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There is much bad English and much bad spelling. This may be due to the presence of the transcriber. ASR
Care and Treatment of the Insane.

In discussing the treatment of the insane, it is better to make a distinction between, treatment at home and in asylums or hospitals specially adapted for the purpose. The latter being the more important should be considered first.

Before, however, proceeding to consider the treatment of the insane, it will be well to notice, briefly, what are the legal measures for ensuring proper care being taken of them. In the eye of the law, the insane are divided into three classes, namely, pauper, private and criminal lunatics.

Pauper Patients. A Poor Law Medical officer receiving information that there is a lunatic in his district must give notice to the relieving officer or overseer of his parish. They upon receiving such notice, or the information from any other source, must inform some justice of the peace, who shall, with the aid of a physician or surgeon, examine the said lunatic and make an order for his
admission into an asylum. (1647 tit. c. 97, s. 67) Should the medical officer, relieving officer, or overseers neglect their duties they are subject to penalties. (1647 tit. c. 97, s. 7071.)

Lunatics not under proper care. Any constable, relieving officer, or overseer, being informed of such lunatics must arrest and convey them before a justice of the peace who shall examine them and make an order for removal as above (1647 tit. c. 97, s. 68).

If the state of the patient's health is such that he cannot be removed with safety, then he must be properly cared for until able to bear removal.

Under an Act passed during the reign of William IV (4 & 5 Wm. IV, c. 74, s. 42) it was made punishable as a misdemeanour to detain any dangerous lunatic in a workhouse for a longer period than fourteen days.

After a lunatic has been admitted into an asylum, the superintendent shall within one clear day transmit to the Commission in Lunacy and clerk to the Bishop a copy of the inquisitorial and medical certificates on which he was received (25 & 26 Vict. c. 111, s. 28) and within
seven clear days a statement, in form of Schedule C, 1847 Vict. c.96, setting forth his mental and physical state, under a penalty of being indicted for a misdemeanor. During the time a patient is detained in an asylum these must be entries made in the case book at intervals of not longer than three months for chronic cases and at shorter intervals for more recent cases. (see order of commissioners in lunacy under 8 & 9 Vict. c.100, § 60) also all bruises, injuries, or accidents, have to be entered in the case book and Medical visitation book (a book kept by the medical officer) 8 & 9 Vict. c.100, § 59 & 60 under penalty for neglect a false entry enumerated in the above section.

Should any official in an asylum, or other person illtreat or neglect a patient they are liable to a fine of £20 or to be indicted for a misdemeanor (1847 Vict. c.96 §9.)

Private Patients are under the same Acts as pauper lunatics, only that in place of being confined by an order of a justice and one Medical Certificate there must be two certificates and the order may be signed by a relation or other friend (1847 Vict. c.96 §4.)
Criminal Lunatics only differ from others in that they have been sent from some prison or the asylum or are sent there during His Majesty's Pleasure for having committed some crime while insane, or having become insane after committing a crime, but before trial. They can only be discharged by an order of the Secretary of State (389 b.d. c. 142, s. 31, 27-28 b.d. c. 24, s. 3, and other Acts.)

All asylums, licensed houses, or hospitals containing lunatics of any class must be visited by the commissioners in lunacy, if within their jurisdiction four times every year, but if outside county asylum and workhouses once, other twice every year and four times by the visiting justice. Then the commissioners of justice make their visit, they are to see all parts of the building and all the patients, examine into all complaints the patient may make, see what amusements and occupation are provided for the patient, and how they are treated and attended. After having examined the patient building, they make a report in a book kept for the purpose, which report is read by the justice or commissioners whenever the
license for the House is renewed.

To conceal or to wilfully neglect to show
any portion of the premises is indictable as
a misdemeanor (889 Brit. & Amer. Law 67.)

Having thus briefly considered the legal
measures taken to ensure proper care and
attention to the insane, it now remains to
consider the different means of treatment.

In discussing the treatment of the insane
various attempts have been made to divide
it into the Moral and Medico-Mental, or into the
Hygienic, the Moral and the Medicinal. (See
Dr. Beecham’s treatise on Psychological Medicine 3d. Ed. 4th
This no doubt has many advantages, but each
division approaches so much on the other that
it is difficult to say where one begins and where
it ends; consequently, it will be better in place
of using the imperfect classification at present
partially adopted to consider separately the
various things having an effect on the cure
of the insane.

The Asylum, the construction of the build-
ing and its surroundings have a consider-
able effect on the patients. It ought to
be built so as to command an extensiv
view of the surrounding country, for the
more cheerful the view the better for the patient.
As far as is consistent with safety all prison
like arrangements should be dispensed with
as their presence exercises a depressing effect
on the patient. In modern asylums the
small panes of glass with strong bars and
sashes have given way to large panes pro-
tected at night by shutters. The windows
should be so low that the patients can see
out. The asylum should be so planned that
a complete classification of the patients
can be effected; not only the sexes should
be kept separate, but the excited, noisy and
dirty patients should be separated from
the quiet and convalescent. This arrangement
adds very much to the comfort of the latter
class without taking from that of the former.
The grounds should be laid out so as to
provide lawns for various outdoor games; the
shrubbery being planted so as to secure good
views of the surrounding country and, especially
if a private asylum, concealment of the
patients from outsiders.
The airing courts should not be level with
high walls round them but should have the centre raised so that the patients can see over the wall and yet no chance of them being able to escape. The patients take a great interest in what is going on around them.


Attendants. They should be very carefully chosen; for although the medical superintendent has charge of all the patients in an asylum, all his directions must be carried out by the attendants. In a large asylum, the duties of the medical officer are so numerous that he cannot, personally, examine every patient daily, with the requisite amount of care that is necessary to detect any slight change in his condition; consequently, the attendants ought to be good observers and always on the watch for any little circumstance.
which may denote a change in the patient and report it at once to the medical officer, especially at the beginning of a change, most good can be done a harm averted. Attendants ought also to be of a cheerful disposition and above all of a good temper. Their duties are very trying both to the body and mind as they have always to be on the alert and to exercise great obedience with the patients, never losing their temper or retaliating on the patients; any injury they may have received from them. A cheerful attendant very often encourages low-spirited and depressed patients either to amuse themselves or to find useful employment. They ought to be specially trained for their duties and not chosen indiscriminately from a number of applicants as is too often the case. No doubt old soldiers, clerks, and tradesmen may occasionally make good attendants, but not equal to those who have been trained to the duty. The latter take an interest in their work identifying themselves in the amusements and employment of the patients in a manner which the former cannot do, so to them the
duties become irksome and irritating.

In addition to looking after insane patients who are in good bodily health, attendants have very frequently to act as nurses, here the good qualities of an attendant are brought prominently forward for in the patient are often combined the waywardness, obstinacy, and stubbornness of children with the strength of an adult.

The number of attendants varies very much in different asylums and in different wards in the same asylum. In most county asylums they average about one to fifteen or sixteen patients: in refractory wards they are more numerous while in the quiet ward they may be even one to twenty. In private asylums the number is often one to four or five and even in some as high as two to five. This increase of attendants in private asylums is partly counterbalanced by them doing almost all the work of the establishment while in county asylums the patients do a large proportion. Whatever be their number in relation to that of the patients they ought always to be sufficiently numerous to prevent an attendant engaging singly in a struggle.
with a patient. No attendant should ever attempt to forcibly control a violent patient without assistance as he not only will have great difficulty in doing so but will also excite the patient more; he ought, before attempting to engage with the patient, to summon other assistants; when engaged singly with a patient he rarely overcomes him without inflicting more or less injury. Although there is seldom any combination among the insane, I have noticed, on more than one occasion, that when one patient became violent others have done the same so that if there are but few attendants present there is great danger of some injury occurring.


Occupation. Among the means in use to relieve the condition of the insane, the chief are work and amusement. In county asylums the patients are more easily persuaded to work
than in private asylums. In the former, many of the male patients are employed in the gardens or as agricultural labourers on the farm, or if skilled workmen in doing the numerous repairs about the building, such as mason, plumber, carpenter and plasterer's work. These outdoor works are unquestionably much better than the indoor occupations followed by many, such as tailors, shoemakers, etc., but it is much better to employ the patients indoors than not at all. The work prevents the mind dwelling on their delusions and gives it a more healthy tone.

Unfortunately not only is the amount of outdoor work suitable for male patients limited, but there is no outdoor work which is at present considered suitable for females consequently they are employed in various household duties, some in the kitchen, others in the laundries and others again in the laundry but the greater number are engaged in sewing. If the patients are much employed in sedentary occupations, the attendant in charge should take great care that they have sufficient outdoor exercise, not less than from three to four hours a day. Among the
patients in private asylums there is frequently considerable difficulty in getting them to work or employ themselves. Fortunately, however, many take a delight in gardening, others are fond of turning and carpentry, while many find amusement and occupation in drawing and music. Many higher class patients have been accustomed to horse and carriage exercise. The latter is quite common in all asylums but the former is not so frequently met with, but there is no reason why a patient, who can afford the expense, should not have his horses kept for him and let him enjoy his daily ride.

The amusements at the command of all the patients should be both numerous and varied. Both indoor and outdoor, the latter having the preference such as cricket and football, tennis, bowling, croquet, badminton, etc. Indoor amusements should comprise books, including works of fiction and art, periodicals, and newspapers, games of various kinds as cards, draughts, chess, bagatelle, billiards, American bowling, alleys, etc. Some asylums even have a skating rink and theatre. Of all kinds of amusement and exercise
the best in walking. It can be enjoyed by all, except the old and infirm, consequently in all well regulated asylums walking parties are sent out every day, if the weather permits, not only into the grounds but also into the surrounding country.

Many of the insane are fond of pets of various kinds so there should be about the wards and grounds live birds and animals.


There are many patients who after being admitted into an asylum seem to get well without any special treatment. This is evident owing to the removal from the exciting cause to a quiet life free from any disturbance, regular hours, the influence of employment and amusement and of well chosen attendants. No doubt in case of paupers much good is done by a fair supply of nourishing food (St. Bondy on the Construction of Asylums 1847 p. 66) The majority of
patients, however, require some other treatment than what is mentioned above, owing either to the violence or refusal of food or it may be that they require the use of drugs to ameliorate their condition.

The first of these means to be considered is that of restraint or reclusion. Among superintendents and others connected with asylums the use of restraint has frequently been the source of much discussion, some advocating its total abolition and others its judicious use. Like many other remedies it has fallen into disrepute owing to its too frequent use in the early part of the present century when patients were kept under restraint for weeks at a time and in many cases for years. (See case of Norris p. 63864, First Report of Commission on Madhouses 1815) and even in one case for fifty years at Ashbourne in Derbyshire (see report p. 124.) When restraint by mechanical means is not used something must be substituted for it.

It has been found that where the attendants are sufficiently numerous restraint is seldom required, but in some cases it
must be used. When a patient is persistent in determining to injure himself, he must be restrained, also in surgical cases when a patient continues to remove bandages and splints. In these cases the choice lies between the attendant holding the patient and restraining him by mechanical means. It is said by the advocates for the judicious use of restraints that holding a patient irritates him more than restraining him. Besides, it would be almost impossible to have attendants continually holding a patient who wishes to remove surgical dressings. When the violence of a patient is directed not against himself, but the people around him or takes a destructive form than seclusion acts very well. The patient should be removed to the room, in which it is proposed to seclude him, by a numerous body of attendants so as to render any attempt of resistance ineffectual. This precaution often prevents a severe struggle. When the patient is placed in the room he ought not to be left but an attendant stationed at the door to keep watch. If destructive all furniture should be removed from the room, except a
seat secured to the floor.

(Vaxe first Report of Committee on Madhouses 1813; page 42, 46, 54, 63, 64, 124; J. Conolly on the Construction and Government of Lunatic Asylums 1847; 163-177; Mr.辈
Essay by J. D. A. Luke 1852; Mr. Brocknine and Luke
on Psychopathical Medicine 1874, p. 683-688.

Possible feeding. Very frequently in the practice of an alienist physician cases occur in which the patient refuses to take food, either from the idea that it is poisoned or that they are commanded not to take it, or they may refuse to take it from a desire to commit suicide or from mere waywardness or obstinacy. The physician has in these cases to decide if he should resort to forcible feeding, when and by what means. In few cases is it advisable to allow any length of time to elapse before feeding for as the strength of the patient diminishes so will the risk he runs increase.

Patients who refuse food from their delirium and are not in a state of delirium an excitement may be permitted to pass some time before feeding as wasting in them is almost as slow as with persons in ordinary health, in these
cases, as in all others, the condition of the patient must be taken into consideration. When the refusal of food, from whatever cause, is combined with excitement and delirium, wasting is very rapid, and much time should not be lost before resorting to positive feeding. If the refusal is from obstinacy, the patient will most likely eat when he becomes hungry, if from a desire to commit suicide the patient must be fed before the want of food begins to diminish his strength.

Having decided that it is necessary to feed a patient, the next question arises, how is it to be done? In many cases if the patient is placed on his back, on a mat, on the floor, his mouth opened and the food put in he will swallow; but there are not the cases which give rise to much trouble about feeding.

The following are some of the methods employed in feeding. The patient having been placed on a mat, with his head resting on a firm pillow, is held by two or more attendants kneeling on the mat, and holding the patient’s arms. The person feeding may, if necessary, steady the head between his
knees, he then inserts the bowl of a spoon between the teeth. This may give rise to some delay and trouble, if the patient has a good set of teeth and keeps them firmly clenched, but by pressing the spoon against the teeth and putting a finger between the gums behind the last molar tooth it may be got in. Having got the spoon in an attendant takes hold of the motile (which ought always to be deprecated) and keeps them firmly closed while food, in small quantities, is poured into the mouth. This is a very slow method and if the patient struggles much he may be more exhausted after feeding than before although he has got some food.

Another method of feeding a patient while laying on a matress in one by means of a funnel placed in the one of the motile, the other being clused, the food poured into the funnel and finds its way to the stomach by gravitation. There are other and better methods in use, among which are feeding by means of the nasal tube and with the aosophageal. Of both of these the patient should be firmly held in a chair by a sufficient number of attendants, holding, directly with their hands, or by means of a sheet.
wrapped round the patient.
In these as in all cases of feeding the throat
must be kept free from all tight clothing.
In the first, by the nasal tube, a small tube,
about the size of a catheter, is passed through
the nares into the stomach. In passing it care
must be taken not to pull it into the larynx,
which from the size of the tube might easily be
done. Before attempting to pass the tube it
should be curved so as to make it pass easily
down and not catch against the curvical re-
tilhas and then by leaning the head forward
the larynx may be safely passed; then movement
when feeding a very infants patient would be
difficult. The tube once fairly on the aësophagus,
will pass easily down to the stomach. The tube
containing the food should then be attached
and the food allowed to flow into the stomach.
This means has in addition to the objection that
the tube may be passed into the larynx and that
the food into the bronchial tubes other, namely, the
plowen with which the food passes and secondly,
only liquid food can be given.
In using the aësophagal tube the patient
being firmly held, the mouth is opened. Here have
seen various ways tried to effect this, but the best is by means of the screw gag, the narrow edge of which having been inserted between the teeth, in the same way as the spoon when feeding on the floor, the teeth are slowly opened by means of the screw until the perforated wooden gag can be placed in the mouth, the tube should then be passed through the hole in the gag, down into the stomach. The gag should be squared at one or both ends so that it is easily seen if it is properly placed in the mouth, and have a strap fixed in each end to fasten behind the head and hold it in position. When passing the tube there is no danger of it going into the larynx as it is too large.

Having passed the tube the stomach pump may be attached and the food injected into the stomach, or a cone-shaped metal having an opening at the apex, moved by a syringe, may be used. This is attached by the apex to the tube and the food allowed to flow by gravitation into the stomach. The latter method is best as there is a constant equal pressure while the food is passing.

The aerophagal tube is better than the mez.
nasal tube as feeding by it is not so long and also because finely minced meat, farinaceous food and milk may be given in addition to milk, beef tea and eggs with stimulants which are about the only things that can be given by the nasal tube. The latter has an advantage over the oesophageal tube in that it does not require the mouth to be opened.

(Dr. Bucknill and Jukes on Psychological Medicine 1845 p. 75-75; Dr. Blandford on Insanity and its Treatment 1873 p. 200-210)

Feeding by pouring the food into the mouth and holding the nose until it is swallowed having several objections, especially the length of time required to give a fair amount of food, I have tried the following plan in a few cases with a good result.

The patient being laid on a matress is held firmly by two or more attendants, the head resting on a firm pillow, is steadied by putting it between the knees, and the mouth opened with the screw-gag; I have used it because it occupies less room in the mouth than the wooden gag; the lips are kept apart by an attendant so that when the
Food is put into the mouth the patient cannot spit it out, both the teeth and lips being kept apart; having put a little of the food into the mouth I press down the root of the tongue and the food then falls into the back of the throat and now being beyond the control of the patient it must be swallowed. By allowing an interval between each time the tongue is pressed down the patient can breathe freely through the nose.

The use of Medicine in treating the insane. Then considering the actions of the various drugs used by alienist physicians the best plan is to follow the general course of treatment pursued in a typical case of each of the chief forms of insanity. Mania. The treatment has altered very much during the present century and indeed has the treatment of all forms of insanity. Early in the present century purgatives, emetics and periodical bleeding were the rule, now in all forms of insanity general bleeding is universally condemned.

In Mania, which was formerly considered an
inflammatory disease and treated according
general bleeding is inadvisable as the disease
itself produces great exhaustion, but through
general bleeding is condemned local bleeding
is recommended occasionally in very rare cases.
If in addition to the symptoms of cerebral
congestion there are those of inflammation
of the membranes of the brain it is thought
that local bleeding may do good, but so seldom
is it indicated that Dr. Bucknill has not used it
once in upwards of two thousand cases.
The chief indication in a case of Acute Mania
is to keep the patient well supplied with food. For
a time the excitement makes the patient
appear as if able to endure almost any amount
of exertion but if plenty of nutritious food is not
given the patient will soon become exhausted
and weak. In the excited state, patients will
either eat almost ravenously or refuse food,
the latter most frequently, but if they are carefully
looked after they may be persuaded to eat frequently
although only a little at a time. Many hours
while they will not eat will drink large quantities
of fluids, so that they may be got to take milk,
beef tea and eggs beaten up with milk. If they
will take plenty of food there will not be much need of stimulants, should they refuse altogether to eat or drink forcible feeding must be tried very soon, even before twenty-four hours have elapsed. Along with the attempts made to get the patient to eat we must try and induce sleep. If early in the attack a good sleep can be procured it adds very much to the chance of recovery. The best drug for this purpose, in cases if Mania is chloral, it may give three to four hours good sleep without any ill effect. Opium and its preparation are not so good for general use in Mania as they are apt to increase the excitement while only causing a short sleep. If, however, the Mania is of an asthmatic type, then opium may be given with advantage. Among the various preparations of opium Fig. No. 1 is preferable. Sedatives in very good but those of Morphia are better as they can easily be given subcutaneously if the patient refuses to take them. Failing to produce sleep by means of chloral or opium a trial may be made of Belladonna, Indian hemp, morphia, hyoscyamus, a bromide of potash or a combination of these alone may be useful when given separately they have no effect, but mix of potash and tincture of hyoscyamus especially being useful at the beginning of an attack of Mania a purgative may
often be given with advantage and also during the
course of the disease should the state of the alimentary
canal require it. Emetics should never be given for
the purpose of checking the Mania. In its may
be given for the same reason, but not otherwise. Although
Emetics are not beneficial tartarate of antimony seems
to have given good results, used in one or two grain
doses provided it does not produce nausea and diarrhea,
and the patient retains a good appetite, but if loss of
appetite, nausea and diarrhoea occur it must be stopped.
In cases where there are inflammatory changes going on
in the brain it may be given with great benefit.
Mercury is not very much used now but in a few
chronic cases it may be tried after other treatment
has failed especially if there is much head ache
with a hard pulse.
Blister and wet dressings must be very cautiously used
as the ones they produce are apt to become inflamed
and suppurate from the patient constantly irritating
them and pulling off the dressing. Counter irritation
to the spine may frequently be of service when there is
congestion but it should not be kept up long enough
to produce a sore.
Baths both hot and cold may be beneficial. A warm
bath with cold applied to the head will often mit-
Iglate the violence of an attack of Mania. The cold may be applied to the head by means of wet lint or a cooling lotion; some recommend a shower bath, but that seems to be too severe. The length of time in the bath depends upon the condition of the patient but ought not to be longer than quarter of an hour, and repeated if necessary, although some give them of two or three hours duration. Fatae syncope has been produced by a bath lasting only twenty minutes. In chronic cases and also in those of an asthenic type Dr. Schroeder van der Polk has found great benefit from the use of Dr. R. A. C. A. and another A. Meade.

During the last few years attempts have been made to treat cases of insanity by means of electricity, as yet, however, it has not been generally used. Mr. Allbutt of Leeds and Dr. Newth of Sussex Asylum have tried it with varying success but not enough to warrant further trials.

I have tried it in five cases of chronic Mania. In three it had no perceptible effect although tried for upwards of six months twice at different times, the current being interrupted and the continuous current, the sitting being from ten to fifteen minutes long and averaging about twice a week. In two cases it had seemingly a good effect.

W. B. L. Previous to the use of the continuous current
refused food, was restless at night constantly getting out of bed and slept badly. Under the use of the current he improved so much that he ate well and slept better never getting out of bed during the night. After some time there being no further improvement the current was stopped and he immediately began to get worse. Upon again resorting to the continuous current he regained what he had lost but beyond this all improvement ceased. A weak current deflecting the needle of the galvanometer (one made by Mellershead of Manchester) about ten degrees was used for from ten to fifteen minutes about every third day.

D. W. Excitable, takes little interest in anything going on around him, eats and sleeps badly. Was tried first with the primary and then with the secondary current of H. E. Howe's induction apparatus but they caused a weak pulse and faintness. Then tried a weak continuous current (as above) with good effect and under which he is improving.

When a patient is recovering great care must be taken to shield him from all causes of excitement providing at the same time both amusement and occupation. During convalescence the state of the bowels must be looked after as they are apt to be sluggish (Dr. Bucknill's Rule on Physiological Medicine 1874, p. 640).
Melancholia. No hard and fast line can be drawn between Mania and Melancholia so as to say, in all cases, this is the one and that is the other. Acute Melancholia is very often like Acute Mania in the restless excitement and destructive nature; in the latter, however, there is more inoculation than in the former. Mania may pass onto Melancholia and vice versa. The treatment, therefore, of Melancholia is in many respects very similar to that of Mania. In Melancholia there is the same sleeplessness, which is found in Mania and requires to be subdued. Here, however, opium is often of more use than chloral, although some prefer chloral as they say it is not followed by any bad symptom, but if in giving opium care be taken that there is no cerebral congestion it is much to be preferred to chloral, as it seems to exercise a greater beneficial effect upon the mind than chloral.

Melancholia is very often accompanied by derangement of the alimentary canal. Some allege that this is the cause of the insanity and others that it
is the result of general loss of nervous power, which characterises the disease, and that it comes on during the insanity. Whatever may be the correct theory, it is quite certain that in many cases marked improvement in the state of the mind follows improvement in the digestive organs. The bowels are usually very much confined and require the frequent use of laxatives, the best being castor oil, neutral salts or if very much constipated very small doses of eucalyptus or an occasional enema. E. Schurade Van der Kolk thinks that the Aqueous Extract of Aloes is better than any other laxative, used either alone or combined with nitrates of antimony, but others do not seem to find any particular benefit from it. In females there is often some uterine disturbance especially in connection with the cata- menoria, either an increased flow or more commonly complete suppression. It has been found, however, that generally as the mental state improves the menses return, if not the effluvememagogues must be tried. In some cases of Melancholia there is a persistent refusal of food, caused by the delirious producing a determined desire to commit suicide. If this happens in a case of Acute Melancholia the patient must be fed at once for the longer he goes without food.
the worse the symptoms become.

Tonics are very useful from an early stage of the disorder; among the best are quinine, iron, strychnine and phosphorus. A change may be very beneficial especially in an early stage of the disease. A. Dickson of Boston has noticed that a high altitude is good in all cases of melancholia.

J. Buckinville has found that in melancholia with a dry harsh skin Turkish baths have a temporary beneficial effect, if used occasionally and if frequently, a depressing effect.

Bleeding should rarely, if ever, be resorted to because melancholia is so very often the result of debility, although cases in which the bodily health is good are by no means infrequent.

Very often warm baths, exercise a beneficial effect in producing sleep especially after exercise in the open air.

Electricity has, in fact, been of more use in melancholia than in Mania, this however, may be owing to the cases being more recent. Out of six cases four were decidedly improved by its use. One to two began to improve after the first application of the continuous current, from the hands to the feet, and was discharged well in one month. Of the other three, two improved most under the use of the continuous current and
one under the Parachute.


Several Paralysis of the Insane. Since this disease has been distinguished from other forms of insanity, alienists have almost always regard it as hopeless, admitting no cure, only of being checked in its course for a time. T. Sutherland gives three cases which are said to have recovered, but as they occurred when little was known about the disease, and especially as the same treatment in other hands has failed, the statement must be received with caution. A variety of remedies have been recommended from time to time, but all seem equally powerless to effect a cure. At first mercury, tartar emetic, leeching, cupping, blister, rosin, and purgative were recommended as being beneficial, as no doubt they were in reducing the cerebral congestion, which is often well marked in the early stages of this disease; but as the same results can be obtained in most cases, by the use of cold to the head and syringings to the calves of the leg, they have fallen into disuse.

In the early stage the patient should be allowed a fair amount of food, but not high living, all
Wines and stimulants being stopped as they are apt to make the patient fretful and thus increase the excitement and tendency to convulsions met with in the early stage. In this stage, there is often a restless sleepless state which must be subdued as it hastens the course of the disease. Here hydrocyanus, chloral and digitalis have been recommended by various authorities. Bromide of potassium is also useful here but paid, by none, to tend to promote weakness so that it ought only to be tried when the others fail. I think it more advisable to use iron at the same time, desirous that tendency to emaciation and its preparations are to be avoided during this stage owing to the liability to cerebral congestion.

As the disease advances, a fuller diet and stimulants must be allowed, also tonics. Among the most useful are iron and quinine; none giving the preference to the first and others to the second, but they might be given combined with advantage. Among stimulants it is better to confine the patient, at first, to the use of malt liquors only, and afterwards the more powerful stimulants as required. Every effort must be made as the disease progresses.
To keep the patient up and moving about in the open air and when unable to take exercise brought not to be allowed to lay in bed, but if possible be moved to a couch or easy chair during the day. When confined to bed he ought to be laid on a water pillow and the skin bathed daily, with a solution of alum or sulphate of zinc or a lotion of equal parts of tincture of zinc and Bouland's extract for the purpose of hardening it and thus preventing lesions. The greatest care however is often ineffectual in doing so. When they have formed the best dressing is oxide of zinc either plain or used as the carbolate zinc ointment and very great care must constantly be taken to keep the patient dry and clean.

During this stage the different preparations of opium and morphia are the best remedies for allaying sleeplessness and excitement.

The power of swallowing becomes impaired as the disease advances, so that when the patient is completely led, sudden he is liable to be choked when eating from food becoming impacted in the pharynx or even in the glottis. The food ought to be finely minced and the patient carefully watched when eating so that on the slightest sign of choking the attendant may be ready to remove the obstruction to respire.
Gradually the patient loses control over all his muscles and lies helplessly in bed, passing his urine and faeces unconscious, till death closes the melancholy scene.


Insanity with Epilepsy. There are two forms of this complication differing very much in significance and results. In one the insanity causes the epilepsy and in the other it is caused by the epilepsy. The former may be considered hopeless, after each fit the condition of the patient is worse than before and he seems to suffer more, gradually getting worse. These fits, most generally occur in General Paralysis. The second form is more hopeful; the paroxysm of insanity following the fit may be short and the patient recover his usual health between the attacks. The attacks, however, may be long and during them the patient may be dangerous and violent.

In both of these forms of insanity very little can be done in the way of treatment. The patient should be well fed being allowed plenty of food but no stimulants. During the violence of the attack...
chloral and bromide of potash may be given to procure sleep, especially the former, on the internal tincture should be given and the general health well attended to, at the same time bromide of potash may be given in increasing doses beginning with five or ten grains and increasing up to thirty or forty, three times a day. Some seem to derive as much benefit from 10 or 15 grain doses as from 20 or 30 grains while others can take large quantities without being affected. This is said to be from the kidney, eliminating it freely.

(Further report of Committee in Lunacy, 1847, pages 210-216, 265-279; St. Blane's on Insanity, 171, page 253; Dr. Bucknill and Tuke on Psychological Medicine, 640-719)

Dementia. This is a form of insanity in which little can be done. If the attack is acute, that is, coming on suddenly after a shock or fright of any kind, there is little hope of cure, but if chronic having come on gradually, for a considerable time, there is no hope of cure and very little of any improvement. In both forms, the treatment is the same, the patient should be kept very warm, even in a temperature which we might feel oppressive, and tonics given such as cinch and stimulating doses of morphia.

Dr. Bucknill has found considerable benefit
follow the use of counter irritation by means of
an irritant producing pustules, such as cimun-
tiglie which has been more useful in his hand
than antimonial ointment. Occasionally
it is necessary to attend to the state of the
alimentary canal.
Electricity is said to be more useful here than
in any other form of insanity.
(St. Rachell's Asylum on Psychological Medicine.
1870, pp. 630-114, 193; S. Blandford on Insanity, 1871,
p. 213-217; S. Schroeder, From the West of Mental Disease.
1879, pp. 118-119.) Further extract from same industries 1879.

Before passing to the care of insane patients
at home their condition in workhouses should be
considered. Upon this subject there is little to be
said for as a rule insane patients should not
be kept in workhouses as there are not proper ap-
pliances for their care and treatment. In some
workhouses where there are a large number of in-
sane patients and lunatic wards established and
properly conducted the patient may be as well
treated as if in an asylum; but generally there is no
attempt at treatment of any kind either medical
or moral the insane being often mixed with the
other paupers and attended to by them. (S. Lawd
on the State of Lunacy, 1857, p. 51-56, 64; Report of the Commission in Lunacy, 1853, p. 63-74.)

Home Treatment of the Insane. By this term is not meant the care of chronic and incurable cases in country districts, as is practised at Shiel, or in direct connexion with asylums as in Devonshire or Scotland, but the care and treatment of recent and perhaps curable cases at home or lodging in private houses with or without trained attendants.

In the middle and upper ranks of society, when any member of a family shows symptoms of mental derangement, there is a common feeling and hope that the affliction will be temporary and soon pass off, not regarding much to be done, besides there is what is called the disgrace of having a relative insane and in an asylum and thus stigmatising the family, as being liable to mental disease; consequently they endeavour to have the patient treated at home or sent away for a change and treated in lodging. These ideas cannot be too much deplored. The patient is surrounded by his friends and in many cases by the circumstance which have given rise to his illness. He cannot understand why he is so often crossed and thwarted in his wishes and this gives rise to a considerable amount of
irritation which of course aggravate the disease. This state of passion is very bad when a junior member of the family is ill but how much worse when the head of the family is suffering? The patient being cross and irritating naturally annoys those around him who cannot understand the peculiarities of the malady under which he labours and do not make enough allowance for the excitement and restlessness which attend it, and as a result they punish the patient for what they call his bad temper, fearing that during some fit of excitement the patient may hurt either himself or others, they tie him into a chair or if at night into bed. Others again exercise a considerable amount of forbearance and watchfulness but not enough as the patient for often finds rare opportunity to outwit them and gain possession of some dangerous weapon with which he injures or attempts to injure himself or others.

The following cases have come under my own observation.

J. M. suffering from Melancholia was treated in lodgings for about a month being in charge of a skilled attendant and under the care of an eminent medical gentleman. He laboured under the delusion...
that he was accused of a horrible crime, that
the police were coming to arrest him and if
he went out he would be mobbed. He managed
to get and retain possession of a loaded revolver
for the purpose of shooting some one. He also
attempted to commit suicide by prison.

He was happily unsuccessful and the attempt
had the effect of causing his friends to send
him to an asylum, when the revolver was found.

L. F. F. Suffering from Melancholia caused by
business anxiety and the death of a near
relative. He was insane for three months
before he was sent to an asylum. During that
time he was treated at home under the charge
of an attendant. He was known to be suicidal
and, what were thought to be proper precau-
tions taken yet he managed to secure a knife,
concussion, a pair of scissors and a cord.

L. B. S. A lady suffering from Dementia
with symptoms of paralysis coming on without
any apparent cause public, at times, to attacks
of excitement but not dangerous to herself or others,
was treated at home for about one month before
being sent to an asylum. A nurse being engaged to
attend upon her. On admission she was found to be
very much bruised; these bruises were said to have been caused by forcibly holding her and tying her down in bed during the attacks of excitement. While she has been in the asylum there has been no means either to tie or hide her.

E. H. A gentleman who had been suffering from melancholia for about a month, the result of mental anxiety. His friends noticed that he seemed strange in his ways but would not admit that there was anything seriously wrong with him or that he required any special care and it was only after a most determined attempt at suicide by stabbing himself that they would acknowledge the state he was in. He stabbed himself in the left breast about one and a half inches inside and the same distance below the mamma, using a short four-inch penknife which he thrust fifteen times into the wound. Afterwards he acknowledged having tried to commit suicide by taking a large quantity of laudanum.

A. P. A merchant suffering from religious melancholia caused by business anxiety was treated and my own observation in private lodgings. His friends would not consent to him being put into an asylum and preferred themselves willing to do anything that was necessary for his care and treatment.
At one time they had on attendance on him three attendants and a nurse, yet he managed to escape to a window, open it and almost get out before he was stopped. The window was at a height of about ten feet from the ground. Twice he nearly sunk from exhaustion produced by the loss of sleep and want of food. The attendant, nurses were unable to persuade him to take either for a medicine and his friends were not allowed to feed him of anything to take. Ultimately, after a very tedious illness, he has improved so much as to do without an attendant, but he not completely recovered. His illness has been very much prolonged by being surrounded by his friends.

Such has been my experience of the home treatment of insanity, and confinement, I am not alone in these results. Dr. J. E. Underwood in his work on the State of Lunacy (1839) condemns the practice of keeping insane patients at home and surrounded by the causes which have given rise to the disease. He states that, "the attack is kept up if not aggravated and the chance of recovery diminished." (p. 293) and that after removal to an asylum the chance of cure are less. That the longer a patient is ill before he is admitted into an asylum the less are his hopes of recovery is well shown in table 11 in the Decennial Report of the Bethlehem Hospital published
in 1836. The table shows the duration of attack before admission and the result on 2729 cases admitted from 1846 to 1855 inclusive.

Dr. Bucknille & Luke in their work on Psychopathic Medicine 1874 p. 636-7 strongly recommend that a patient should be removed to an asylum as soon as possible after an attack has begun, as proper treatment can rarely be obtained in private houses and private treatment from cease to be curative.