Thesis for Degree of Doctor of Medicine

[signature]

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Dear Sir,

I enclose a thesis which I declare to have been entirely of my own composition for the MD degree.

I have passed in Greek I Logic and will forward certificate of having done as when required.

Yours Faithfully,

J. H. Ward

The Dean of the Medical Faculty.
Notes on the Use of some Hypnotics in

_Anxiety Practice_

The best means of inducing sleep in a valuable inmate, where the patient is a question an Anxiety Physician is confronted with daily. During the last three years I have treated many hypnothics and will now give my present views on the above important question.

The query-Will it benefit the patient if he has a hypnotic hypnotic? It is not always an easy one to answer and involves many considerations, among which the question of when the patient has not had a fixed number of hours sleep or possibly comes next. Then the patient's present state must be taken into consideration, as he may sleep without a hypnotic and conclusively natural sleep in many cases. It is preferable to treat obtained by the use of drugs.

Another exceedingly important matter is whether the hypnotic will interfere with the patient's change of ultimate recovery while offering a little temporary case.

We must further consider if we are undermining any other function while ensuring that of sleep, and whether any real mental improvement is likely to be gained.

This last question probably must unfortunately never always be answered in the negative.

Other considerations are whether the patient...
is becoming so illustrated to the case of a hypnotic and whether the general health is improving or not.

The hypnotic for which hitherto I have the preference is Paraldehyde and use it far more frequently than any other.

I have used it in about two hundred cases and never seen any evil effect produced by it with the possible exception hereafter referred to. It has one great disadvantage—it nauseates taste and this is not easily got over.

In fact most of the drugs given to cover this appear to me to, if anything, make it worse if the patient can be induced to take or keep a desultory diet. It often quite it simply dissolved in an ounce and a half or two ounces of plain water. Perhaps a little wine may improve the best adjustment. Some patients take it better suspended in four or six ounces of water with a little hypodermic extract of cinchona or fly-arenes. On the whole considering its use, undoubtedly admirable though it is less objectionable to lay patients than would be supposed.

Among the advantages of this drug may be mentioned: its great safety, allowing one to give the drug without fear in febrile men and women with advanced heart or lung disease where one would hardly care to give a hypnotic which would not at the same
It is free from unpleasant after effects such as upsetting the digestion or inducing a craving for the drug or often seen with Chloral in opium.

It certainly when given in an adequate dose of producing sleep and this sleep generally a quiet natural and refreshing one, the patient being able to be awakened easily and not being troubled with dreams. A dose which will produce sleep the first night will generally do the same on many other occasions and there is therefore seldom need to increase the amount of the drug. It is volatile and therefore not cumulative being entirely eliminated by the lungs, kidneys, and skin.

It does not appear to cause any confusion of mind the sleep following its administration and probably has a tendency to restrain the mental sleep Induced as some patients who have used it for some nights before its use hence have a good night's sleep for several nights after. In many cases it causes a marked improvement in the pulse.

It often causes vomiting the following day due to non-absorption of the drug since I have noticed that this causes most troublesome in this respect are those who have not slept after taking it, and also that ole
feebler people will not carry so much and but
feebler circumstances power and the smell
of the dung plainly after ten or twelve hours
are certainly not confirmed in bodily health
through its use.

From the night reports of Digby's Asylum
Exeter and the Devon County Asylum I find
that on an average between four and five
hours sleep followed a dose of a chauchum and
a half and that sleep sometimes ensued
almost immediately after the administration of
taking but as a rule in about twenty minutes
the effect often appears to be sudden and only
produced the patient being restless and excitable
for some time and then falling asleep without
mucha with hardly any witnessing stage of
activity.

Dose a chauchum and a half dose to begin with
except in extremely feeble or young patients
and have increased this to three chauchum
but not beyond this.

This dose has acted as above stated in almost
over seventy five per cent of the cases and some
of them who did not sleep the same night
and were not able to sleep well the following one without any
hypnotic at all or else had seven or eight
hours good sleep with an increased dose.

Sleepless patients, refusing food, in pain
in a state of extreme depression appear to
be a class of cases in which the drug exercises some curative effect, the mental pain becoming less, the fancy of the tongue and the subscession of food often disappearing as the sleep becomes restored.

The following case illustrates this very exceptionally well, the commencement of a return to health coinciding with the occurrence of a good sleep obtained by the use of this drug.

Mrs. A., 45 years of age, the wife of a Publican, but used to be a temperate woman and with no family history of insanity, was a year and a half since miscarrying her sixth months old child; when it died suddenly in her arms.

After this child she became very depressed and still came on six months before admission here. When she last miscarried child by Diethyl and she is reported to have made several determined attempts at self-destruction and also has tried to cut the throats of her other two children.

She has utterly refused food for days together and cut down slept for more than two hours at a time during the whole examination and for many periods of forty-eight hours to have been entirely sleepless in spite of the administration of many doses of Thrice chloral and Tyrocin aperient. There been the chief.

On admission she was very thin and cadaverous and was very deformed.}
Morning and stated that she had frequent
laboured uncontrollable impulses to strangle
herself and sometimes to injure herself about
her. She was over fed and sent out walking
away along one bypath line having administered
Feeding that she never had more than an
hour's sleep at night and sometimes went at
for a week during which time she was under some observation
all I that is mentioned in bodily improvement
occurred she never quizzed a dream or a
sigh of Paraldehyde. The sleep was thrown
the first night and the same the following
night without a dissociate. On the third night
another dissociate ness quizzed she slept quiet
hours. After this the habit of sleep appeared to
return but and her general condition much
improved; she became cheerful lost her
homicidal and suicidal impulse, encephalised
refined and was ultimately discharged recovered.

That Paraldehyde can be quizzed for a lengthened
period without ill effect on the general health
of the patient and without increasing the dose is
supported by the following case.

A.O. aged 50 formerly a prostitute and thief
in the East End of London and for nearly twenty
years continuously an inmate of one or other
of the Metropolitan Asylums was transferred
to the City Asylum Centre in 1889.

She was admitted as had a type of chronic berne
as it is impossible to conceive. Dirty Ectomorphie
and constantly chanting and screaming out the most
complicated and confusing language. It has been
my misfortune to hear and would attach itself at
someone going nearby. At night she would
roll in fits and make noises strange like
a mad animal and howling the whole gallery in
sun uprooted from the utterance of intangible
fears of the single voices and hallucinations here.
It is obviously necessary in a case of this debo-
currence to restrict output for the sake of the other
innmates of the gallery as well as for the patient's
own benefit. The nurse quietens excreta
with hypomelitric including hypsanchy hypocalcemic
which had little effect apparently. The injection
was an extremely unpleasant operation and
seemed to make the patient worse than ever.
Brownies and demons indicated also. I gave her
little effect and I think grains of fulminant
thunder native with a blue result. She
was given also hot bread. While the best thing
at night, then beer & then hot brand water
which, likely from old associations, appeared
to produce somewhat pleasing and noninfectious
effect, yet however very lasting.
A dropper and a half of Perchloride was
then given every night at bedtime. The old
woman as a rule went to sleep in about ten min-
utes and slept till morning. I continued this
dose for about a month. When it was decreased
and patient became very restless, lying trying to get out of bed at night, requiring two nurses to prevent her sitting up and in a state of mental and bodily distress. The heart became irregular and intermittent and her breathing gasping from the waterlogged condition of her lungs. She was given a draught and a half of Paraldehyde and sent to sleep in about half an hour. She never recovered consciousness and died about four hours after the administration of the drug. At the post-mortem examination besides the gangrene and the ordinary appearances in cases of neural incompetence with fatty heart she was found to have Acute Inflammatory Bright's Disease. The death was not I believe accelerated in any way by the administration of the drug but the fact remains that she died without recovering consciousness from a sleep obtained by its use.

Paraldehyde is another very valuable hypnotic which I have never a great deal.

It is also a sedative and usually acts more slowly and its effects are more prolonged than Paraldehyde as is pointed out by Dr. Carlyle Johnston in the "Journal of Mental Science" for January of this year.

One of its disadvantages is its insolvability in water, only about a grain in an ounce.
In some cases I believe quite in the use of phenaklephyl, but from the uncertainty of its action and the time an administration takes, I need to use for some time until it becomes clear that probably the patient did not get the drug in this manner, some being left at the bottom of the drug. I have therefore suspended its use, and personally refer to the administration of it. I have certainly had better and more uniform results through this way of administration. I have certainly had better and more uniform results through this way of administration. On the whole I believe I do not consider it to be nearly as certain or uniform in action as phenaklephyl and reserve it use for the cases of cases presently detailed. In some cases the patient is quiet and go to sleep, while in others it is not certain if the patient is quiet and go to sleep. It takes two or three hours and sometimes longer to produce sleep, and this is a matter of the disadvantage as at any time the patient may be noisy and excited, and long to sleep without a hypnotic and if the drug is given early one is unable to judge in many cases whether it has been given unnecessarily and possibly to the detriment of the patient in ultimate chances of recovery. It is rather a candidate depressant than a claimant through this action in very slight.
It does not appear to affect the digestion or destroy the patient's appetite, but it continues several prolonged in many cases, and the patient is usually unsatisfied for a great part of the next day. It is not eliminated or rapidly as Pseudohydeol and a smaller dose the second night often produces sleep. In fact, with Pseudohydeol, sleep not infrequently occurs naturally and without drugging, the habit of sleep being apparently more intense, intensified. Its soporific effect, the following day is often of advantage in turbulent patients, saving them from sleepless and possibly injurious and their neighbors from continued severe insomnia and annoyance.

In melancholic it certainly has an excreting effect. Sometimes I am forced to suppress any increase in the depression I wonder how though it is perhaps sometimes more prudent to attribute this effect to the disease.

I gave full strength for nine nights to a melancholic, spinless woman in half dozen doses. It produced sleep of seven or eight hours duration, each night and lessened the spinless tendency but their anxiety and often sleepless due to the expelling pronounced by the tension and not to any real improvement.
in her condition. The patient gradually became morose under the influence of the drug. It was difficult to move her out of bed, her speech became stilted, and she was hardly able to walk. I have not ceased to use Sulphonal in a curable melancholic case since.

Symptoms and a white fear on the tongue have been said to have been caused by the use of the drug, but personally I have no conviction of these symptoms and fear on the tongue is so common a feature in the cases of cancer in which Sulphonal is used that I should hesitate to ascribe it to that cause.

I use chiefly in it in recurring chronic cases and in early General Paralytic cases. It certainly is a valuable agent in producing some peace for the sores of the mind and lessening the chance of injury to the patient or themselves, some of whom have to their freeborders, attacks fear, constant restlessness, grandiose illusions and perverseness, often combined with great impetuosity and violence as a constant source of anxiety, and probably give rise to more accidents than any other class of cases.

In early General Paralytic of this class, I begin with the grains twice daily, or
this small dose often succeeds in relieving
Thus more amenable to bisecting. If this
has not much effect I double the dose and
stop it after a few days and have so
often found these small doses cut well
that in an ordinary case I hesitate to begin
with a larger dose of a drug given from
motives of expediency and not probably
for the patient's benefit though I certainly
do not consider that life in such a case is
in any way maintained or made more mean-
able.
I have found it an extremely useful drug
in patients. Where it is desirable to work
in bed for some days for surgical or other
reasons I do not stay them without
the constant presence and active interference
of an attendant.
I am at present giving the drug to a
very feeble but violent restless and aggres-
sive General Paralytic who unfortunately
after many quarrels with patients' attendants,
engaged in a struggle and was thrown to
the ground an attendant falling on him.
He was afterwards found a number of men and
women about groaning and screaming.
When examined he was found to have two
fractured ribs on each side of possibly a
greater number.

The casual bandage splinters were torn
off not once by sentiment nor would not stay in bed and may to help in to attach these in charge of him. This later became intermittent and he began to have to catch in his breathing and seriously noticed. He was given ten grams of sulphenamid and this certainly acted materially well as he became quieter and gradually fell asleep. This has been repeated several times and he lies in bed quietly quietly does a great deal during the day and sleeps at night. He is easily moved to take his food. He is not cough and his breathing is fairly easy, not accelerated, and he is going on much better than could be expected.

I will be sulphenamid is doing practically applicable to much an unfortunate case as this. On any one could hardly count to wait in view of the possible occurrence of Pulmonary Contraction. Hypomethional Chloride Hydrate would be objectionable from their depressing action on the circulation of the slight cardiac depressant action of this.

Phenol was not antitoxic at all in this case, in fact, probably from the much needed rest in the examinee the heart has again become regular and its action stronger.

Paraldehyde lacks the sedative action.
and prolonged effect of Sublignitum which are so marked in cases of this description.

On the whole I consider Sublignitum a valuable drug in the treatment of cases where its after effects of alopecious and atrophy are rather an advantage than otherwise. But benzacetate is not as recent a valuable cancer, especially melanomas. Charcoal powder or carbon slugs or Para-azidophenol is available for this purpose.

Chloral hydrate is a drug much less used in the present day. It is in some cases a much less toxic and irritant than benzacetate.

From the records of the Deen County Hospital it appears to have been very largely used and in a somewhat indiscriminate manner. But more than one death from cyanide failure appears to have occurred in patients who had taken rather large doses for a lengthened period and at the present time it is seldom administered. The superintendent Dr. Lempes Pracelis informs me that he has never seen any ill effects occur from a single dose even if a large one had been taken constantly requiring a hypnotic to depress the function of the circulation was very marked and that it was not at all uncommon for patients taking it to have severe and alarming symptoms
It also certainly creates a craving for its use and does not induce the habit of sleep. I have used it in cases of stony的女人的面瘫, the muscular system being heaped up with lumps of matter cut-out except in another case and also in a case of Dunhill amenorrhea of a very acute type in a strong otherwise healthy woman. It produced massive somnolent sleep in their cases and acted splendidly and as the patient convalesced the sleep naturally I had no concerning. Its greatest advantage is its certainty of uniformity of action and is a drug not to be lost sight of when it is important to obtain a sure development in an acutely-manical patient with strong heart action. It is also a useful drug given in combination with Bromide of Potash to cut short a series of epileptic fits and I have apparently seen an increased in reducing the number of fits to three or four in patients who usually have a much greater number following one another at short intervals.

Bromide chloral hydrate seems safer to reduce of a pure hypnotic but has certainly acted extremely well in some three or cases of melancholic patients elsewhere partly through the use of Hanseal bromide.

I have used Chloraloids on fifteen occ-
-asions in doses ranging from twenty five
To forty quins. It acted well in many of
the cases; giving from a few hours sleep gen-
erally in about half an hour unless adminis-
tered in doses. In these cases it did
not act at all. It does not appear to affect
the circulation in medicinal doses but from
my limited experience of it one feeling that
it tends to affect the digestion and that it
is not so certain or uniform an action as
Paraldehyde.

I seldom use Quins as a hypnotic except
of course in cases where pain is the presen-
ti of sleep. In old elemented feeble people
who are restless and when Paraldehyde
does not act well I sometimes give it and
I fancy that it sometimes tends to improve
their mental condition and make them
less restless and more comfortable. In these
cases any pain which may be endured for
three minutes is not a matter of much importance.

I have found that by giving it in the form
of the Dil Quins in or the Phenacopoeia but
made up of a strength of one of quins to five
instead of one to two there is seldom any
constipation produced by it. Many of these
cases however cannot take pills and in these
I generally give the Quins in the form of
Battles' Dilatex. I have never given quins
in an acute mental case except to get
the exciting effect of a small dose may fail
annulment of the stimulus with a stimulating
and tonic medicine such as Port Wine and
Beauv. This has been very greatly improved
in cases of melancholia but although I
often find it I fear that any effect men-
cial is more due to the Port Wine than to the
Opium.

There are at present in the Devon County
Asylum five patients who are good examples
of the exciting medicinal hy of Opium. They are
all chronic cases having been in the Asylum
for many years. They all take morphine
daily and have done so for years past, one
case for twenty-two years. Many
attempts have been made to discontinue the
drug and I fear that nearly every new medici-
nal officer whom has come to the Asylum has made
the attempt but they still have their little
mode of every week I would probably continue
to do so. The chief symptoms ensuing when
the drug is discontinued are great irritability
followed by depression and the most persist-
ent vomiting which is at once stopped
When the administration of the drug is
resumed. A third of a grain three times
daily is the least they will go on comfortably
with.
Alcoholism is a valuable drug in certain cases and I have used it in great deal though much less ready to do so now than two years ago. It is more an addictive than a hypnotic and is specially useful in cases of uncontrollable violence and cholera in cases where it seems to have little or no effect in other classes of cases. I have noticed it in cases of gross evidence such as sometimes shown in the sudden small articles with the fingers such as tearing sheets into threads. I have noticed this in cases of gross violence in which a man is seen at the present moment. A very dirty man, a man who has been in prison for several years and is in charge of Corporation House Asylum at Blackfriars, afterwards transferred to the Rectory City Asylum with delusions of being the Virgin Mary and using an almost incredible quantity of clothing by day and by night. He was always supplied with a new dress every day although made of strong material. Special signs of disgrace were put on her by her. She was given to stealing sheets in some ways she managed to tear them up into small strips. She was given alcohol to keep her under control. She was driven out of her senses from one to two hundred to an eighth of a grain but without any perceptible effect on her cholera or cholera tenderness.
When the reaction was dangerously severe, we usually
brought a "morning sickness" under control to relieve the patient
of his "involuntarily". We have sometimes given
saltpetre with good effect.

I think the effects of the drug are not
noticeable as I have seen the manner of the
same referred to quite some results in quieting
extremely violent symptoms. I use it in
cases of acute mania with uncontrollable destruc-
ting violence and I do not think it at any rate
has any tendency to retard recovery though the
operation of migration is sometimes a good check against
In general Paralyses when severe and indicated
will without doubt substitute for the
I have sometimes quizzed it I have seen no
unfavorable results. In chronic cases it
quiets the patient's patient's disease to protect
the patient himself from his own violence and
headaches. It acts well as a hypnotic in
some maniacal cases or in cases during the day
the patient getting a good weight and chiefly
I think in these maniacal cases who do not
sleep because they are overtaxed and their brains
exhausted from excessive continuance with
excitement which is kept in check by the
use of this drug.

If hypnoargentum I have rarely used it
since and hence used it in one or two cases of
acute depresion violence. It appeared
to induce very great delirium, disorientation, and disconnection. I have not tried these agents, and I have not experienced any effect. From the accounts I have heard of its use, or absence, in some instances, I have had little encouragement to keep it in the list of sedatives in general care and on the whole if absolutely necessary would prefer a mechanical, to a chemical restraint produced by its agency.

The Bromides are valuable agents for producing sleep in certain cases materially in those cases sleep is absent through mental anxiety or hallucinations of hearing. They are also valuable sedatives, either alone or combined with other remedies. The combination with Cannabis Indica I often use but never from its reputation in the hands of others than from any effect I have myself observed. This is probably due to my never having obtained a really reliable preparation of the drug and I have it in considerable difficulty in using this. I have on more than one occasion taken a dose of the tincture myself to test the drug but never felt any effect, and the taste is disagreeable in the extreme.

The Bromides certainly have a sedative tendency in some cases of insanity associated with delirium and when giving a sedative to an epileptic prefer them to any others and in fact give Bromides to any epileptic who have
the topmost evidence of recovering regularly. The pro-
gress in most of these cases is so very unfavorable that any claim which has been advanced to favor
being effective certainly cannot be considered. I think
the recovered might be considered more likely to drop
and return. The number of fits is notably diminished
by the Bromides and I have not noticed that
the mental condition of patients taking them
as any worse in fact sometimes their behavior
much improves even though fully cases.

The combination of the three Bromides sometimes
succeeded where one of them failed. This was
remarkably well shown in the case of a Policin.

The twenty-four years of age not enduring one
and had constant opportunities of
observing. The first had epileptic fits, then
twenty-two years old, for which no case
could be assigned through the case of a similar-
really neurotic family. The fits became frequent
the second in series I were followed by a convulsive
outbreak of patient had to return to an Asylum.
His was given Bromides of Potash in increasing doses
up to a dose three times daily with the effect of
checking the fits to some extent but the convulsive outbreaks
occurred as before. A mixture of the three Bromides was
then tried that of Potash being gradually diminished;
The Bromide of Bromine was increased as this made
him complain of great weakness of the limbs and trembling
the tonic the mixture for nine months gradually
informed him not for five months before leaving the Asylum and was perfectly well mentally and physically. He went abroad and for two years was said not to get well in his profession. Many patients cease from hypnotic the first night after admission but personally I have seldom given any without some very specific dream for doing so and frequently find the patient does not require one at all. Some people are unable to sleep after a hypnotic but in very many cases no hypnotic is equal to the best thing with a glass of brandy today or brandy this especially in Insomniac cases if ever a hypnotic is required any they are unable to eat and have boils or boils through herbism or family cows. Old people especially often sleep better for a night or blanket on their bed. In patients absolutely refusing food and sleepless the best hypnotic I think is often a warm foot given the foot with a glass of Port wine added.

Often an exercise, plenty of food and occupation in means of amusement to vary the monotonous routine of Asylum life and a strict return from the "ego" are excellent. To the measure of all others it is desirable to employ them forcibly to promote sleep as there are also the best means of restoring the bodily and mental powers of the patient. The more one of Asylum life the more reluctant I am to administer hypnotic drugs believing—considering so that if they appear - that the power the hypnotic the quieter the Asylum and the less sensible the confinement man.

J.H. Ward