Asylum Therapeutics

1892

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West Riding Asylum,  
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To the Dean of  
The Faculty of Medicine  
University of Edinburgh.

Sir, I beg most respectfully to submit to you my thesis for the degree of Doctor of Medicine.

It is entirely my own work.

I graduated M.B., C.M. in 1836 and since that time have been engaged in medical and surgical practice for the last 3½ years, in this Asylum.

I have passed the examination in the necessary preliminary subjects.

I am, Sir,  
Your obedient Servant  

Alfred Turner.
Asylum Therapeutics

By the above title, I do not wish to imply on the one hand, that this dissertation will confine itself to a description of Hypnotic and Sedative Medicines — though they must necessarily enter largely into it — nor on the other hand do I purpose dealing to even a very moderate extent with General Therapeutics — albeit one frequently finds it necessary to explain that they do play their part in the practice of the Alienist Physician — I would rather the title were taken in its broadest sense — even if I have to allow some indulgence for the wide application of it — and would speak —

I

Of Medicines used in the Treatment of the Insane — To Combat Symptoms — such as are directly associated with their mental disease.

II

Of Medicines used To Combat Symptoms met with alike —
in the sane and insane.

III

I would speak of Atypical Administration—so far as it may be regarded as Therapeutic in its bearing.

I medicines used for the Treatment of symptoms directly associated with the Insane State—may be divided into—

Hypnotics
Sedatives
Medicines used in pursuit of so-called "Chemical Restraint" Medicines for Epileptics

Hypnotics are of the greatest value at some stage or other of the majority of cases of insanity.

In heart cases—used judiciously, they may shorten the acute stage—and go far to lessen the chances of death from exhaustion in prolonged cases of acute mania and melancholia.
It is in these cases and in the sleeplessness, restlessness, and mild excitement—that so frequently accompany severe cases, that the more recent hypnotic medicines are so thoroughly appreciated—for on the one hand they may be given in cases where the old hypnotics would be absolutely prohibited—and on the other hand they may be pushed to an extent that would not be permissible with the older drugs.

Their value must also not be lost sight of in dealing with chronic cases—for the morbid brain in these cases deeply needs rest—and the patient—that brief spell, which temporary inactivity brings: moreover in a large institution the condition of one patient during the night, often bears very directly upon that of many others.

Chloral Hydrate is still largely used and in cases where the bodily health is not markedly reduced, and there are no special contra-indications,
such as Heart and Lung disease - it is a very reliable and satisfactory hypnotic, given alone or in combination with the Bromide of Potash. For acute and chronic cases - where the patients are sickly, hot, and complaining, and often suffer from pain in the back - 15 - 30 gr. of Choral with a without 20 - 40 gr. of Bromide - as frequently as may be found desirable - may be given at bedtime with good results. In cases of acute mania accompanied by great violence and excitement, large doses of Choral and Bromide were formerly given - it is now more satisfactory to resort to Hyoscyamine or Atropine - and they may be made to serve the double purpose of Hypnotics and Chemical Restrainers - as I shall point out later on.

Bromides, except in combination with Choral, are but poor producers of sleep, and their action may be better described as sedatives.
Morphia is more used in small doses as a stimulating sedative than in large doses as a depressing hypnotic, and of course its analeptic properties call for here special mention here.

To turn to the more or less recently introduced hypnotics.

In Paraldehyde we have a most valuable medicine. It may be safely given in any case in doses ranging from \( \frac{3}{10} \) to \( \frac{3}{11} \) or \( \frac{3}{11} \); \( \frac{3}{11} \) usually producing the best results. The cases in which it is most particularly indicated are the sleepless and揭的. Whether the debility be the outcome of bodily disease, or old age, or both. Even in the somnolent state, that accompanies the sleeplessness of so many similar cases—it may be satisfactorily utilized. And though not reliable in cases of marked excitement, it may be of great assistance when the case will not admit of the administration of the more powerful—but
Comparatively dangerous drug.
To call Formaldehyde a stimulating hypnotic is to praise it highly—but not too highly—and is briefly to describe it. Its disadvantages are its unpleasant and abiding odor, and its extreme unpalatability. But in the insane the former is of little account, for it is reasonable to suppose that the general want of appreciation in the class of cases where the drug is most employed offsets it. Its effect upon the stomach would not appear to be prejudicial. The disease has been stated to have appeared.

Anyone might fairly be dismissed by saying that it is only similar to Formaldehyde—but probably not so strong—and more disagreeable.

Sulphonal is another safe and valuable hypnotic—but though safe it is not equally so.
paraldehyde in the belief that not infrequently follows its administration tends it desirable that the patient should be able to draw attention to symptoms. This is saying that it is an useful general hypnotic and it follows that its application to Asylum practice is best restricted to the numerous cases in which sleeplessness is a symptom along with many others, which the patient can explain. At the same time Sulphonal may be given with good effect in cases of mania and melancholia accompanied by restlessnes and sleeplessness at night; but the cases should be particularly observed and any signs of dizziness and vertigo regarded as unfavorable indications. I have frequently noticed profuse perspiration to follow the administration of Sulphonal, and I observe that Dr. John Grant of the United States Army has recognized this symptom to be followed by very marked
And serious prostration in debilitated cases. Sulphonamide is very insoluble and therefore somewhat difficult of administration, but it is tasteless. Its insolubility probably explains the delay sometimes noted in its action. Apparently it would seem in some cases not to act until the night after administration, in others it acts the following day. No doubt much depends upon the condition of the stomach at the time of administration.

From observation of a considerable number of cases—given upon an emptied stomach—I should say that it acts within a couple of hours as a rule, and produces sleep of from four to eight hours duration. According to the dose and class of case—thus given at 10 p.m. to a variety of mildly infected cases—it is followed by sleep from 12 - 4 or 6 a.m. whilst given in cases capable of appreciating the reasons for which it is
Administered - if frequently, produces 8-10 hours sleep. I need scarcely add that the cases quoted have been carefully observed - when having Sulphonel. And when not. 50-100 seems to be the desirable dose and it is easily given in milk.

Choralised has not appeared to me to possess any advantages over Sulphonel and after giving it a trial I have discarded it for the latter drug.

Hyoscynamine and Hyosceni may be used as Hypnotics - but they would never be chosen, when the desired end could be obtained by the drugs primarily named - and this limits them to cases of the most acute and violent type - and therefore cases as a rule Strensic - and it is to reduce the excitement - and avoid the subsequent excitement that their value is felt -
Their hypnotic action is secondary - and I purpose dealing with it subsequently.

Many other remedies might be enumerated, but my object is not to make descriptive remarks on the various hypnotics - but rather to describe Those which my own experience has found to be sufficient to enable me to cope with the varied variety of cases met with in Asylum practice.

Sedatives. By sedatives I would simply medicine used to allay the continuous excitement met with in some forms of Chronic mania; the excitement and distress which occur in cases of Melancholic Afflictions; and the delusions and excitement which are so frequent and serious an accompaniment - in cases of Senile mania and melancholia - and ordinary mania and melancholia. With considerable exhaustion therefore,
Bromide and Cannabis Indica

The familiar "green medicine" of Asylum wards is undoubtedly the most successful combination of remedies to produce a sedative effect in cases of chronic mania—where the symptoms are restlessness, talkativeness, mischiefiveness, and a tendency to annoy all around. This tendency to annoy all around matters little in the ward where the same symptoms are met with in many—where the effect of one patient on another is like the proverbial red rag to the bull. And when the symptoms throw themselves in harm's way, in and for the individual, must be treated for the benefit of the many.

Such cases calm down wonderfully and become quite respectable members of their own community under a mixture of Bromide and Hemp—\(2\%\) of the Salt and \(3\%\) of the Tincture of Cannabis Indica*. Often producing the effect desired—though much too or three times a day.
large doses may be given if necessary. Under this treatment it is not uncommon for a hotchpotch, restless, excited, annoying patient to become fairly quiet and manageable and of some use in the ward. The treatment may be continued for years and the patient's bodily condition almost invariably improves under it—certainly it is under the nature of the case changes—deteriorates. In prescribing the "green mixture" I prefer to add a little sh.-
Ammon. Co. or sh.-brandy. Rather than true calomel.
If this remedy should fail as it may in some of the more troublesome cases—where restlessness becomes extreme, mischievousness is destructiveness and excitement leads to violence.
Hyoscyamus may be given by the mouth in doses of $\frac{1}{32}$ to $\frac{1}{16}$ grain, one, two or three times a day. Under this drug, however, patients almost invariably lose their - it's
Action must be carefully observed, and its exhibition suspended from time to time. Hyoscynamine acts very reliably given in this way, and in this respect differs greatly from Hyoscine. I have given the latter drop in drop of 1/12 grain without any marked effect - and this is a very large dose when it is remembered that one rarely gives it hypodermically in doses of more than 1/100 grain. Whereas 1/10 grain of Hyoscynamine is frequently given in this way, and the same dose acts reliably, though of course not so rapidly or potently when given by the mouth. On the other hand 1/10 grain of Hyoscine is a dose nearly four times greater than I have ever given hypodermically - which this amount by the mouth may be given with little apparent effect.

To combat the symptoms met with in melancholic agitation is a much more serious and difficult matter.

In this form of insanity the mental
Condition is very painfully reflected by
the bodily appearance - Dyspepsia and
Constipation are frequently - almost
invariably - present; Suicidal inclinations
almost universal; and refusal of food
most common - So much the Combination
of Symptoms is most difficult - If the
Excitement accompanying the disease is
very marked, it may become necessary
To treat it as the main symptom -
And prostrated and quelled by the
Administration of Chloral and Bromide
in large doses, or Mepacrine and
Hyoscine in their doses - but only the
Stomach cases will stand this mode
of treatment.

If Nervous be treated to in These
Cases, it must be given in large doses
And its use is entirely different
from the one I purpose dealing with
Later on - In the one it is used
to produce mental rest - through its
effect on the body - in the other
through its direct influence on the
mind - When the Melancholic
The use of Opium in melancholia, it is not unaccompanied by excitement. There can be no doubt as to the value of Opium. The way in which the drug has become abused, and more particularly in recent years, has been hinted at by many public men. Working under high pressure—insufficiently explains its action on the brain of the melancholic.

In addition to this, it may in some cases exert a tonic effect. I refer more particularly to cases of melancholia with more or less stupor, where the peripheral—and doubtless the central—circulation is defective. In a state of semi-stupor:

A favorite method of giving Opium to melancholics is in combination with other herbs. Opium given in a dose of $\text{mg} \cdot \text{kg}^{-1}$, with or without herbs, doubtless is followed by good results in many cases; the patient becoming more cheerful, the loss of appetite returning, and the bodily vigor appearing; the bowels
May require attention — but non serious inconvenience from its use — need not be anticipated.

The Linum morphæa its characteristic may be given in doses of in XV — in XL it may be combined with the elegant, soluble, and miscible preparations of cholagogue tonics — how so readily obtainable — or Cassara Sagrada may be used — and a better tonic with Cardamom — Ginger or other Carminatives — may be added to complete the mixture.

With such a combination as this I have often seen the best results produced upon melancholics — with hepatic and feverish intestinal symptoms, and from patients fully able to appreciate the effect of medicines have had ample assurance of the benefit derived — In such cases Morphæa is a stimulating sedative — if such an apparently paradoxical term may be permitted — and it seems to be that it finds its best use in this direction — in acute practic—
In large doses as a powerful sedative or reliable hypnotic—it cannot compete with other drugs—and for purely pain-relieving purpose its application in clinical practice is not a special one.

In cases of delirium mania and melancholia with automatism— if the use of hypnotics does not suffice—the other drugs named, may be tried in such a manner as the special case indicates—but these are not the cases where drugs are of much service—Careful nursing and supervision must save the delirious maniac from the results of such a gross combination as restlessness and public rest, excitement and debility. And the delirious melancholic will also require personal rather than medicinal treatment.

In the same way, when a case of mania or melancholia has become haunted physically—
The sedatives which have failed to act—
this must be decided from—
the safe and reliable hypnotics used,— and
the rest left to careful nursing.

Chemical Restraint

When powerful sedative action is required—
when a patient is extremely, and
unreasonably, and dangerously, violent.
Some measures must be taken for
the safety of the patient and those
directly associated with him—
The case may be acute and recoverable,
and although the powerful sedative
medicines may be exhibited in these
cases— I must concur to a dose
It try them, until all other means
have failed— and this in view of the
excitement causing immediate— tripetic
danger by injury, or more simple—
by exhaustion— In such cases it
becomes our duty to try them—
otherwise a something within our knowledge
has not been made use of ; for
The benefit of the patient.
In the paroxysms of acute excitement occurring in chronic cases of insanity. The symptoms can be held and tamed by chemical restraint; and the continuous dangerousness, violence, viciousness, and destructiveness of a certain class of cases may be rendered more endurable if the moral energy be to some extent restrained; and it cannot be too forcibly pointed out, that in all these cases — the restraint so imposed is as much to the benefit of the patient as to that of others; in the patient who renders himself offensive to his fellows must be prepared to meet with retaliation on this part, and this may be brought with obvious results to the aggressor. For the class of cases I have mentioned and to meet the meaning of the term chemical restraint — as I use it — I know of only
Two drugs - Hyoscyamine and Atropine - Choral and Bromide may be used
aside as quite unsuitable for this
class of cases - in ordinary sedative
doses they are useless ; in large doses
they cannot be safely and
continuously administered , and they
do not produce the effect desired.
Mildian Hemp and Hyoscyamines are
of no use .

It is difficult in an attempt
to draw a distinction between a
Sedative and a Chemical Restrainor.
I say when the one action ends
and the other begins - but by
a Chemical Restrainor is meant
something more powerful than a
Sedative ; One could point to cases
of chronic mania kept below boiling
point by Bromide + Hemp - who
do a fair amount of work , and
an comparatively manageable ;
but where a Sedative medicinal is-
or any other medicinal - given
To produce what I understand by chemical restraint - the case would be of such a nature as to preclude all idea of producing the slightest effect by sedative action - and looking for the desired result - it would be a case in which the energy was great, and hopelessly misdirected, and required keeping under very strict control.

Hyoscynamine has for many years been recognised as a most useful drug - and it is a most powerful one; - hence that it may be used with safety and benefit - a very thorough knowledge of its action is necessary. It gives us a power which it is most serious to contemplate - and not to be exercised without a very thorough consideration of its extent.

Without entering into the physiological action of Hyoscynamine
As detailed in Works on Therapeutics.

I would say that it paralyses the ends of the motor nerves, and has a like effect in the brain. Though this may be preceded by diminution of activity of that organ. The condition produced being one of helplessness and stillness - the former almost invariably predominating and sleep usually following. The effect produced varies with the dose and class of case. I have seen a small dose followed by great stillness, creeping about, chasing imaginary objects, turning of somersaults and peculiar absurd behaviour - but under observation of a harmless nature;

A medium dose would produce unrest, panic and obscure the symptoms accompanying the small dose. But these might be enough delirium to prevent that;

And a large (medicinal) dose would at once produce the -
And I have seen a strong man after a very large dose (14 Drs. hypodermically) lie in a helpless, but apparently happy, though distinctly dead, state.

In a considerable time.

The effect produced varies greatly, not the nature of the case.

The above observations are made upon the insane - but very similar results are produced in the sane. When isolated doses are given as above; - but as it is Continuous Administration which is not likely to be tried except in the wards of an Asylum - the effect produced would appear to be - that the mater parvis contracts the excitement and renders the patient quick and tractable - and the slightest delirious excitement produced in the brain - already laboring under morbid activity - produces a state of Confusion which leads to Comorbid Mortal Guiltude - this condition
Of things it is of course not observed, if the paralytic action on the brain is at once and primarily produced. Hyperammonia given in doses of 1/20 - 1/6 gram. one, twice, or thrice daily to a patient who is restless, excited, quarrelsome, destructive, and utterly irrational - will considerably ameliorate these symptoms, and render the patient much more manageable. And these for much less a source of danger to himself and others.

Again, administered to such a case as above indicated, but where the will power is not hopelessly impaired. And self-control can be restored. It exercises not only a physical and central, but a moral effect. And rather than be rendered desirable and manageable in this way the patient being quite conscious of the effect produced and desired will himself strive to attain it by exercising self-control and thus avoiding the medicine.
This may not be an altogether desirable method - but in these days of dissemination of knowledge and popularization of medicine - it is unavoidable, and one must - at times accept the wished for health, however uncompenial the means by which it is attained.

The cases noted above sometimes require very prompt treatment in account of an exacerbation of maniacal excitement; or a case of acute mania or excited melancholy may be in danger of his life through the immediate effects of violent excitement or the more slow - of exhaustion.

To these cases Amylamine may be given hypodermically in doses of 1/20 - 1/10 Gram - or even in larger doses - and from this its action is most certain and reliable - that and sleep are obtained - critical periods are ended and lives may be saved.
For obvious reasons — when continuously administered the drug is best given by the mouth; and in those cases equally obvious, in Emergency cases the hypodermic method of administration is indicated for its rapidity and certainty of action — and because in an Acute limited case — any other method is often impracticable.

Hyoscine may be given under
and the same condition as
Hyosciamine — but in cases in
which I have felt justified in administering it — I have not found
it so reliable and Satisfactory
as Hyosciamine — failing the
results obtained in all cases.
I have tried it in a large
number of Acute cases and in
Continuous or occasional administration in Chronic cases — ( according as the excitement was Sub acute and
persistent, or Acute and intermittent)
in character; in which Hyoscyamine had been largely used and the conclusions I have come to are briefly—
its effect is not reliable, satisfactory, and readily estimated. Except when administered hypodermically, and this without apparent reason it utterly fails in some cases.

The degree of mouth, loss of appetite, tendency to diarrhea, and general disturbance of bodily functions are not so marked with this drug as with Hyoscyamine.

It has a greater tendency to produce sleep, and less, to simply allow excitement, and produce (a desirable amount of) prostration than Hyoscyamine—and if sleep is not produced—its use is ineffectual.

A dose of 1/100 grain should rarely, and only with the greatest caution be exceeded.
For these reasons I consider—

That it is of great value in cases of acute mania, and limited
Melancholia — and I have noticed several cases of the remedy of which I attribute to the fact produced by its use when their condition was critical. That it is not so suitable as Megamine to allay the excitement, quiescences, dampness, and destructiveness of chronic maniacs and general paralysis — because — quiescence — short sleep — seems difficult to attain by its use — and it must be administered hypodermically — and further its effect cannot so readily be estimated or reliably counted upon.

On one occasion I gave myself the pain of stroscin hypodermically — within a quarter of an hour I became helpless but restless, mentally active, but confused and dazed — I remember crawling to bed on my hands and feet — and I slept for ten hours; I was barely conscious of my helplessness — and
As I only allude to the fact that however much I desired I could not control it — so that the effect was unpleasant in the extreme — and I should be sorry to subject any patient to the sensations I experienced. At the same time it is fair to assume that the cases in which the drug is given in the practice of the clinician are at least in the unhappy condition I experienced before the drug is administered to them, and the best obtained is at them the one thing needed. And moreover when the patient is conscious of the effect of the drug — the moral action I have already mentioned in speaking of Chemical Restraint is useful and justifiedly taken advantage of. I should add that the after-effects of the drug upon myself are not worse than an unusually experienced opium user — producer of sleep.
In a case of melancholic agitation, the patient being well able to give an account of his symptoms - I have frequently injected 1/100 and 1/15 grain of hyoscine and although some quietness and temporary freedom from suicidal attempts have been noted - there is little further effect - except that the patient has complained of feeling "fuzzy and drunk" frequently. He has been quite unconscious of the fact that the medicine had been administered.

It is generally to be observed that when hyoscine or hyoscine are producing any marked bodily symptoms - they are not producing the desired mental effect. In a few cases I have observed rapid and marked dilatation of the pupils occur at once - bodily prostration and slight toxic symptoms rapidly follow - and the effect is not acting.
in the manner desired.

If an attempt be made to push its exhibition in these cases - rapid and dangerous physical deterioration at once contra-indicates its continuance.

Again, in some cases I have noted the delirium and restless persisting, and the desired quietude and rest looked for in vain.

All this emphasises the necessity for very careful observation in the use of these drugs.

I may briefly notice the points to be observed in their administration.

Dosage of morphia must be attended to and regulated.

When continuously administered patients may lose flesh - and sometimes diarrhoea occurs, with gastric disturbance as well. When the drug is stopped the condition rapidly improves.

Tis is acting at any extent.
had now to produce if reasonable care be taken. Should it result from an aneurysm of a carotid proving unsuitable - the coma which supervenes must be treated by stimulation - atropin wormit must be applied - coffee & stimulants from it practicable - Ether and strophanthidin may be injected hypodermically and physostigmine may be cautiously given as an antidote.
Medicines for Epileptics

The treatment of Epileptics, who have insanity as an outcome of their Epilepsy, or it almost invariably is, when the two are combined — or as a concomitant ailment — is the same as the treatment for all Epileptics — plus the treatment required for the mental aberration.

In all our efforts aim at:

I. Reducing the number and severity of the fits.

II. Ameliorating the symptoms which occur before, or after, or take the place of — the fits.

The treatment of Epileptic Insanity has for its basis — whether it be medicinal or surgical in character — the desire to reduce the irritability of the nervous tissue generally — and thus render the patient less liable to disturbance — either delusional or conception.
The drug which enables us to attain this object is the -

Bromide of Potassium - how it produces this desirable blunting of mental unrest acting in its not

known - but that it does act in this way is borne out by experience -

for it is only by long and continuous use of the drug that benefit is derived. It is of no use in

Epileptic Convulsions.

In all cases Bromide should be well tried - and the class of case in which it is beneficial decided upon - and the dose required to produce the full effect of the deep-acridic Bromism - observed -

In the cases where the state of mind is normal between the fits - it may reduce the number of Discards, and thus at the same time under the attacks of mental disturbance which accompany them - less frequent - in the cases where the fits are not the prominent feature.
but when we find the traits which belong
of the Epileptic person well marked
and always apparent - the Euphori,
the emotionalism, the imaginativeness,
the Suspiciousness, the narrowness and
Selfishness, the irritability, the
exaggerated sensitiveness and impulsiveness.
the Cunning and duplicity - which
under the Epileptic the underivable
individual he is - may be blunted
by Bromide, and the patient
rendered more endurable to those
with whom he is associated.
And his life therefore - safer
and happier.

The deluded, passionate, violent,
and dangerous class of Epileptics
may be rendered less so by the
use and continuous exhibition of Bromide.
And lastly, the hopeless element
may perhaps have the natural of his
hits reduced, and his life rendered
less dangerous to himself - by the use
of this drug, and by its use
in the previous cases - the arrival
at this stage may be long deferred. Sometimes perhaps prevented.

I would emphasize the class of cases liable to develop the status epilepticus as particularly needing continuous bromide treatment. It is of no use when the status is upon us; it is as a prophylactic, that it must be used. Whilst valuing bromide treatment most highly, I would not all modestly urge that it is not suitable for all cases. I am quite sure that I have seen moroseness, irritability, and quarrelsomeness— and thence danger—suicide—attributed to epilepsy when they were in reality due to the excessive and indiscriminate use of bromide. One must find out these cases and discontinue the treatment, but that they do exist, I am certain, and that they are due to the fact that the drug is generally and indiscriminately used in many ailments, I am equally certain.

The acne produced by bromide.
may often be avoided by combining arsenic with the salt of the drug for a while - is indicated

Just as bromide is the drug for continuous administration in epilepsy, so chloral is the drug for occasional use, and in emergencies it is of the greatest value.

To calm the paroxysms, violent outbursts of uncontrollable excitement occurring in epilepsy - it has no equal - and in cases of this kind may be administered in doses up to a dram - either alone or combined with bromide.

In the treatment of the condition known as the status epilepticus - where two are following each other in rapid succession - it is also invaluable - if it cannot be swallowed it may be given per rectum - if cardiac failure is feared it may be combined
With Stenonian - Cardiac and Gland.

1. Subacute hypostasis is feared

2. A small dose of Atropine may be given (1/160 - 1/60 grain) - hypodermically.

3. Used more generally. Ethyl may be found beneficial where Bromide fails - or it may be advantageously combined with Bromide - more especially in cases of Petit mal.

And when the mental disturbance is emotional and affective - or that is hypocondriasis or

hypochondria.

A few words may be added on the value of treating general symptoms in Epileptics.

In them - manifestations of bodily disease may assume the form of Aura - and as such they not only point to the onset of a wave of mental disturbance, but their recognition and treatment may enable the approaching disturbance to be averted, or
At least favorably modified.

The removal of any disturbing element, likely to react upon the nervous tissue of a sane individual - is distinctly indicated for every conceivable reason. Therefore a feeling of the nervous tissue is abnormally irritable the indication is the more pressing; but further than this - an observation of the symptoms of any bodily disease from which the child suffer - frequently precedes or accompanies the child's manifestation - more particularly if this assume the form of mental aberration - whether fit be suppressed or not.

I have most clearly recognized this in cardiac, hepatic, gastro-intestinal, and joint-locating cases -

If the symptoms in each individual case are recognized and treated great benefit results.

In this direction, urinary troubles are particularly worthy of attention.
These remarks refer to the first part of my dissertation. - Which leads to:

II. Medicines used to combat symptoms met with alike in the sane and insane.

In dealing with this part of my subject - I propose merely to explain the condition - the treatment of which plays an important part in the progress of cases of insanity. - And for the fact it explain that the fact of a patient being insane, does not render him less liable to all bodily ailments. - And although it renders their recognition vastly more difficult - it does not modify their treatment.

It may be stated as a fact that nearly all recoverable cases of insanity are when admitted into an Asylum.
in reduced bodily health and condition. And provided that this can be successfully contended with - the immediately serious prognosis that its recognition frequently leads to - is removed - and the female prognosis can be carefully considered - and as time goes on, if there is not mental disturbance it can pass without physical improvement - the case becomes unfavorable.

On the other hand patients admitted in good bodily health and condition have been treated with partial success during the acute stage, prior to admission. The damp of physical exhaustion has been arrested - and from the first the prognosis is not very good - because the manifesting of hope has been already removed, and the case is purely mental. Again - the clan of cases who have never given anxiety except in account of mental symptoms.
Are not hopeful ones - because as a rule the condition is fixed and asylum treatment can only palliate.

The best majority of cases admitted into asylums are diagnosed as suffering from mania or melancholia. These are typical cases of this class, but there are many which might not equal fitness to be relegated to either of those purely symptomatic designations.

To whichever they belong, they are probably suffering from anemia and general debility - due entirely to general causes - or may be to special causes - whether one or other, or both exist. They are to be diagnosed and treatment adapted to accordingly. General anemia in both sexes is treated by the well-known remedies: iron, arsenic, mineral acids, bitter tonics - stomachic, hepatic - and intestinal conditions being carefully remembered.
When there are indications of mental disturbances, whether from cerebral or general causes — then must be treated — and a combination of bromide and iron often has a marvellous effect in such cases.

or if nerve force be partially weakened and lost it the inhibitory power, it may be right to stimulate the nervous system generally. In order to act upon the inhibitory parts — which are indicating where the fault lies —

In females, the menstrual condition calls for very special attention.

The establishment of menstruation in a case of subsistant insanity; its normal continuance in the vicinity of adolescence; and its normal disappearance in cases of Climacteric insanity; —

are to be regarded as the

first factors in the treatment of such cases.

These desirable ends are
Obtained by the general and special medicines at our disposal.

Parturial and Lactational Puerperal insanity demand timely treatment from the beginning and throughout.

In the treatment of Stupor in all its forms - Stupor, in itself, is often of the greatest value - and no condition of mind and body so ample, supplies its task.

Insanity associated with phthisis - whether causatively or otherwise does not call for any special treatment in itself from a therapeutic point of view.

By carefully treating the symptoms of any disease, from which the insane suffer - much may be done to alleviate their physical suffering - but further - the mental condition may be greatly improved thereby.

Not only does an insane man vary as his general well-being varies - but far more -
pain and discomfort may be misinterpreted, and lead to or aggravate delusional conditions. The oppression and weariness associated with chronic cardiac and pulmonary conditions may be attributed by the patient to the supposed beneficial influence of surroundings. The pain and discomfort of dyspepsia may suggest or be a pharasa delusion of poisoning and tampering with food; migraine, cephalalgia, neuralgia, in its various forms, rheumatic and muscular pains — may suggest the action of an unseen agency; — and although attention to these points will rarely do much to dissuade the delusions, still, their recognition and kindly treatment may do much to improve the patient and render his condition more endurable. Hallucinations of sight, hearing, taste, and smell may have something of a peripheral origin.
at least it is the only gleam of hope to be derived in such cases - if such cause be found; unless there is a history of Syphilis, and this leads me to say how important it is that the probability of a specific cause be kept in mind, and treated if at all suspected.

Finally, I would say a few words about the treatment of Constipation. It is a real source of worry to a large number of people who have for and are healthy, and its treatment in them is a difficult problem. How much more so must it be in the case of patients who do not feel to be healthy, and who in this particular respect are very resistant - difficult to observe, and difficult to treat.

While the treatment of Constipation is sought with due obstacles, I have often ardently wished for a remedy which could be administered
hypodermically. To effect this, failing the injections or suppositories of glycerine, are often very useful; ordinary enemata must be largely tolerated. To; and to the excited class of cases who are being fed by the tube, or if the melancholy will refuse the same process of forcible alimentation, ordinary purgatives may be given by this means.

The insane will often swallow the most nauseous draughts and yet persistently refuse to swallow pills. That constipation greatly aggravates epileptic and paralytic conditions needs no demonstration — and that anemic women under some form of treatment are much kept back by defective action of the bowels is undoubted. In the latter class of cases Canara Sagrada is very useful, and may be well combined with many drugs and elephanically with the help of the pot metal.
III  Asylum Administration in so far as it may be regarded as Therapeutic in its bearings.

An eminent physician when giving evidence before a Committee on a Hospital for the Insane, said: —

"The Superintendent is your medicine, the staff is your medicine, the nurses are your medicine. Your conservatory and your entertainments, your walks, your garden, and your farms are your medicines." (Cited Report of the Committee on a Hospital for the Insane - issued by the London County Council - January 1890)

And Asylum treatment from the moral and social as distinguished from the purely medical point of view cannot be too strongly urged. The value of personal treatment from the Superintendent to the lowest member of the staff, is
Of the utmost; and a confidence can be established between an alienist physician and his patient—just as it is so valued in the family doctor; and on the one hand it may lead to recovery, or on the other, to a constant amelioration of the symptoms in a varied degree.

The leniency, the sympathy, and the general appreciation of insane people is most striking. Even in the most acute cases the change of doctor brought about by removal to an asylum is frequently noticed by the patient, and I have met with cases where a consultant had been called in, and where great disappointment was experienced, because the change of medical management by admission into the asylum—had not again brought him upon the scene—as the patient long naturally supposed.
It might be in these cases it is most essential to gain the confidence of the patient.

Amongst the more or less permanent residents in an Asylum Community, this confidence between doctor and patient is not the less to be desired. A change in the medical staff causes quite a commotion in an Asylum; and the advent of a locum tenens is perfectly understood.

I have known chronic patients, whom I must confess I had almost forgotten, remind me that I rarely spoke to them. One frequently hears it remarked by the friends of patients—

"If he were not mad, he would soon become so now." And a mania—somatic in all points but one—will often express a fear that he may lose his reason if detained in an Asylum. It may be fairly
Aslced if there is ground for such fears - I unhesitatingly answer - there is no reasonable ground. Of course, this would be if patients were banded together and not classified - and classification should be very carefully attended to.

Whilst it is convenient to admit all cases into one ward - they should be banded to drafted them from - especially as it is formally the rule to batten the acute and troublesome in the admiring ward - a case of acute mania or acute melancholia requiring trouble alimentation is not a suitable fellow patient for a fully conscious of his position and surroundings and probably mobile patient and distressed because of them. One occasionally has to disburse a quiet, rational patient of the idea that inability to take a
Meal is invariably considered as
a careful refusal of food and the
Stomach pump — a necessary sequen-
But it may be safely stated —
that the Convalescent and the
Chronic Insane patients fully
appreciate the lines upon which
an Asylum is managed — and
for the rest of the patients, it
matters not, provided they are
attended to.

Every member of an Asylum Staff,
may, in his or her own particular
way, play a part in the
treatment of the patients — and
Great care should be exercised
in the selection of the Staff — and
this should be impressed
upon them as a most
important part of their duty.
The Nurses and Attendants —
are not — keepers, or jailors,
or warders — but sane people
associating with insane ones,
in order to secure their comfort
And safety; and promote their recovery. The influence of a good nurse or attendant is enormous and invaluable. Nothing need be said about Asylum Construction. Every new Asylum that is built, gives evidence of the recognition of the benefits to be derived from well and suitably constructed buildings, erected in accordance to Hospital principles.

Flowers, ornaments, and everything that tend to brighten the Wards of an Asylum and make them cheerful and home-like are valuable adjuncts to treatment. Books, newspaper, music, games cannot be too highly estimated. But do not amusements and employment are of the greatest value.
Seclusion and Restraint as mechanical aids to treatment deserve notice.

**Seclusion** - I presume may be defined as compulsive solitary confinement of a patient during the day. The means of compulsion used being purely mechanical - the definition will be clearer from what follows.

Of course, patients are locked up single rooms during the night, but this is not seclusion - it is permissible and very necessary but if a patient is locked up during the day - he is secluded - and his seclusion has to be recorded - with reasons for it. This probably leads to a dislike of its use, and the Confession of weakness implied by it - is not pleasing to the Asylum physician - but frequently the only alternative to its employment.
is that the patient be kept in a single room, with an attendant or
attendants stationed at the door - whose duty it is to keep him in
the room; surely this is seclusion, as efficiently, but more dangerously,
tenanted about; for the very presence of this human bolt irritates the
patient, and induces him to seek to remove it - and this means a
struggle - dangerous to all concerned.
Of course cases for seclusion must
be carefully selected, and no
conscientious man will heart for
it except of necessity - but
when the choice lies between a
human bolt and an iron one -
the latter may often be well
chosen - although it is
called seclusion, and the former
has no name so appertaining.

Restraint is applied for surgical
reasons - e.g. to prevent removal
of dressings; or to prevent
Attempts at self-mutilation or self-destruction - The necessity for its employment must be certified by a medical man, a careful statutory record has to be kept of its use, and the extent to which it is resorted to - periodically reported - so that there is little fear of its abuse - and indeed I think the tendency is to avoid using it even when most justifiable and perhaps necessary.

It most commonly takes the form of a jacket with long sleeves which may or may not be secured to the body of the jacket according to the amount of restraint desired.

Nor again as in the case of seclusion an attendant may be employed - but rarely its safety and efficiency - moreover an attendant can often ill be spared for such work.
The recent changes in Local Government, and the advent of newly constituted Committees for most Asylums—have led to a review of the treatment of the insane as it is now carried out;—and whilst it has been fully recognised that the humane treatment of to-day—which has become so perfect, as to be widely known as moral and rightly considered Therapeutic in its nature—to an enormous advance upon the state of things existing in Asylums not fifty years ago;—defects in the system have been pointed out,—and it has been urged that in the elaboration of the moral treatment of the insane, the purely medical has been neglected, and the progress in this latter respect has been most unfavorably compared with the progress of medical treatment in other diseases.
In 1859 the newly constituted London County Council appointed a Committee to inquire into the desirability of providing Hospital treatment for the insane. Much valuable evidence was taken from eminent physicians and specialists, and all were unanimous in recognizing that some change in Asylum management was necessary so that the patients might receive that same very personal, scientific, and advanced treatment, such as is guaranteed by our General Hospitals. Of the correctness of this opinion there can be no doubt, but as to how the desired end was to be obtained, there was enough difference of opinion to hinder any course which might be taken as the direct outcome of the Committee's recommendation - experimental in its character. The gentlemen who based their
Evidence upon experience mainly obtained in General Hospitals - failed to recognize that great and essential differences must exist between those Institutions and Asylums; whilst those who spoke from great experience of Asylums as they are at present constituted - and saw a certainty of attaining the desired reform by modifying them, had not any practical suggestions to make as to the nature of these modifications. 

There can be no better place for the treatment of the insane - than a well-arranged and well-managed small asylum - with 300 - 500 patients - the size being calculated upon the admission rate rather than upon the actual number resident - though in an ordinary asylum - the size must always bear a fairly estimative and constant ratio.
An annual admission rate of about 100 patients is as much as one man can cope with—bearing in mind that such an admission rate would lead to a constant population of about 500 patients. An institution of this size with a medical superintendent who is nominally and actually at its head, who has every detail of administration within his grasp, and an intimate personal knowledge of, and relationship with every patient; with a resident medical assistant, clinical assistants, nurses, and call in as consultants—surgeons, physicians and specialists from the nearest large town—leaves little to be desired.

Of course, such institutions would vary in their efficacy just as General Hospitals vary, and the ones near the metropolitan and larger provincial towns—would possess some advantages over
Those situated near the smaller provincial towns - but these advantages might be equalised to some extent - by selecting cases in which some special treatment was desired and sending them to the asylum where such treatment could be best obtained, or by calling the special consultation desired in these cases - but not obtainable near home.

Thus are small asylums which might be developed into the ideal institution I have sketched.

Some very nearly approach it, but the great drawback is all our public asylums is the perpetual struggle that goes on in them - if kept down the cost, and if one will one another in so down. And thus even in small asylums where patients are not likely to be lost sight of - for want of a sufficiently numerous and well-trained staff
patients are allowed to become “Cured” rather than made to “recover”, and a few who might have the desired haven were the latter system fully available, and adopted, never reach it by the former - but sink into the abysm of chronicity.

The remedy then for the smaller Asylums is easy - and does not necessitate any serious alteration in their structure or management.

But with the larger Asylums the case is different — the basis of management is the same as in the smaller ones - a Medical Superintendent is at the head of affairs, and is the only legally recognized Medical Officer in the place; the number of the Medical Staff is of course increased - but in all things administrative and medical there is only one man held responsible;
This is of course right as things are at present; but the system is radically wrong - and why? The medical Superintendent is quite unable to grasp the immense number of cases under him; many of them he cannot even know - and the institution only exists as it does, because of the loyalty and devotion of his colleagues - the assistant medical officers; but whilst these officers do their work - there is no encouragement for them to do it to the best of their ability. Rather, indeed, the reverse holds - for no man with qualifications such as must be possessed by men in their position, can do his best work, without that responsible position, the deprivation of which is at once his incentive and reward for work. It need scarcely be pointed out that an assistant medical officer in a large asylum is in no-
way so to command it a
resident in a General Hospital -
The latter is essentially a young
man who holds a subordinate
position; who would not wish it to
otherwise; and who has no
intention of remaining in it. -
but the former holds quite a
different position; if the
Assistant medical officers in large
Asylums changed as do the
residents in Hospitals, - every six
or twelve months - the large
Asylums could no longer exist
upon their present basis.
It is essential that the Senior
Assistant medical officers in large
Asylums be men holding their
positions for some length of time,
be in fact permanent official.
It is absolutely essential that they
be reliable men, with the interest
of the institution at heart, and
with a full knowledge of what
those interests are: that they
be fully qualified to practice as alienists; and that they have a thorough and intimate knowledge of their patients. It is because they have these qualities that large asylums can exist upon their present basis; and yet their recognized position, prospects, and remuneration are altogether inadequate and in no way based upon a true and honest appreciation of the work they do, and is required of them.

All this has an important bearing upon the treatment of the patients — it is they who suffer as a result of this mis-administration. In large asylums the medical staff is often too small, and the work as a rule ill-arranged, so that the senior assistant medical officers are overworked. They have no recognized position, they get no credit for their services, and are ill-paid; it follows
that the work is not well done.
This all tells upon the pa
tients -
They cannot get that careful,
personal consideration, and treatment
which goes in a scientific way to
what is required to promote their
recovery. The assistant medical
officers do their work - so one
can find fault with it - but the
system under which it is done
ensures that it bears its lowest
possible proportion of fruit.
How can this be remedied?

By ceasing to erect unnecessarily
large Asylums.
By modifying these already
existing - and in what way?
Let them be divided into
smaller parts with an assistant
medical officer in charge of
each part, - but let his position
be made something approaching
that of the Superintendent of the
small Asylums; let there be
a medical Superintendent over the
Whole
as there is now, who shall have absolute administrative power as well as the decision directly in the matter of the treatment of the patients. Shall it be an Assistant Medical Officer as a Consultant or a Visiting Physician to be called into consultation by the Assistant Medical Officer, or shall the consultation himself, but let the actual treatment and responsibility for the case rest with the Assistant Medical Officer.

that this state of affairs practically exists in our best managed large Asylums, but one proof to its feasibility but it is a condition that exists, without being recognized, and then for the best results are not obtained from it.

for the reasons I have stated, and while the harmony implied by such a condition of things, is
not to be found, the very greatly reduced results may be readily imagined. Of course clinical assistants - power to call in consultants - would hold as in the ideal small asylum - and a skilled pathological might also be appointed. Again, the system might be remodelled in another way - and a particularly desirable one in the case of old and ill-equipped asylums. An acute division might be built into which all cases should be admitted, and where they could receive every care, attention, nursing and treatment, - upon approved and advanced principles - and from which they should be drafted to the old building as Convalescence or Chronicity Supervised. Or still, still a small acute asylum might be built - apart from, but acting in conjunction with the parent institution -
- and the same course adopted. 

Put an institution as this in 

connexion with our largest Asylums 

with their 300 - 400 admissions 

yearly - could be managed by 

one man with assistants - for it 

would be dealt with in Hospital 

lines; - there would be an absence 

of administrative duties - such as 

take up so much time in an 

ordinary Asylum; many of the 

cases would be almost immediately 

drafted to the larger institution; 

the numbers would remain under 

200 - 300; and the strain 

that the memory of chronic cases 

entails, would leave themis 

unimpaired. It can be seen with 

the care changing. Small numbers 

of cases. (* being removed) 

It would of course be desirable 

and always possible that such 

an institution as this. Be placed 

close to or in a large town. 

And the Hospital Staff.
fully available for consultation. The great cost of such an institution would be if some extent met by the diminished cost of the larger institution - now that the acute cases are removed from it, and the latter could be managed very much as such institutions are at present - but to confine on a false and unscientific basis.

The Establishment of an Out-patient department is already an accomplished fact in many Asylums - and cannot but prove beneficial. It wins and cultivates confidence in Asylums. It brings Asylum Physicians into close touch with General Physicians. It leads to earlier recognition of symptoms, and therefore promotes recovery.
That public confidence in Asylums is 
becoming greater, is everyday evident. 
The ignorant, the self-satisfied, and the 
irrational still continue to misrepresent 
them as they do all things—but it is not uncommon to 
meet with gratitude from discharged 
patients, and the friends of 
those who have been or are 
inmates: And patients not 
in frequent voluntary admission.

That General practitioners do not 
take advantage of the 
opportunities afforded them by the 
relatively accessibility of Asylums to 
all of them at some stage of 
their career, is much to 
be regretted; and their ignorance of 
the method of discharging their 
professional duties in lunacy 
cases is often lamentable.

The Establishment of Lunatic Hospitals 
in or near our large towns— 
which are often also centres
for medical education - would help 
To remedy this; but at the 
same time the teaching of insanity 
To students must always be 
limited, - because of its nature. 
And a knowledge of it is to 
best obtained after qualification 
and best of all by residence in 
an asylum - hence the value 
of clinical assistantships.

The out-patient department working 
in conjunction with the increased 
Knowledge of lunacy afforded the 
Clinical Practitioner, would lead to 
the earlier recognition of symptoms, 
early treatment, and increased 
opportunity of recovery.