Thesis on the
Treatment of Insanity
by
Francis Pritchard Davies
M. B. & C. M.
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Chief Medical Officer
Superintendent
of the
Kent County Asylum
Barming Heath
near
Maidstone
Though the so-called rational practice of medicine is gaining ground through the patient researches of the Physiologist, the Pathologist, and the Therapeutist, our treatment of disease is still, for the most part, empirical. The idiosyncrasies of individual patients often require our best calculations. Medicine is a long way from being an exact science. It is for this reason that experience in the actual treatment of disease is valuable, and when carefully recorded may be of considerable use to others. I have, for some years, had charge of a large number of patients in every stage of Mind and Mental disorders, and have accurately noted the result of the treatment employed. I will now communicate the results of my own experience. The forms of disease, the treatment of which I wish particularly to notice, are acute Mania, Mania Melancholia, but I shall also refer to Epilepsy and General Paralyses.
Acute Mania is no matter what its course, or the particularizophrenic symptoms of its manifestation may be said to exist in two forms, viz. Sthenic & Asthenic. There is almost an insensible gradation between these two, but the experienced physician has little difficulty in differentiating between them at the outset, for it will ensue that if the disease lasts long enough it is certain to degenerate into the Asthenic form. Even though it is well marked Sthenic type to begin with.

Acute Mania must then be regarded as a very debilitating disease. One that taxes to the utmost the physical strength of the patient; in all we do this fact must never be lost sight of.

Acute Stheneic Mania which I will consider first, is the form I consider more hopeful on regard to recovery. The course of treatment to be pursued must depend largely upon the duration
of the attack then present, and also upon whether that attack is the first the patient has had, or is only one in a series.

If a case comes under treatment immediately after the onset of the first attack, the best thing to be done is to place the patient in a "Blue Room" i.e. a room the walls of which are coloured blue or dark violet, or the windows of which are shaded with glass of the same colour. This treatment has not received the attention it deserves, though in an article entitled the "Photochromatic Treatment of Insanity," which I published in the Journal of Mental Science for October 1897, has brought it more into notice and to its more extensive use. Further experience of the "Blue Room" has convinced me of its great value if properly selected cases.

I am of opinion that no cases are more suitable than those of Acute Simple Mania in its earliest stage. I have, however, repeatedly found that exclusion,
in the "Blue Room" has brought about a cure in more advanced cases, when every other agent had been tried unsuccessfully, so that now it is my constant practice to try it early in almost all cases, as it has the great advantage of not interfering with any other treatment that may be deemed necessary.

The tranquilizing effect of blue light in cases of emotional excitement which may be said to depend upon functional disorders, disturbances i.e. where no actual disease of the brain can be detected, is very marked. Whether this effect is entirely due to moral causes or is benefited about by some positive influence of the light itself, it is difficult to say, possibly both act together.

I have most carefully avoided error in describing the blue light treatment & what was may be the rationale of it besides apparent I am certain that it is a
valuable & a potent agent.
In the paper I have mentioned, I gave particulars of cases in which I had tried the blue light & I there made the following remarks.
"It may be noticed in every instance I have mentioned of the treatment, there has been complaint of frontal headache. This is not a constant effect, but in all or nearly all of the cases I have met with, where the treatment was efficacious, it was present, & I therefore consider it a favorable sign. It cannot not be imagined that in all the cases in which I have tried this treatment I have met with successes; on the contrary, the failures are very many. Far outnumber the cases. The list of those upon whom it had an effect whatever is a long one, in very many the improvement was but slight. Still I am convinced it has very materiallybenefitted some, others not slight cases
but cases which had resisted other treatment, I have given great trouble. I believe the photochromatic treatment is most beneficial in hysteria, mental insanity, acute mania, &c. in cases where, though the disease is of long standing, there are lucid intervals. Where there is serious organic disease of the brain, & the mind is totally destroyed, I have found it useless.

I can add nothing to this. The opinion expressed then, I have good reason to hold now, & for further particulars I must refer to the paper above mentioned.

The state of the bowels should receive early attention, to them I subjoin with the greatest care from day to day. Laxated intestines are incompatible with health, & become sources of extreme danger in all cases of mental disease. I satisfy myself as soon as possible, that there are no accumulations in the alimentary canal, if I have a shade of doubt, administer a mild purgative.
Nothing is better in the first instance than castor oil or calomel, the smaller the dose the better. The same care must be shown throughout the duration of an attack, as obstinate constipation frequently sets in always natural convulsions.

The use of strong purgatives has not many advocates now. In times gone by, every mental patient was violently purged, indeed purging bleeding were almost the only things done. I do not go so far in keeping purging as it is the fashion to do now. Cases do occur where a full dose of castor oil, causing copious and prolonged action of the bowels, is most beneficial.

I have also used Ataricinni with marked advantage. I should use it oftener but for the great uncertainty there is in its action. Much of the Ataricinni in commerce, is simply inert, the strength of all is so variable that it is difficult to know how much to prescribe for a dose.
If the pulse is full, the face florid and the
head hot, I prescribe Antimony &
Saline, but am very careful about the
Antimony, giving it in moderate doses
at first if it is well borne, gradually
increase the quantity, and prefer to do this
by repeating the same dose at shorter
intervals rather than by augmenting the
quantity given at a time. If however
sickness, purging, or general prostration
ensue, I stop the Antimony at once. It can
do no good unless these conditions are
almost certain to do harm.

I have given Antimony in every form, &
variety of dose, & I am certain that it has
never done any good unless it was
"tolerated" by the patient, its physiologic
actions were only just detected one after
the administration of large doses.

Where there are indications of congestion
of the brain, the question naturally arises
"can anything be done to relieve the over..."
burden'd past? Years ago the answer was simple; the physician would have been bold indeed who refrained from general blood letting. Then a change ensued—whether in disease, or men's opinions—it matters not, but resurrection was desired, to any mind with as little reason as it had formerly been instilled. As is usually the case, truth lies midway; and one, who is impartial and in the matter, than a large practiced practice, can say that cases do occur that call for a free use of the lancet. In purposely climatic Assurance there cases are seldom met with, but leeches are largely used, if physicians would care to be without them. The great good that art infrequently follows the application of leeches to the temples, or better still, the nostrils, must impress any unbiased observer. I do not regard it as necessary to employ many leeches, as a rule four to the nostrils are
sufficient, but it is difficult to get them to bite these, and more frequently the temples are obliged to be used, then I think it is necessary to employ more to produce the same effect. In no case however should a greater number than twelve be used to the temples or half that number to the navel. I think the medical attendant should invariably be present during their application and most carefully watch their effect. It must be decided in each case individually, as to how long the hemorrhage is to go on after the leeches are removed. The application to the bites, of longer running out of hot water, will continue the hemorrhage for an indefinite time, unless difficulty is experienced in getting the leeches to bite in the temples, may be most advantageously employed, if one or more have bitten.

I have only once had recourse to resination but it certainly did good in that case.
The patient was a very powerful and young man. I soaked the wound, but he was so violent they could not be kept on long enough to bite. I drew ten ounces of blood from his arm, with very little effect. The next day I drew twenty ounces, with marked benefit. I have also in one instance opened the temporal artery and drawn twelve ounces of blood to the great relief of the patient.

Another, for some reason a better way of relieving cerebral congestion, is to paint iodine over the course of the large vessels of the neck. I always use the disinfectant of the Bristol Pharmacopoeia for this purpose. I have a very high opinion of its value. It is not necessary to blister—indeed it is better to avoid doing so—yet a slight tenderness of the skin must be obtained, then the "paint" should be discontinued, or be applied elsewhere. Usually I paint
over the carotids on one side of the neck, from behind up behind the ear, down to the clavicle, when the skin here gets tender, the corresponding part upon opposite side is used; and while it is getting done the original place is getting well. Thus the two sides may be used alternately with the greatest advantage.

It is impossible to say how much iodine to put on, or how often to apply it. Everything depends upon the skin of the individual patient. Some skins will blister at the slightest touch of iodine, others take very large and repeated applications without comparative impunity.

As a general rule, to paint the part mentioned, once a day with one coat of the liniment is all that is required. The more extensive my experience of the use of Iodine, the more I value it. Not only do I find it serviceable in
The acute stage of mental disease, but when the chronic state is reached the membranes of the brain become thickened, as they so frequently do, I know of no remedy in which I have equal hopes. Constantly pressed one, some part of the body, or given internally as Insulin of Iron or Potassium, it has been of great service in very long standing apparent hypomania cases. I have not been able to satisfy myself that there was or was not a history of Syphilis in all these chronic cases in which I have found it most beneficial, but I have learned enough to think that it is of special value where there that disease has affected the brain.

Another drug that I have found of great value in congestion of the brain is Ergotamine, frequently it has acted like a charm. When I first began to use this article, now nearly ten years
I was, I used a solution of ergotin in glycerine 7 per cent, but lately I have employed the ergotin books prepared by Sawyer & Moore of London, which I much prefer than the former. Given by the stomach, I had most uncertain results from ergotin; but I soon became persuaded the use of it altogether, had I not tried it hypodermically; now I never gave it in any other way. The only drawback to its use under the skin, is that it frequently leaves a very ugly discoloration where it has been injected. This may to a certain extent be obviated by selecting portions of the body least likely to be exposed to view. The popliteal space is a very convenient place, and one I most frequently use. If ergotin is to do any good, its beneficial action is soon manifested. I never pass over beyond the third injection if I see no change for the better. As a rule, administer it at
intervals of two hours, unless I note its action, then I am guided by circumstances as to its repetition. In considering the use of ergotamine, it is necessary to mention that great care must be observed in its administration to females. Then acute mania is attendant upon pregnancy. It is not safe to employ it at all, for fear of removing uterine action. On the other hand I have found it especially beneficial in cases—there are many—where the menstrual functions are disturbed. I have repeatedly noted its beneficial action in mania complicated by amenorrhea, and upon several occasions obtained good results from its administration in the opposite condition—menorrhagia.

In acute mania, the patient almost always suffers from insomnia. To counteract this—to procure sleep—
becomes therefore one of the first cares of the physician, and not infrequently despite all efforts, the patient succumbs, exhausted from the want of rest.

Of Drugs — Opium suggests itself as a likely remedy for this condition, often proving one of extreme value. I am strongly of opinion however that it should seldom be administered until the cerebral congestion has been diminished. I therefore abstain from prescribing it at the onset of an attack, but when the over burdened brain has been relieved, I know of no time which has equal curative value. I prefer to give it hypodermically, and always use a solution of Muriate of Morphia in warm water, which is much less irritating to the skin than solutions made by aid of acid, no matter how carefully neutralized.

I may here remark that I have a
very decided preference for administering \textit{opium} hypodermically in all cases of mental disease. The extreme difficulty there is in getting an acutely moribund patient to take anything by the mouth, renders it almost impossible to know exactly how much if any dose has been actually swallowed; while the struggle to get any taken at all, is often most prejudicial to the patient, and unfavourably in the direct course of serious injury being done. I therefore never give any thing by the mouth, until I have exhausted all my hypodermic remedies, and would strongly recommend this course to others.

The dose of \textit{opium} varies greatly. Frequently there is a great toleration of \textit{opium} in all its forms, and I have given as much as four grains of \textit{the Muriate of Morphine}, at a single hypodermic injection, without producing any injurious
results. I have however failed to procure any benefit attending thieves poison. My practice is now arter to inject more than a grain or half of morphia, seldom more than a grain. It is quite useless to begin with less than a quarter or a third of a grain; as a rule, when it is indicated, half a grain should be given & repeated in an hour if it does not insure sleep. If the second dose has no effect, it is better to pause awhile say for a couple of hours & then to give one grain. If this produces no good result, give one grain or half in two hours time. I discontinue the treatment if the required effect does not ensue. I have known instances where morphia hypodermically administered appeared to produce no effect, but crude opium, the Leg. Opium, &c. or any other preparation given by the mouth acted readily. These cases are rare, but having heard
There is actual practice, I never discard this drug until I have tried it both by the stomach under the skin. Not infrequently, opium in any form, pulls up intense headache, as the patient awakes from the sleep it has procured, more owing violent than before. For this reason, opium has been objected to by many clinicians, and other hypnotics used in its stead.

It is a commonly observed fact that a normal patient is often much more violent and generally excited after sleep, no matter how the sleep has been induced. I do not however think this should be a reason why no attempt should be made to give the patient rest, but rather regard it as a proof — if proof were wanting — that the rest has strengthened the system. Without sleep the patient would rapidly have been worn out by the intensity of the emotions.
excitement. With intervals of rest, though
the excitement may be prolonged, life
may also be saved, and in certain
cases life cannot be saved unless the
patient sleeps.
Another effect of opium occasionally
seen, is to produce most distressing
itching of the skin over the whole body,
this even when given in very small
doses. When it produces this effect, I
think its administration should be
immediately discontinued.
Since the introduction of Chloral, opium
has gone much out of fashion, and feel
strongly that this is a fact to be regretted,
as opium has no reliable substitute.
I have repeatedly met with cases,
which I have cured by opium alone,
I cannot call to mind one, in which
any other narcotic has afforded more
than temporary tranquility.
An objection has been raised to the
use of this drug, that the system gets accustomed to its effects, & that larger doses increasing have to be administered, until the patient becomes a confirmed opium eater. This I have not found to be the case, which agrees with the least difficulty in discontinuing the use of opium so soon as I thought it necessary to do so. It was thought never be continued beyond the actual requirements of the individual case, & if this is remembered, no harm will follow.

When opium in its various forms has been fairly tried, with no good result, Indian hemp, hyoscyamine, or any of the other sedatives of the pharmacopoeia may be given in turn. Sometimes one, sometimes another, will take effect, but I know of no reliable indications for the use of any one especially. Hyoscyamine has recently been
most strongly recommended, but has failed in my hands. I have tried it in a variety of cases but have been too unable to observe any good follow its use. I regard it as a very poor substitute for morphia, I am quite certain, it can do nothing, that morphia will not do better. Very frequently when a simple drug occurs in, by combining it with another, sleep is readily obtained, & it is a matter of common observation that small doses of several hypnagogies given in conjunction have a much better effect than any one given alone in a large quantity. This I have found to be remarkably the case with the hydrate of chloral & the bromide of potassium. Given alone in doses of sufficient size, I believe either of these drugs will produce sleep — as a degree of unconsciousness which resembles it in almost any case, but it is not when
thus administered that their greatest therapeutic value is developed. I have kept most accurate notes for a long time as to the results obtained by the administration of Chlortal, and I am now satisfied that it is seldom if ever necessary to give more than twenty grains of it at a single dose, and that in the vast majority of instances all its good effects are obtained by giving the grain dose. If this dose prove ineffectual, combine the Chlortal with Petas. Bromide. Simet. Canadis. Indic. Siret. Hyoscynam. or Sigi. Opium. I'd rather than increase the dose of Chlortal.

The effect of Chlortal is also much augmented if given with some diffusible stimulant. I prefer to give the chlortal draught alone & to follow it down with a little "hot grog".

We use Chlortal very largely in this Hospital & I believe with the best results. Given as I have above described, it induces that moderate
treatment, or treatment which is so exhausting, it thus gives the physician a better chance of combating the other elements of the disorder.

It becomes however a serious question, does the prolonged use of Chloral lead to any injurious consequences to the general health? I have carefully considered the answer to this, although I originally approached the subject with an opinion strongly biased towards an unfavorable reply. I am forced to admit that I have failed to observe even the slightest bad result follow its regular use in cases extending over two years. On the contrary I have repeatedly seen patients I had formed a strong opinion of, take a turn ultimately marked for recovery under its influence.

Provided i Potassium except in combination with Hydro of Chloral, as before mentioned, I seldom use in Acute Mania, as it has
not proved of much service in my hands. Aconite Digitalis I must especially mention as I have found them of great value in the early stages of the disease. Of these I have had the best results from the mixture of Digitalis. Given in doses of ten or fifteen minims with an alcohol; largely diluted, its action is often very equally most beneficial. Sometimes the dose may be largely increased with advantage, but I do not think it safe to begin with a larger quantity than that above mentioned.

The state of the heart must be taken as the guide in determining the frequency, the size, and the continuance of the dose. It is not a safe remedy to give unless you can watch your patient yourself. An ordinary nurse is hardly to be trusted with its administration. It is quite unusual to pass any with it, if it does not soon show signs of a beneficial effect. If however a good result is obtained
the force and frequency of the heart's pulsations being reduced, it may be advisable to continue it for some time, but a much smaller dose will be sufficient to keep up, than was necessary to produce, the effect I more frequently prescribe Tincture of Digitalis in combination with Tincture of Aconite, for the same reasons as I prefer to give two or more hypotonic virtues. Given by itself however Aconite is a most valuable remedy, but must be used with the same precautions as Digitalis.

Few remedies act better than a warm bath, more particularly in cases of prolonged insomnia. Sometimes the simultaneous application of heat to the surface of the body generally, but if cold to the head is admissible. My only objection to the treatment is that it is very open to abuse. In a large Asylum it is most possible to alter, with each of your male patients, while the bath is employed.
Of course it is out of the question to do with the females, while if so patient a power is placed in the hands of attendants, serious results might ensue, for there can be no doubt that the joint application of heat and cold is very depressing. A great drawback to the use of a simple warm bath is the difficulty of keeping the patient in it. Then there is much excitement it is simply impossible, unless you use mechanical restraint, ever then the patient is very liable to get injured. If it can be used, the temperature must be regulated with great care. Frequently there is much autonomic hyperesthesia with mania, and it is absolute torture to put a patient into a bath warmer than 90°F. at other times there is anesthesia of the skin, then the patient will complain that the water is cold, when it is dangerously hot. I have kept patients in a bath about 90°F. for half an hour, when they have been calmed.
had several hours tranquil sleep immediately after.
As a rule, a patient should be kept in
a warm bath, not less than a quarter
of an hour, if it seems to have a
soothing influence, this time may be
very considerably extended.
Sometimes faintness comes on, then
the patient must be immediately removed.
The temperature should always be regulated
by a thermometer, and be carefully
maintained as long as the patient remains
in the bath.
The wet paste is very serviceable, often of
signal service. It should never be lost
sight of, but in my experience it is not
comparable to the hot bath. I only use
it where there is much or degree of violence
that it is not advisable to attempt to bathe
the patient.
The application of flinters, irritating
ointments, salves &c. I cannot recommend
until other remedies have been tried & failed. In Asylum particularly, these as should be as restricted as possible for there is always an idea in the minds of attendants, patients, & their friends, that they are employed as punishments. The dread of this mischievous idea, renders many Asylum Superintendents utterly blind to this use. This is unwise, as we do with judgment they are of considerable value. I have several patients at present under my care, who are at intervals to have their arches blistered. They have found out that nothing else so soon causes the violent pain they suffer in their hands at the onset of their recurrent attacks. When Mania occurs in an Antimonial patient, much of this treatment already mentioned becomes inadmissible. Antimony should never be given, digitalis, &c. should be used, but occasionally are beneficial.
Leeches should seldom if ever be used, but by cupping between the shoulders, or at the back of the neck may be advantageously substituted.

The external application of iodine may be of service, but may be made to try hypodermic injections of ergotine.

I can also most strongly recommend the application of "Prickly Mustard" leaves to the calves of the legs, hot flannels or turpentine sponges to the abdomen, particularly the hot hip bath.

Morphine or some other preparation of opium, is of great value, and should be dispensed with.

The general health however must be most particularly attended to. From the mineral acids, strychnia & other tonics being freely given. A favorite and well tried prescription of mine is Vin. Ferr. Mix. Syr. Liquor Strychni. Syr. Spirit. Chlor. Potass. Syr. Aquæ 2 B. By the diese method...
As soon as possible, the shower bath should be tried, but with the greatest care. A douche extending over a few seconds often has a remarkably good effect. It is necessary, however, to use the utmost caution, to immediately discontinue the use of the shower bath, should the patient feel cold, chill, or look livid after its employment. To be of any service, there should be most complete reaction, and the patient, frequently cannot describe the effect, the medical attendant must be most careful to observe it for himself.

Under no circumstances should a shower bath last more than one minute. I seldom let one exceed thirty seconds.

Melancholia in its acute form is the most harassing scene that comes under the treatment of the Psychologist.

The great tendency to self destruction
renders the most constant watchfulness necessary.

The therapeutic treatment is much the same as for Acute Mania.

The general state of the patient's health must be considered excessive from attention.

Opium in some form, in the long upon which I place most reliance. Full doses of morphine under the skin, will frequently cut short an attack in a wonderful manner. I have given a very prolonged trial to the use of "Red Light" in this disease, but have lately abandoned it, as I am convinced it is useless.

Warm baths I have found to be of very little use, but four or six second shower baths are often very valuable.

Open air exercise, of some kind, dancing, music & are of special service in this form of insanity, warrant
indeed be regarded as the great anchor of our hopes of cure in all kinds of mental disease.

The tendency of the present day is, however, rather to upon its amendments,
they often occupy what I regard as an entirely prominent position in the treatment of insanity.

Dr. Pusey. Asylum this often has a prejudicial effect upon the future well being of the patient.

I strive to another sell any patients work. They have to earn their living in the outside world, found not to be unadapted for toil, by being made to lead a life of idleness during the time they are in an Asylum.

I do not deny that amendments are absolutely necessary in certain forms of stages of mental disorder, but I believe that the best results are obtained by getting the patient to work, at the
earliest possible period.
This is my practice in all forms of insanity, but it is especially my aim in melancholia. The results I obtain justify my endeavours.
I do not advocate any particular kind of work—that which the patient has been accustomed to, should if possible be provided, but if this cannot be, then any occupation he can be persuaded to take up with, will be of service. The only thing I insist upon is, that the work shall be of an useful nature, and further be such as the patient may reasonably be expected to take an interest in.

Epilepsy
A large proportion of the patients in any given asylum are Epileptic. I have seen, rather more than twelve hundred patients under my charge, of these nearly one eighth are so affected.
It becomes then a serious question — can anything be done to cure Epilepsy? The answer my experience suggests is — no!

Pinskig of Potassium was once said to be almost a specific — is a mere palliative. Give it in sufficient doses you will lessen the number of the fits, or my even arrest them entirely so long as you continue its administration; but no longer. If given in considerable doses or over a lengthened period the effect is injurious. The appetite fails, the patient becomes listless and rapidly passes into a state of dementia.

I have tried every drug that has been recommended. My positive opinion is that there is no known cure for Epilepsy.

The startling recoveries that occasionally take place in this disease, only to make us cautious about talking of cures.
Not long ago, a patient in this asylum had a succession of fits with several angry intermissions for nearly twenty-four hours. Beyond giving an enema to empty the bowels, I had done nothing, and the patient was, to all appearances, moribund. One of the Assistant Medical Officers had been making a thrilling account of the value of Chloral Hydrate in those cases. I was anxious to give some in an enema. I consented, and the enema was prepared, but owing to a misunderstanding it was never given. We went to see the patient a few hours later, and found him sitting up smoking a pipe. The next day he was walking about the wards in his usual health. Had the Chloral been given, I doubt if I could have persuaded my colleague that it was not to be credited with the result.

I have seen so many instances of what may be almost called miraculous cures...
from prolonged attacks of epilepsy, when
no medicine whatever has been taken,
that I should require more than the mere
implacable declaration of a young enthusiast
to convince me of the value of any particular
drug.
It is a question often asked - does the
administration of iron injuriously affect
epileptics by increasing either the number
or the severity of the fits?
I know the practice of the administration of iron
very largely. I have not as yet had any
proof that it influences the fits at all.
Epileptics are often very anemic, 
the use of iron in some form is imperatively
called for. So far as I can judge from
my own experience, it is often very
beneficial.
A patient now under my care as a very
dangerous epileptic, has a very marked
dansunicous temperament. He had often
asked me to bleed him, I assumed one that
when in the coming he had been living that by the doctor. He had no fits for one, two years subsequently. I refused to bleed him, notwithstanding his importance. One day he fell in a fit, cut his head severely, and lost a lot of blood. I bandaged up his wound that he might set to bed. Unnoticed he removed the bandage during the night, when I saw him I was horrified at the evidence of great hemorrhage that went any night. From that time he went over four months without having a fit; he had formerly been having them at intervals of a few days & often had several together. His mind was also considerably improved.

This case led me to reconsider the subject of resection of the brain. I have since employed it with great advantage in similar cases. It is not often we get epileptics who can stand for blood letting, the majority under any cure now are amnestic, but occasionally such patients, to prevent themselves, now
I have no hesitation in using the lance. General Paralysis here, I think, are curative treatment. We have a large number of these patients in this Asylum, I have tried everything that has been suggested, have met with a single drug in which I have a particle of confidence, have been forced into the belief that no cure, or even palliation is possible, that all that can be done is to attend to the general health of the patient.

In the course of General Paralysis—sometimes when the disease is advanced—we occasionally have a rapid subsidence of intractable symptoms of the patient apparently recover. If any new thing happens to have been tried in such a case, it is apt to be credited with the result.

It is only such an explanation as this which can account for the reputation of Calabar Bean, lately heralded as a
specific, but proved to be worthless in all
lost the hands of its originator.
In the Chronic forms of Insanity there
is nothing especial in the treatment; they
must be regarded as beyond the reach
of physic & all our attention must be
given to the general health.
In all forms in all stages of Insanity
the patient is apt to refuse food, & it
becomes necessary to feed artificially.
There are three methods of feeding, &
each has its advantages. These are
1. Through the nose 2. With the Stomach
pumps 3. Enemata.
I have tried all three prepar the pump
& esophageal tube.
When the stomach is irritable, enemata are
valuable, but if the stomach will sustain
food, it should always be used.
The great rule of my practice is to feed
early & to feed often. If a patient cannot
eat, not refusing food for twenty four
hours, I find artificially, rather continue to do so four times a day until the natural desire for food returns. My only exception to this is where the patient is lying in a comatose or semi-comatose condition, e.g., after a prolonged attack of apoplexy.

I have repeatedly made post mortem examinations of patients who died after having remained in a semi-comatose condition for several hours immediately preceding death, who had been regularly fed during that time. I have invariably found the food given had remained in the stomach or bowel—presumably as it had been given by mouth or rectum—in exactly the condition in which it was introduced, no traces of absorption or digestion being apparent. Medicines that could be detected, I found in the same state under the same circumstances. I know also of one
cases where several doses of lodolinal followed by a large dose of cumin oil were given to an epileptic while unconscious, in the hope of getting action of the bowels, but without any effect. Ultimately the patient recovered consciousness from nearly killed by the violent action of the medicines which had been administered which only began to manifest their action about two hours after this recurrence. I therefore now make it a rule never to feed, nor to give any medicines by the mouth, while the patient is unconscious. I am satisfied it is useless to do so. The food cannot be assimilated even if got into the stomach, nor making the attempt to get it there, while the patient is in this condition, much injury may be done by foreign matter going into the lungs. That this is no imaginary danger I have ample most interesting proof.

Jr. Richard Davis