Insanity

Among the numerous ills which
plague us daily, there is none more
frightful or more distressing to the unhappy
patient himself, or with anxiety to
his friends than Insanity; and yet
there is perhaps no malady of so
frequent occurrence, regarding which the
medical men have so limited offer-
tunities of acquiring a practical knowledge.

Loss of reason has pretty much been
regarded as the espectue of all
diseases. Let the disease be ever so
malignant, or the pain be ever so
acute, yet so long as the patient's
reason is unimpaired, there is always
an alleviating element present which
defies the afflication of half its
sting. The patient is enabled calmly
to look the disease in the face, and act
and supplement the medical treatment.
by the mastery of his mind over his body, while the kind offices and sympathies of his friends have a double value and effect, in that they are understood and responded to by him. On the other hand, when the mind becomes affected, the disease then has full sway. No effort of the patient is put forth to arrest its progress. The kind offices of his friends are frustrated through the patient's waywardness, and while they cannot but reveal their apprehensions, if not the truth, by their looks, every passing glance of theirs is viewed through the furtive eye of the patient with doubt and suspicion, and hence it very often happens, that those he loved most while in his right mind, are now the objects of his greatest hate and dread. Of such fare are the effects of
loss of reason or delirium attending the progress of other diseases, how much more dreadful must that madness be, whose chief characteristic is loss of reason itself. To doubt the patient is often distracted with bodily pains, but these are as nothing compared with his horror of mind, revolutions so terrible that it becomes absolutely necessary that the patient be removed from his friends, and conveyed to the seclusion and security of a Lunatic Asylum. The medical men, while he may be called in at any moment to cases of insanity, yet finds it a subject upon which practical knowledge is very difficult to be had, for while our Hospitals and Infirmaries have with cases of almost every other malady, there is not one case of insanity to be met with there, and this, unless the medical men has acces
to some lunatic asylum he will be often at a loss how to treat a patient affected with this malady, or even to pronounce a satisfactory opinion in the majority of cases, on the all important question, whether the patient is really insane or not. Much valuable information may however be got from a perusal of the various writers on this subject which may go far to lay a foundation for the subsequent experience of the medical man and also supplement the want of a practical knowledge to the student.

In commencing the study of insanity a question naturally presents itself. What is insanity? Is it a disease of the body, or is it a disease of the mind? a disease of the brain? or of the blood? an organic
functional, or symptomatical affection? I shall now endeavour to give several of the views held upon this complex subject. In regard to the former view, it was considered by Hippocrates and several of the other writers to be a bodily disease, and to be owing to an admixture of the bile with the blood, and even at the present day this opinion is still held by several, while on the other hand it is considered to depend upon a determination of blood to the heart.

According to the definition of lawyers, unsoundness of mind is considered to be that condition of the faculties which incapacitates the individual from discharging the ordinary affairs of life and from taking care of himself and his affairs, while according to the medical acceptance of the term it is considered to be a
Encephal disorder in which emotions, passions, or desires, are excited by disease (not by motives). On the other hand, it is considered to be an erroneous judgment in the ordinary affairs of life, on subjects on which men usually think alike, occurring in one fully awake.

Having thus seen what insanity in the abstract is, I shall go on to consider insanity as manifested in its three great classes of Manic, Manomaniac, and Dementia, advertsing briefly to the symptoms peculiar to each class, or common to two or more of the three divisions, and conclude by glancing at the most approved method of treatment of this most distressing malady.
Mania or Raving Madness

In mania, the disposition of the understanding extends to all kinds of subjects, and is always attended with more or less of mental excite ment; the mind is constantly in a state of agitation and confusion, which affects the whole of the mental powers and interferes with their due performance even for the shortest period. In mania we have generally premonitory symptoms, which may have been present for a considerable period before the patient's friends have been led to suspect anything materially wrong, but still there are several cases in which no premonitory symptoms have been discoverable. Mania for the most part makes its appearance by restlessness and agitation; the patient's sleep is disturbed, and this
generally followed by his ideas becoming unconnected, his thoughts are continually wandering, his eyes appear as if they were to protrude out of their sockets; he passes sleepless nights, he is continually tossing himself about in bed, and ever changing his position; he gets out of bed during the night and walks about the room in a state of agitation. His appetite is lost; or on the other hand it may be voracious, or much impaired; he is unusually active, both in body and in mind; he is continually projecting new schemes, which ultimately result in nothing; his habits likewise become altered; from being naturally of a mild and gentle disposition he becomes suspicious and taciturn; his dearest friends are now looked upon with suspicion and distrust; he is ever thinking they are endeavoring to mingle
prone with his head, or plotting schemes against him. The view of going insane continually haunts him, he is subject to frequent headaches, his senses, sight, and hearing likewise become affected. Duties which were at one time carefully performed are now neglected, or are altogether laid aside. He is likewise observed to take long walks, and to become addicted to the use of spirits. Patients, he is likewise neglectful of his person. At one time he is crying, laughing, and screaming, at another time he is swearing, screaming and talking. The functions of the body are generally deranged, the skin becomes cold and clammy, and emits a peculiar odour, the pulse is small, and the sensations are depressed, the bowels are irregular in their action, and the digestive functions are disordered in certain cases.
Individuals attacked with mania may be subject to certain illusions, as that of vision and hearing, while those on the other hand, comprising the great majority, are subject to certain hallucinations, as that of hearing, touch, smell, taste, and vision. —

Mania may be either intermittent, remittent, or continued. Intermittent mania is not so common as has generally been supposed. The periods between the intermissions have been considered periods in which the individual has been in his proper frame of mind, while others on the other hand hold, that in the periods during the intermissions, the patient has never been entirely free from the moral ideas. —

The duration of mania, must of necessity vary, according to the nature of the case, whether it be uncomplicated or complicated. If the disease should be
uncomplicated, a speedy termination can generally be brought about, but it is out of our power to lay down any fixed period of termination; in general, however, we may say, that in acute mania, the symptoms begin to abate about the termination of the sixth week from the commencement of the attack.

Acute insanity may terminate in various ways; first, then, it may terminate in health, or the disease may be temporarily suspended, or it may be prolonged, or it may terminate in chronic mania, or may be changed into melancholy delirium, ecstasy, or dementia, or it may terminate in diseases of the lungs, brain, or abdominal viscera, or by febrile affection, or lastly by death.

In general applied to that form of the disease which occurs to women.
during pregnancy, or shortly after, or during the
period of nursing, it comes on suddenly within
a short time after delivery; or at the time when
the milk is wanted, and continues till
the cessation of the lactation. It for the
most part attacks individuals who have
suffered from exhaustion. The patient
shakes is disturbed, and she becomes restless,
and complains of pain in the
head, and in several cases the pulse
is quick, while in others the pulse is
very little accelerated; her eyes present a
peculiar luster and are continually rolling
about, sounds and light appear to be
peculiarly disagreeable to her, and are
unable to be borne; her feelings are greatly
excited, her thoughts restless, and the teeth
violently; her appetite is lost, the skin
is hot, and she complains of thirst; the
secretion of milk is diminished, or altogether
suppressed; the patient is generally aware
that she is latching viciously. The attack
for the most part commences at two
different periods, and they have by
several writers been considered under
different terms, the first period during
which the individual is liable to the
attack, is immediately after delivery, to
which the term paroxysmic pseudoparony
has been given, and secondly when the
secretion of milk commences, and is
then called mania lactea. In all the
different varieties the stomach and bowels
have generally been diseased.

Paroxysmal mania is of more frequent
occurrence than has generally been
suffered, the following table will give
an idea of the frequency of the attacks,
and also the periods during which
the greatest number of recoveries occurred.

Table 7
<table>
<thead>
<tr>
<th>Frequency of the Invasion</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 were affected with Puerperal Mania</td>
</tr>
<tr>
<td>during Pregnancy</td>
</tr>
<tr>
<td>4 while nursing</td>
</tr>
<tr>
<td>2 after miscarriages</td>
</tr>
<tr>
<td>6 after suppression of milk</td>
</tr>
<tr>
<td>7 after hystera</td>
</tr>
<tr>
<td>10 after suppressed lactation</td>
</tr>
<tr>
<td>6 at critical period</td>
</tr>
<tr>
<td>4 from uterine incision</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Period of Recovery</th>
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<tbody>
<tr>
<td>Of 69 cases at Abelham</td>
</tr>
<tr>
<td>2 were under 2 months</td>
</tr>
<tr>
<td>45 &quot; &quot; &quot; 3 4</td>
</tr>
<tr>
<td>6 &quot; &quot; &quot; 5</td>
</tr>
<tr>
<td>9 &quot; &quot; &quot; 6</td>
</tr>
<tr>
<td>14 &quot; &quot; &quot; 7</td>
</tr>
<tr>
<td>16 &quot; &quot; &quot; 8</td>
</tr>
</tbody>
</table>

Note not reported, showing that the greatest number of cases took place within the first six months of the disease.
If the disease passes the duration of a year without being cured, then there is greater difficulty in bringing it to a termination.

Prolonged illness may terminate in recovery, or it may terminate in Demence, or it may terminate in another disease, or finally in death from exhaustion.

**Delirium Tremens**

Arises from long and continued use of alcoholic liquors, or it may arise from opium, whatever exhausts the cerebrum will bring about the same kind of delirium. The first stage of delirium tremens commences in disturbed nights; the individual has fearful dreams and is troubled with vomiting, the skin is clammy and the face pale, he passes the night without sleep, his walk is peculiar, the pulse is full, unceasing and
large, and varies from 90 to 150, the
action of the heart is often violent;
the breath are consumed and the
respirations rapid and dark green,
the
patient occasionally becomes delirious. The
tissue may terminate in health, a
chronic disease of the brain may
follow, a softening of the brain may
occur and the patient die paralytic.
The treatment consists in abstinence
from spirits or potions. An emetic
ought to be first given, and then
a brisk purgative. If this should prove
sufficient then is no necessity for
using opium, but if the patient
should pass several nights without
sleep, and if he should be pale
and cachectic, opium should then be
administered.
Monomania or Partial Insanity

Consists in the predominance of either a certain class of morbid ideas or of a sole morbid idea, the symptoms may often come on gradually, being more of a chronic nature than acute, the individual may have some hallucination, and be unable to converse with rationality upon after having upon the hallucination, while on other subjects unconnected with his peculiar morbid idea he may converse rationally, and even with great reluctance and may reason with great cogency on these subjects; he may be joyful and appear delight in his hallucination or he may be melancholy and dejected, while others again are proud and elated and imagine themselves conquerors, kings or even the POLOMB, or they may have talked self among or love of approbation.
Meninges are generally quiet and harmless and there are symptoms of excitement, but some may have a tendency to shed blood; when this is present the morbid idea clings to them for a considerable period, so that individuals labouring under this morbid idea should be carefully watched. Others again have a great tendency to -lose from height, while they are prone to suicide, being of a gloomy and dejected disposition. The fear of eternal punishment is often the morbid idea present, and occasionally drives them on to commit suicide, while in others their present habits of life may be the predominant idea present.

Dementia or Incoherence

is characterized by several totally unrelated ideas following each other, the
mind appears to be engaged with
subjects of the most opposite description,
the patient gives utterance to expressions
with unusual rapidity, he passes from
tolence to furrowness, and from joy
to anger, in a minute, he appears
unable to keep his mind fixed upon
any particular subject. It is sometimes
furious, and generally happens in old
age, or it may be a secondary ef-
fiction, resulting from disorders of the
brain and nervous system which by
their long continuance may have given
rise to defects in those structures.
It may arise from long protracted
cases of insanity, or from attacks of
epilepsy, or from fevers attended with
delirium. The faculties in cases of
dementia appear always to be impaired.
The prognosis in dementia is generally
unfavourable, especially if the individual
has by degrees fallen into this state
but in cases arising from sudden fright we have more hope of bringing about a cure. Dementia differs from mania inasmuch as the reasoning powers are very much impaired, or are altogether lost, while in mania they remain entire.

Dementia has been divided into four stages: the first stage is known under the term of forgetfulness, loss of memory, or, senile dementia. It consists in a failure of the memory, especially as to recent events, while the individual may remember things long gone past, with tolerable accuracy. The senses in old persons are unable to receive impressions with such perfection as in the more vigorous period of life. Perception indeed takes place but the impression does not remain for any period. The disease does not extend to past events, but incapacitates the mind
from receiving the influence of present
external impressions.

The disease often appears in a
more marked form, especially when the
individual has suffered from previous
disease of the brain. The second stage
follows in every case in which the
disease continues, and consists in a
total want of the power of reasoning,
and may be termed, the stage of
irrationality - loss of reason - or marked
mechanism. Individuals when labouring
under this stage of dementia, have
lost the control over their reason to
such a degree that they commence a
sentence, and before proceeding with it
for any time, they wander away into
other subjects of an entirely different
nature. Individuals in this stage are
able to perform any mechanical operations
which they were accustomed to perform
before their attack, and likewise appear to
remember their friends, although they show indifference whether they are absent or present. The second stage of Dementia generally runs on to a worse kind, viz., the third stage. In this stage the individual is unable to understand any thing addressed to him, and it may be termed the stage of Incomprehension, instinctive or foolish stage. Reason has entirely vanished, while the instinctive power alone remains, the individual affected may go about, or he may run round in a circle for a considerable period, or he may talk about things in the most peculiar manner at a lack of meaning to the words he utters. While others will remain crowded up in a corner. The aspect of the countenance is peculiar, the face is generally pale, the eyes are moistened with tears, the pupil dilated, the look wandering, the countenance motionless, and devoid of expression, frequently the muscles of one side are relaxed and give
the face a distorted appearance, the body is sometimes concaved and lean, in others it is laddled with fat; in such instances the face is full and ruddy, the neck short. The fourth stage may be termed loss of instinctive action, insensibility, or, total futility. In this stage the animal instincts are lost, the individuals appear to be unconscious of their daily wants, and have generally lost the power of proportion, either more or less.

General Paralysis of the Insane

among the various diseases with which insanity is liable to be complicated, there is one of frequent occurrence, viz. that of general paralysis; this complication, when it once has set in, gradually progresses, while the mental power on the other hand diminishes; it not unfrequently appears along with the first traces of insanity, but for the most part it generally occurs in the more advanced stages of insanity; it appears to be
likewise more common among males than among females, and frequently is met with in those who have indulged in spirituous potions and licentious habits. "Waters of insanity have divided this complication into three stages—the first stage consists in a difficulty in articulating the individual articulates very slowly and with difficulty; he walks about as if he was restrained, he sees, feels, and hears, although slight impressions are wholly unregarded; the disease consists in a loss of control, rather than in loss of power. "In the second stage, the speech becomes more and more embarrassed, the movements of the tongue become more confused, his walk becomes more and more affected, and his emotions pass from him quite unchecked. In this and in the first stage, the digestive apparatus is not impaired and the sleep is undisturbed. In the third stage, the individual becomes
emancipated and the digestive apparatus is impaired, he pays no regard to cleanliness, and the parts in which he is accustomed to pass slough, especially those over the sacrum and trochanters.

Causes of Insanity

These may be divided into the predisposing, and, the exciting causes. Amongst the predisposing causes of insanity, may be ranked the hereditary predisposition. We not unfrequently find that children inherit certain diseases from their parents, such as Phthisis and Scorfula, and as children resemble their parents in external configuration, we may naturally conclude, that they likewise have a resemblance to them in the structure of the brain and nervous system. It frequently occurs, that insanity may pass over the children of one generation, while it will attack those of
the rest, and also we not unfrequently find that an hereditary peculiarity has existed in several individuals, for instance a father becomes insane at a particular period of life, so likewise when his son have arrived at that particular age they also become insane; again it has been likewise noticed, that individuals have not only possessed the hereditary predisposition, but even have that form of the disease which their parents possessed, thus, if the parents have been maniacal the children likewise become maniacal.

Among the exciting causes of insanity are external injuries, such as blows or falls upon the head. When the person has received a blow upon the head, if the brain has been much injured then it may pass on to insanity, and notwithstanding the individual recovers from the effects of the injury, yet he is not unfrequently subject to have a recurrence of the
irradiation. He also not unfrequently find, that
nerve motion of the brain is liable to
being an insanity, the brain is over-
dernervated and the individual fluids that
he has lost all control over the will,
that the first symptoms of insanity set
in—a greater quantity of blood is sent to
the brain, then want of sleep follows,
and if this state is allowed to continue,
may lead to disorganization of the brain.
Among the most frequent causes of
insanity is the indulging to excess in
alcoholic liquors. We cannot go much an
alcoholic without finding number of indi-
viduals labouring under insanity from this
cause, and especially among the poorer
classes. In the brain of an individual under
intoxication there is generally a morbid
change going on; this may at last gradu-
ally pass off in a few days, or it may
continue; the exciting cause may have been
removed, yet still the effects remain, and
the individual becomes insane. We also find, not unfrequently, that the indulgence in
dloyd's liquids acts indirectly by bringing
on venous congestion of the liver, and a
disordered state of the viscera, which may
at last produce functional derangement of
the brain. This, if allowed to advance with-
out being checked, will at last tend to
insanity. It is remarkable, that in insanity
arising from this cause, the disease can in
general be cured by removing the exciting
cause. Again, among the poorer classes, divers
ed circumstances may give rise to insanity,
a husband, for example, becomes anxious
about providing for his children, he may
see nothing before them but starvation, he
tries in from day to day to supply their
wants, but at last the brain becomes over-
taxed, and insanity sets in, or it may be,
that an individual who has been possessed
with abundance of every thing, has by
some unforeseen event been plunged into
ruin—this altered condition may have weighed so heavily upon his mind, that he has at last become insane. Among the physical causes which give rise to insanity may be mentioned, irregularities in merchandise, critical period, syphilis, fever, delirium, and residence in warm climates. While among the moral causes are, disappointment, love, anger, poverty, jealousy, disappointed ambition, passion for gaming, religious excitement, and fright.

**Treatment of Insanity**

When a medical man is called upon to give his opinion, in regard to an individual who is supposed to be labouring under insanity, he must ever be upon his guard against going pre-disposed to find the individual insane, but must listen attentively to the statements
of the friends, and likewise weigh every point according to its own value, and in no consideration should he allow a certificate for the individual's confinement, unless he has previously had an opportunity of seeing the patient. There are on record many instances of individuals having been confined to a Lunatic Asylum without clear proof of their being insane, either from the relatives having misrepresented the case to the Physician, through envious motives, or from the Physician not having previously seen the individual, and taking into account only the statements of his relatives, and so signed the certificate without investigating into the previous habits and condition of the individual, or it may be, from the ignorance of the medical man, who has given very little attention to mental diseases, and with only a very vague idea of what
minority it has committed the individual to confinement; as this event has often happened before, it is reasonable to conclude that it may happen again. The duties of the Physician are clearly pointed out, not to discover whether the intellectual faculties are diminished and require the aid of medicine, and he has also to find out, whether the intent or character of the disorder is of such a nature as to render the individual dangerous to himself and others, whether in regard to person or property. The Physician ought ever to remember, that he may be unjustly committing a man to banishment from the world and from all society, and he should consider how awful it must be for such an individual to find himself confined to an asylum, surrounded on all sides by individuals of peculiar advice meant to his ruin, to hear the
idiotic laugh, to see the ravings of
the maniac, have no kind friend
to listen to his tale, but every one
appearing to be thinking of his con-
cerns and vexations—is not this alone
sufficient to drive me insane? Altho
the individual may be able to retain
his judgment for a considerable period,
then, a later he loses all hope
of being released from such misery,
and at last falls into a state of
hopeless insanity. In coming to a
conclusion upon any disease, we endeavour
to ascertain what are the symptoms
present, and afterwards to discover those
symptoms that are only occasional, and
thus separate the one from the other.
Now in insanity we usually find some
alterations of the intellectual powers, or
of the conduct, but this must exist
to a certain degree before we pronounce
the individual insane; nor an individual
may think that he observes all manner of things, he may fancy he sees individuals entering his room through the wall, so that he sees some old woman crouched up in a corner watching every thing he does, while they have really no existence, except in his own imagination, yet so long as he is aware that they have no real existence, and he is enabled to keep these imaginations under his control, he ought not to be confined in a lunatic asylum; but if they should interfere with the performance of his duties, or should make him in any manner injurious to others, then he ought to be confined; there are cases in which an erroneous judgment is considered to be quite sufficient to commit an individual to confinement, e.g. where the individual thinks he has been
commanded to take the life of
another fellow creature, the Physician
ought likewise to be on his guard,
lest his patient should have been
misled, and therefore he ought to
approach him as he would any one
that is sick, and in this manner he
may gain the confidence of the indi-
vidual at once, the violent man will
in these circumstances often become
tranquil. If the individual appears
agitated by the presence of the
Physician, he should wait a little
until his agitation has passed off
then he should listen to all the
observations the patient makes upon,
taking particular care to dispose none
of them, although they should be of
the most extravagant nature; and
one to turn anything into ridicule,
but always appears to take a deep
interest in what the patient is relating
he may tell of his joys and griefs, as he may tell that he has heard voices of all descriptions, and if these impressions have been recent, the physician ought to explain that they are merely passing shadows which pass across the mind of every one.

Should the patient prove to be really insane, it will then be the duty of the medical man to consider what course of treatment should be adopted; the remedies are various, each having its own special recommendations, and the physician will of course be guided in his selection of these remedies by the condition of the patient.

**Bleeding**

Great diversities of opinion were held in regard to copious blood lettings in the treatment of this disease. Copious bleedings were resorted to in insanity, because there appears to be excitement in a great measure, other bleed with the object in view of diminishing
conclusion, there can be little doubt, that after the individual has been bled until some impression has been made on the system, we will, in this way reduce the strength of the patient and he will become tranquil, yet we frequently find, that the mental delusion still remains, now suppose we have to deal with a case taking its origin in a moral cause, we may bleed that patient until some terrible impression has been made, but still we do not lessen the amount of blood sent to the heart so long as the exciting cause remains, and we frequently find, that in several cases after owing bleedings have been taken, the patient, in place of recovery, has been plunged into a state of hopeless dementia, owing to his being unable to rally against the effects of it, again in mania general blood letting, instead of hastening the
cure tends to lessen the chance of recovery, although in some very rare cases the use of the lancet is called for, in general if the disease has existed for any considerable period, bloodletting is less likely to have an effect. Yet still, although we do not bleed in the majority of cases, there are cases in which copious bloodlettings appear to be of service, thus when the individual is young and florid, and the disease of recent origin, with the vessels going to the head full and pulsating with unusual violence, where sleep is lost and the skin hot, or in such cases we do not hesitate to bleed, and especially in these cases arising from external injury, for then there is not unfrequently inflammation present; on the other hand, if the individual should be weak and feeble, and advanced in years, and the disease of long standing, bloodletting should in these cases be avoided from. There are likewise cases in which a general bloodletting would be contra-indicated,
but where a topical bloodletting would be of service, in these cases we may safely
trike or cupping, some are in favour of
thebes, because they can be applied to parts
where cupping could not conveniently be
related to. The opinion held by most
writers upon insanity, seems to be against
the use of free bloodletting. Amongst those
in favour of free bloodletting, Dr. Bellon,
Richard Twight, Radcliff and Rush, while
they who had the contrary opinion, an Stedl,
Esquirol and Seymour, Richard Bed when
the pulse was full and quick, and
accomplicated with sleeplessness and phthisia,
while Twight bled cautiously. Rush like
wise bled in recent cases, and when
the individual was robust and phthisic.

"Emetia"

Various opinions likewise prevail
in regard to emetia. Some on the
one hand have found them to be of
very great value, while others consider them to prove injurious to the patient. There can be no doubt, in incipient cases, and in melancholia, they are frequently of great service in evacuating the contents of the stomach, and ruling the languid and torpid systems, but still we ought to be very careful in the use of them, for they may prove injurious in cases of hemoptysis, phthisis, and in palsy, and likewise in those cases where there is great diminution of blood to the head, and in cases of hernia. Several recommend to give emetics in large doses, but we will arrive at our purpose as well by beginning with small doses and gradually increasing them. In these cases when there is a collection of vivid indentations from the nose and mouth, emetics offer to the urinable.
Purgatives

While so many opinions prevail in regard to blood letting and emetics in the cure of insanity, on the other hand most are agreed as to the efficacy of purgatives. They were used with the greatest effect by the ancients in the case of this disease; they act by reliving vescular turgescence. In those cases where there is a gross determination of blood to the head, it will be requisite to use the drastic purgatives, but in those cases where the individual complains of weakness and pain in the bowels we should refrain from these, and give the gentlest enemint, such as castor oil or rhubarb, we should likewise refrain from giving drastic purgatives in cases of chronic inflammation and ulceration of the bowels and the patient weak and enfeebled. In those cases where purgatives cannot be administered
by the mouth we should use opium.

Opium has been recommended in the care of insanity, and would seem from its power in allaying irritation and procuring sleep, in other diseases, that it would be of great service in insanity, but we frequently find, that in cases where opium has been given, and especially in those cases where there is a quick and full pulse, hot skin and excitement, with a great distribution of blood to the head, it has proved injurious by increasing the vascular excitement and aggravating the other symptoms, while on the other hand, in cases arising from the use of alcoholic liquors, or cases of insanity, where it appears to be of great service, it does not produce its effect so well when given
alone as when it is combined with other substances. Opium appears to be contra-indicated when there is great nervous excitement, owing to increased vascular action, and thereby in acute disease of the brain. Opium has been recommended to be given in large doses, but that is quite unnecessary, as small and frequent doses appear to be of greater service.

**Hyosciamus**

This drug has been chiefly used in those cases where opium is contra-indicated. It produces almost the same effect as opium, and does not stimulate the arterial system nor produce constipation. It is said on the other hand to produce sleep and alloy excitation and irritation, but it does not appear that great reliance can be placed on it for the cure of insanity. Camphor has been given by several Physicians for the cure of insanity. Vesalius, Avembrgger, and Perfect gave it in large
doses, and it appears by their observation to have been serviceable, while on the other hand it did not have any effect result from it. Mercury, Epschla, Arsenicum, Belladona and Lacinia were at one time recommended for the cure of insanity, but are now quite abandoned.

**Digitalis**

Many Physicians recommend this as a powerful remedy in those cases in which there is undue vascular action, and also in those cases where there is hypertrophy of the heart complicated with insanity. It ought to commence with a few drops, and go on gradually increasing the dose, watching the effects of it, as the action of this remedy is very irregular; this remedy has likewise very much fallen out of use.
Other Remedies

Counter-irritation, issues, and the actual cautery, have been used in several cases with great success. Blister applied to the back of the neck are of great service in some cases. They ought never to be applied to the scalp; they appear to be of the greatest service in those cases which arise from the cessation of some venous secretion, and in pilocarpin insanity, and likewise in those cases where there is toxaemia and insensibility.

When there is much vascular excitement and heat, the head should be shaved about the scalp, and cold applied to the head, which often proves of the very best results. The irritable and furious become tranquil and seem to procure sleep. We may apply cold to the head by means of cold cloths, or by means of the ice cafe, or by
pouring water on the scalp, so we may give the patient a cold bath if he should be young and febrile, forcible submergence ought never to be resorted to.

The cold douche, or the application of the shower bath, are very serviceable in cases occurring in young and robust individuals; when we wish to employ the douche, we ought to place the patient in a tepid bath, and allow the douche to descend from the height of two or three feet.

The warm bath is also of great service, and especially in those cases where spasm, debility, and exhaustion is accompanied by mental instability and violence; it restores the functions of the skin which are in a great measure blunted in cases of insanity; it is likewise of great service in cases where the circulation is languid, with the feet and then cold, and
The wire when chronic eczematous are
present, the temperature ought not to
exceed 94°, except in these cases where
we wish to produce a debilitating effect.

The Rotatory chair has by some
been held to be of great service
in the case of insanity; it reduces
the circulation and sometimes brings
about a state bordering on faintness,
in this way it acts as a sedative.
It likewise produces nausea and vertigo.
This method is now very rarely employed.

The Method of
A. Brest
Thesis

Insanity and its Treatment

A. Brist