gastric symptoms occur, or the patient’s resistance endangers life."

In using nutritive enemata:

1. Alcohol should not be added to albumenous food.

2. If necessary, the bowels should be previously cleared by a purge or aperient elixir, or a daily copious cleansing elixir is required in some cases.

3. The bowels may have to be rectified, but we must persevere though the first attempt fails.

4. Where it is apt to return the patient, best position is the back or the left side.

5. The amount injected may with advantage be small at first gradually increasing up to once or twice a day from two to two ounces.

6. If foods are expelled, we may try taking a plan of depositing them higher up in the viscera by means of elastic tubing and a funnel.

7. Plugging the anus is often necessary.

8. The kind of food used should be pre-
reconstitute before being passed into the bowel, as probably the action of the bowel upon enemata is chiefly absorptive; the enema's being milk, liquors pancreatics (Binger) & Bicarbonate of Soda.

The nature of the food given by the tube. Savage recommends milk, eggs, milk thickened with arrow root, beef tea, mutton broth or one of the meat extracts & half an ounce of Brandy or equivalent stimulant with each meal.

Blandford says, given that the feeding tube be not too small, the food need not be mere liquid but may consist of a custard of eggs and milk, or a mess of finely pounded meat or beef tea thickened with potato or flour, there should be an adequate quantity of pharmaceutical & vegetable material. Brandy, wine, eggs and medicines may be added at discretion.

Spilka says the food used should always be strained and never be used at a temperature much above or much below that of the body. Milk, yolk of eggs, dry wines, milk punch, beef juice and hydrolyte are appropriate as food.

Clopton gives at first and for a time at least a liquid custard of new milk, cream, and three or four eggs flavoured with a dash of nutmeg & sherry; if feeding is late...
long continued, the best way is to have a big mortar and pound into a liquid form with
beef, tea, the ordinary diet. Beef, mutton, foul and fish, together with vegetables of
all kinds, can in this way be readily liquified. Always add \( \frac{1}{4} \) lb. of sugar to each meal
and feed twice or thrice a day.

At Colney Hatch, we give a mixture consisting
of 2 eggs, 2 oz. whisky, 1 pt. of milk, and lettuce
extract twice a day; often we find it
advantageous to give some linseed paste and
a little quinine with milk and beef, tea.

Electricity. Opinions as to the therapeutical
value of this agent in the treatment of in-
sanity vary greatly.

Shelto says that quite extravagant have been
based on the alleged curative action of electricity
on insanity. Electricity can have from the
very nature of the case no specific effect on in-
sanity. Its applicability is limited to those
forms in which there is simple atony as in
stuporous insanity, and to those which are
associated with organic and functional
disease of the nervous systems; in the latter case
the ordinary rules of electric therapy apply. In
stuporous insanity, its effect is to stir up the
patient; but we must be very sure of our diagnosis
before applying it, and not confound atonic
melancholia with the above; as it would probably
prove additional delusion of persecution.
Dr. Allbutt of Leeds, as the result of his experiments, concluded that cases of acute primary dementia were most benefited by the electric treatment; that distinct improvement but to a less degree was observed in mania; melancholia affinita and perhaps recent secondary dementia; that no change was noticeable in chronic dementia and in some cases of melancholia, and lastly that the result was unfavourable in hypochondriacal melancholia and perhaps brain wasting. Dr. Newth of the Sussex asylum gives the results of its application in 15 cases, of which were cases of melancholia, one of acute mania, two of mania, one of dementia, one of progressive paralysis, and one of locomotor ataxy; he thinks that in these cases where there is want of tone in the nervous system, the continuous current has in the majority of cases a most marked and beneficial effect; he also considers that an almost unerring guide to the probable result is the state of the pulse after a few applications; if it increases in force and frequency there is a great chance of the treatment being successful. Dr. Beard of New York says that electricity, in any form acts as a stimulating tonic, with a powerful sedative influence, and an agent for improving nutrition in any condition, local or general, where
improvement in nutrition is required, the result of his practice leads him to think that the first tentative application should be very mild. The strength of the current and time of the sitting being increased as the patient is able to bear it. And we must not look at the immediate result only, but must watch for the permanent effects that are observed after weeks or months of treatment. Lowenfield proves by experiments that the circulations within the cranium can be influenced by the application of the interrupted current. It can be easy when transmitted through the moistened hand laid on the head produce great relief in intense headaches; it also produces good results in neuralgia and sleeplessness.

Clouston mentions its use as an aid to diagnosis in "Feigned Insanity." He also has made use of it in "Secondary Dementia," and in Insaneclioc of Attonita.

Buchan has employed it as a treatment for the spine for "Meningioma." Dr. De Watteville wrote a most interesting article in the Journal of Mental Science for January 1895, he first discusses the instruments for applying it, secondly the principles which followed in its doing, and says in conclusion: "It has not yet been
tried on a sufficiently wide scale to furnish us with data necessary for determining the forms of mental derangement in which Electricalization is most likely to prove successful. States of depressed nerve action seem however to have hitherto yielded most successes. Certain sensory paroxysms beside hallucinations have likewise been stated to be amenable to appropriate galvanization. Symptoms of excitement indicate, if they do not forbid the application of galvanic treatment, that the utmost prudence is necessary. But it is obvious among those who are still hovering on the borders of insanity rather than amongst those who have for years pasted the limits, that the most fruitful field for electrotherapeutic activity will be found.

Baths. There are few secondary remedies more useful in the treatment of insanity than bathing, and there are few that have been more abused, from the time when Van Helmont proposed to drive insane ideas away by bringing patients to the verge of dissipation from the body, by immersion, to the present time when certain German alienist physicians treat their patients with the utmost severity of the douche. Sankey was at one time much opposed to the use
of the "Wet Pack," as he considered it a mode of mechanical restraint and simply a substitute for the discarded wet strait jacket, he thinks also that the shower bath has been abused, it being a remedy which may become punitive in its employment. However with proper precautions the benefits obtained from their use are undoubted.

1. The shower bath; the length of time for a shower bath should be outside three minutes, and this would probably be too long in delicate persons. It is chiefly useful for its tonic action in irritably nervous & hysterical patients & in some melancholic patients, but especially in case in hysterical conditions; in melancholia a daily shower bath is sometimes useful, even when the strength of the system is low, but the duration should be short from 15 to 30 seconds, the patient should be dried while standing in a pan of hot water; even if the bath be followed by shivering or a feeling of chilliness it should be discontinued. Blandford recommends a short sharp shower bath followed by plenty of friction in Dementia with phrenia; shower baths are not admirable in acute delirious mania, but they are sometimes useful when mania threatens to become chronic or when the earlier symptoms of dementia show themselves.
and the patient is strong and can react after the bath.

2. The warm bath, this either alone or in combination with cold to the head is a most important remedy. The simple warm bath allays irritation and promotes sleep, especially useful in recent half-acute cases of mania with irritability and partial sleeplessness; they are also useful in melancholia when the various secretions seem out of order, i.e., the skin harsh and dry and often yellow, the tongue loaded, the pulse soft and slow. The disease is of long duration. Pierre de Brissac introduced the warm bath combined with cold to the head; he advised to use for 10, 15, or even 18 hours, in cases of recent mania or melancholia with excitement; probably this is too long but it should be given for at least 2 hours at a temperature of about 92°F, if much longer or at a higher temperature there is a risk of syncope. Hamm and recommends warm baths at a temperature of 100°F for 5 minutes at bed time for cases of acute mania and melancholia, as to the combined bath warm with cold to the head he says the treatment may last a fortnight. The temperature of the bath should be about 86°F and may last 15 hours. Clouston in a case of acute mania has given baths at about 104°F with cold to the head, but the general.
temperature be within 9907, he says he has the highest opinion of its efficacy but unfortunately it is sometimes attended with danger.

Turkish or Turkish balsam are exceedingly popular with patients at least that is our experience at Colney Hatch, and we find them decidedly useful in melancholia with anguish dryshank and some forms of dementia.

The wet sheet or wet pack. Bucknill does not approve of this remedy from the resulting muscular restraint. Others however highly recommend it. Skirka in cases of acute manic and agitated melancholia; it should not however, he says, be employed if the patient's temperature is below 9807.

We have at Colney Hatch tried it in cases of acute mania especially in young subjects with varying success.

Medicinal Treatment.

In conclusion I shall shortly review the various drugs which are in common use in the treatment of insanity.

Skirka says it may be accepted as a dogma of Psychiatry that the leading morbid phenomena constituting insanity can be influenced by drugs in only very exceptional cases; as a rule they act indirectly.

Sankey says larger doses are requisites in the treatment of insanity chiefly however among narcotics sedatives tarmaine. 
Buchull says "true objects must be kept in view.
1. To obviate any general derangement or diseased condition of the system.
2. To remove the pathological condition of the system, brain, whether consequent or independent of general physical disturbance.
3. To treat urgent and dangerous symptoms.

1. Chloral Hydrate: Blandford says "this is one of the most valuable drugs we possess for the treatment of insanity generally." Its great use is to produce sleep which it does more certainly and less unpleasantly than any other drug. It should only be given for that purpose and not merely for quieting a noisy patient. Here give more than is necessary, endeavour to find the minimum dose sufficient for each case, leaving off the remedy after a time to ascertain the possibility of doing without it. It is often very useful in combination with other remedies such as Bro- mide of Potassium, in acute delirium, & with opium in melancholia. Frequently the addition of a stimulant aids its action. At Colney Hatch we give 3fl. at night with an ounce of whisky & 1/2 a Pint of Sago. The drug should be occasionally tasted to see that it is pure.

Dr. Saunders of the Devon county asylum found it especially useful in recurrent
manic-depressive insanity. The absence of sleep and great restlessness also impairs the melancholia. It is not followed, he says, by headache, loss of appetite, or sickness, nor does it diminish the secretion.

Bucknail says, 'as a curative agent I do not think Chloral can be compared with Quinain but as a temporary remedy it is superior. Clowston, though at first inclined to believe in Chloral, now thinks it has some decided disadvantages, that it has a subtle influence for harm on the brain when much given, by which the organ loses tone; he also says that he has seen two cases of insanity brought on by chloral.

II. Quinain.

The right employment of this drug in the treatment of insanity in some cases it does great good in others it is undoubtedly contra-indicated. It has been highly recommended as a prophylactic in threatening mental disease. As a rule Spatias are invaluable in mania so long as cerebral hyperemia exist - either alone, or in conjunction with general plethora. They are to be avoided in acute delirious mania of a Lithmic type, but are very useful in subacute melancholia in which there is great depression, want of sleep, loss of appetite, consequent refusal of food; as opposed to Chloral which is only a sleep compelling agent, this drug exert...
as well as healing influence. Blandford's
quin liquid morphine bismarcatis which
does not cause sickness or constipation. Dose
powder may be given, or solid quinia, or
Bartley's solution; in acute melancholia
when there is violence it is better to give
the drug subcutaneously, because they will
not take it and if endeavours to give it to
them are made much may be wasted in
the struggle; never give pills, patients hold
them in their mouth, if spat them out when
unobserved. Try sometimes quinia in the
less intense cases of mania. Suskey rec-
ommends strongly. S mật: Spiii.ii. Suet digita-
li max every four hours till the patient sleeps.
in the stage of great mental excitement
of general paralysis. C lown ton on the
other hands disbelieves in quinia for
melancholia he says after a series of care-
ful experiments he always found it cause
loss of weight & loss of appetite, neither hae
he had any good results from it in mania
and says it should only be given as a
temporary placebo, occasionally he gives
quinia for sleeplessness, but rarely for any
length of time. At Colney Hatch on the
male side of the asylum we generally have
recourse to chloral or a combination of Bro nicle
of Potasmin & Chloral & very rarely use
quinia.
Hyoscynamus and its alkaloid Hyoscyamine. The former is sometimes employed with advantage combined with Pot. Bromide; but I shall speak chiefly of the alkaloid which Blandford describes in the form of the Extract of Hyoscyamine of which may be given in doses of 1 gr. We have used this at Colney Hatch in several cases of noisy & destructive mania & with great temporary effect, but there seems to be no permanent benefit from its use; we give it in doses varying from 1/8 to a little more than 1/2 gr.

The effects produced are great prostration, loss of voice, dryness of the mouth & fauces & great dilatation of the pupil. Patients dislike the drug immensely. It has been objected to by some as being only another form of restraint (Chemical), & certainly it is most efficacious for the time being in putting a stop to motor restlessness & excitement.

Potassium Bromide. Clouston (Buchuill says) has not only shown the undoubted efficacy of this drug in the cure or amelioration of Epilepsy, but also its value as a narcotic and calmative by a series of scientific experiments and observations. He also has found that in the preliminary stages of Insanity before the symptoms have developed into decided
physical aberrations, when the symptoms are chiefly restlessness, sleeplessness, irritability & want of self control, the known of no drug equals it. As regards Epilepsy the drug is our Sheet-anchor. We should find out the appropriate dose for each case viz. the one which will saturate but not Bromide & give it regularly and steadily to epileptics. Clowton says a very good combination is 3½ each of Bromides of Soda & Potassium & ½ m. of liquid arsenical which often prevents the troublesome acne eruptions resulting from the use of the drug. It is also very useful in combination with other narcotics such as Indian Hemp, Hydrocyanic, Opium & Chloral; this latter combination in the form of 15 grs. of Chloral to 20 grs. of Pot. Bromide are safe at Colney Hatch with great benefit to chronic mania with excitement.

**Digitalis** is of use in controlling cerebral excitement & may be given in doses of from 3½ to ½.

**Cannabis Indica** in combination with Potassium Bromide tends to allay manicidal excitement often more effectually than other drugs or combinations of drugs. It is also recommended after an injection of morphia
when the latter causes vomiting.

Calabar Bean has been strongly advocated in general paralysis; our experience at Colney Hatch has not been successful.

Ergot of Rye is of use in some cases of Epilepsy.

Some are of use as an ordinary disease.

Purgatives and aperients are also indicated at times as in other disorders, they are special favourites with our epileptics however who always ask for a purge whenever they feel "queer".

The above is a mere sketch of the drugs used in Insanity and only pretends to give a short account of the principal drugs employed.