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ARTICLE I.

REPORT ON THE MEDICAL TREATMENT OF
INSANITY, AND THE DISEASES MOST FRE-
QUENTLY ACCOMPANYING IT. BY JAMES
BATES, Physician and Superintendent of the Maine
Hospital.—*Read before the Association of Medical Super-
intendents of American Institutions for the Insane, June 18,*
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Were I to write an essay for the student, some mode
of classification would be deemed indispensable.

The various forms of disease, the different organs to
be acted on, or the classes of remedial agents to be had
in requisition, would form convenient modes of arrange-
ment, to assist the understanding and the memory.

But to a class of gentlemen who have spent their adult
lives in the midst of disease, only general remarks may
be made, avoiding chapter and verse, grains, scruples
and drachms.

The medical treatment of insanity, at the present day,
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is far from being uniform among well informed medical men, though sufficiently so for all useful purposes, with that branch of the profession who have made the treatment of the insane the principal field of their labors.

When, however, we contrast the practice of the present, with that of the preceding century, the difference in the medical, is scarcely less than in the moral treatment of the insane.

It is, I believe, everywhere admitted by educated physicians, that the *medical*, as well as every other curative indication in the treatment of insane persons, is a problem to be solved by an investigation of each individual case.

To lay down distinct and specific rules for the management of the various phenomena exhibited by insane people, of all ages, sexes, and temperaments; modified by instincts, propensities, sentiments, intellect and habits, embracing every form of the malady, is a labor which never has been, and probably never will be satisfactorily accomplished.

The task is not simplified by the various and often discordant, opinions which exist, and have heretofore influenced the profession, in relation to the pathological condition of the organ or organs, on which the instincts, propensities, sentiments and intellect depend for their normal or abnormal manifestations.

No man can prescribe understandingly in a single case, much less lay down general principles of practice for himself, or the guidance of others, without notions more or less satisfactory to himself, at least, of the morbid condition of the organs he wishes to affect by his remedies.

Special physicians are very minute in their inquiries into the causes which have produced the mental troubles they have to investigate; whether they have been phys-

ical or moral, or both; whether *primary* as affecting the brain and nervous system without the agency of other organs; or *secondary*, as having originated in disordered action of the latter, disturbing the operations of the sensorium through the medium of the nervous or other communications.

All this is well and useful, though it should happen that precisely the same pathological changes have been produced by the one class of causes as by the other.

To understand myself, and to be in any good degree understood by others, as to the objects to be accomplished by the medical treatment of the insane, it is proper that I say something of what I conceive always to exist in the brain at the time insanity, properly so called, commences.

Whatever may take place afterwards, I believe no case of prolonged aberration of the affections and intellect manifests itself without the existence of irritation.

Whether it is caused by super-excitation of external or internal, physical or moral agents, directly; or by the absence or exhaustion of the amount of excitation necessary to healthy action, indirectly, I believe the *primary* forms of insanity never exist without it.

Undoubtedly this may be followed by inflammation more or less active, by which both the disease and the appropriate remedies will be essentially modified.

Whether this condition is less frequent than formerly, may not be easy to determine; for some cause the treatment has undergone a great change.

If remedies, relied on, as late as the beginning of the present century, for combatting the inflammation, supposed to exist in almost every case of acute mania, were as freely resorted to, I think we should not be greatly flattered with our success, whatever may have been that of our predecessors.

This One

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I may hazard the opinion, that physical and moral changes have gradually pervaded whole communities, whereby the brain and nervous system have become more frequently the seat of diseased action than formerly, giving rise to a more marked and rapid prostration of the physical and vital forces, exhibiting more frequently mental troubles, requiring, not only in insanity, but in most grave diseases, greater caution in the use of active, depleting remedies.

Possibly, these circumstances, added to the fact, that most persons admitted to institutions for the insane, have already passed the most vigorous stage of vascular action, may have a tendency to lead to conclusions and a practice apparently *ultra*, so far as depletion is concerned, in our hospitals for the reception and treatment of this unfortunate class of sufferers.

So far as I am advised, there does not remain, anywhere, the mode of practice formerly pursued at Bethlehem, and other hospitals, of bleeding all the *curable* patients on the first of June and last of July; enabling one physician to say, "that although he had bled one hundred and fifty in a day, he had not seen a single accident follow." Nor do I believe the man is living, who, like Dr. Rush, would order the abstraction of 470 ounces of blood at 47 bleedings in ten months; nor like Plater, direct 70 bleedings in 70 weeks. Nor do I think the administration of cathartics and emetics at stated seasons of the year, anywhere finds countenance at this day.

Few, if any, in our time, would let blood "because the contents of the cranial cavity had not the same facilities for relieving itself of fluid turgescence as have those of the other great cavities." Nor should we much fear that *local*, practiced previously to general bleeding, would be dangerous, by inviting an increased flow to a debilitated organ.

Fifty years since a physician who should manage a case, in which there was evidence of congestion in the vessels of the brain to such a degree as to produce long continued insensibility, without general or local blood-letting, or both, would have been considered little less than a madman or a fool. There may be localities where he would be thought so now.

It is peculiarly unfortunate for the practitioner in medicine, that he is compelled to select one of the two or more pathways which seem to lead in varied directions, to the same point. Could all be followed at once, it would be easy to strike the balance, and to arrive at a degree of certainty, approaching that of an axiom. Only one selection is properly at our disposal, and our decision must be made in each case by the aid of the best analogical information in our possession.

I confess to having repeatedly occupied a most anxious position, in such cases, (in one instance during eight days,) watching the recuperative action of nature, aided by such external and internal applications as could be administered, without the volitions or consciousness of the subjects.

Perhaps it will be said, I should have been more uniformly successful had I added to my remedial agents the abstraction of blood.

This is the very point on which I desire proof, wishing most religiously to pursue the best mode possible.

It cannot be doubted, that there are cases, perhaps more than some of us imagine, in which, if we saw them in their stage of most active vascular action, we should resort to depleting and antiphlogistic remedies entirely beyond what is customary with us now.

At the risk of being considered ultra, (for which I have certainly no ambition,) truth compels me to say, the most

of ~~the~~ blood-letting my patients have undergone, since I ~~had~~ the care of an institution, has been practised on themselves. Some of the cases seemed as likely to be benefitted by it as any I could have selected, but I have known no good to result from their bold operations.

Nor will my experience coincide with that of Mayo on this subject, viz: that *dementia* is *not* the result of the practice.

I have not doubted that several cases have come to me, in which acute dementia had been produced by abstraction of blood, and that recoveries, if they took place, had been delayed months by this cause.

In cases where natural or abnormal evacuations are suppressed, a judicious use of cups or leeches, may not only assist in restoring them, but in relieving the nervous irritation arising from their absence.

Both these modes of abstracting blood are often either offensive or frightful to our people, and care should be taken, that injury from this cause does not outweigh the benefit.

Many of the observations on blood-letting are applicable to depletion by drastic purgatives, but probably not to the same extent.

From the first history of the medical treatment of the insane, until recently, drastic purgatives have been extolled, especially in melancholia and hypochondriasis.

Their use latterly has been mostly confined to cases in which the disease is not only recent, but exhibiting symptoms unequivocally requiring antiphlogistic treatment, beyond what could be accomplished by the use of milder means, or a state of constipation which has resisted milder methods—I may add to such cases, perhaps, the class of persons who evidently need the evacuation of the first passages, and who resist all our efforts to ad-

minister the requisite medicines in their usual forms, when we feel called on to administer secretly, in a concentrated form, an efficient purgative.

Those who have had much experience, will not need to be told that extreme caution is required in certain persons at all seasons, and all persons at some seasons, lest diarrhoeas, not easily controlled, follow the use of strong cathartics.

In most cases, the exhibition of mild preparations of mercury followed by common aperient medicines, is much more judicious than giving those of a more debilitating class.

I do not know that the hellebore is now much in use—the Croton oil seems well adapted to our use when an active medicine is required in a concentrated form, and when formed into a pill with powdered nutmeg or other mild aromatic, may be so divided as to be as safe in its action as any simple laxative in use.

The compound Colocynth pill and the common infusion of senna and anise, with sulph. of Magnesia, are medicines in daily use with such patients as require their action.

There is an inactive state of the first passages which indicates a kind of paralytic state of the muscular coat of the organs. In these cases, whether the persons be insane or not, the use of nux vomica compounded with aloes, rhubarb, or other mild cathartic drug, in small doses, steadily persevered in, will often overcome cases of obstinate constipation.

As I have prescribed to myself no particular arrangement to be adhered to, I may as well speak of other states of these organs, which sometimes tax all our skill, and occasionally bid defiance to our best directed efforts.

From the effect of our own remedies, the peculiarities

of the season, or the state of the individual, we are frequently called on to treat troublesome, and sometimes incurable cases of diarrhoea. On two or three accounts the insane are more difficult to treat than the sane. The state of the nervous system seems to render the local affection more grave—the general restlessness renders the adjustment of external applications, and even proper covering, difficult, if not impossible, and our internal remedies, however we may direct their administration, are rendered irregular and uncertain.

With due weight given to exceptions like these, there is nothing very peculiar in the treatment of this affection in the insane. Every attention should be paid to sustain an equal and natural heat on the surface, and as vigorous capillary action as may be—a duty as difficult to accomplish, as important to the well-being of the patient.

The application of external heat, wet or dry, frictions and concentrated stimulants to the skin, locally or generally, should constitute our first efforts. They may be aided, but never superseded, by appropriate internal remedies. Alteratives, opiates, astringents, stimulants, and tonics, all have their proper time and place, in the course of treatment. There are cases which seem to have arrived near a fatal termination, in which spirits of turpentine both internally and externally, combined with anodynes, have appeared to give a favorable change to the action of the mucous membrane and the glands connected with it. To all of us the various modes of moderating the effect of the most exciting remedies, by judicious combinations, are too familiar to require further remarks.

The most formidable disease of this class of organs, which has come under my care, I shall take the liberty to call *Asthenic Colitis*. This affection which has its seat

high up in the large intestines mostly, has been fatal in many locations in families, and not less so in some of our hospitals for the insane. It has been epidemic at the season when bowel complaints are usually most prevalent.

In our institutions for the insane it has chiefly attacked those whose physical energies had been diminished by protracted disease, and many such have fallen victims to it.

The disease is not attended with the same degree of pain, vascular action or febrile heat, usually present in dysentery. The discharges from the bowels are generally frequent and abundant; at first resembling newly made soft soap, more or less streaked or tinged with blood. In its progress, the blood is no more seen, but a sort of muco-purulent fluid in great quantities is voided day after day. The odor is peculiar, and not like that from epidemic dysentery, as usually encountered.

Anodynes, alteratives, astringents with lavements of laudanum and solution of tannic acid were with us often powerless to arrest the progress of the disease. If any prescription was better than others, it was the free use of Laudanum, Bals. Copaiva and mucilage.

No disease can require greater vigilance as to the application of external and internal means. No precaution of cleanliness produced even a tolerable state of purity in clothing and rooms without the aid of chlorine gas.

An apology may be necessary for speaking of affections not necessarily connected with insanity.

It is not easy to treat a malady considered by many as only a *symptom* of peculiar troubles in physical organs, without remarks on the occasional affections which often accompany and influence these troubles, or are modified by them. These combined circumstances call for more

care and caution, as to the quantity and quality of remedial agents, than in cases where the symptom of insanity does not exist.

The remarks to be made will relate more exclusively to the medical treatment of the organs laboring under that peculiar physical derangement manifested chiefly by mental aberration.

The classes of agents mostly in use for this purpose are alteratives, calmants, and tonics. The first class is required for the same purposes and under the same circumstances as in cases where all the other symptoms existed without the insanity.

When I speak of alteratives, I allude to the moderate use of mercurials and other medicines considered, as having a tendency to restore deficient secretions or to correct such as are vitiated in quality. I can speak of the Extract of Conium, in its most efficient form, as entitled to no other credit than as an alterative, nor can I speak highly of it as such.* I am inclined to think some of us still use it, as much out of respect to the testimony of respected names, and because of the rather convenient form of its compounds for administering tonics, as from any conviction of its value as a narcotic.

To my mind it is rather an innocent affair, for one which has been so much extolled, and in cases where an expectant course is deemed advisable, I know of few drugs which may be more safely trusted as a placebo. I have not seen apparent injury from it, and must leave it to others to testify to the good it does.

The whole class of narcotics, has been had in requis-

* The writer is aware that many of his friends have a decided conviction that Conium is calculated to produce valuable sedative effects on the system. He believes also that the medicine in very large doses in neuralgia and spasmodic affections often produces happy results.

tion, and though each variety may come in, alone or in combination, for certain constitutional peculiarities or states of the system, one alone maintains its general superiority above every, and all others.

Although opium is not suited to all constitutions, nor to any individual case at all times, it has, when the system is properly prepared for its exhibition, maintained its superiority for ages past as a narcotic, and probably is destined to, for ages to come.

In the early stage of maniacal disease, the irritation and vascular action are such, that opium in any of its forms seems rather to increase than to allay excitement. But when this irritation is moderated and the vascular action somewhat equalized and diminished, by the well directed use of baths, antimony and saline draughts, some of the *salts* of opium or other *compounds*, in which the article forms the most active agent, may usually be safely and advantageously administered.

In chronic cases we have no need of these preliminary precautions in most instances, and frequently find benefit in adding to our opiate some active stimulant, as camphor, ether, &c. From a wish to find a substitute for this drug, in cases of extreme watchfulness, and in some measure influenced by the recommendations of others, I have administered almost every combination which has acquired credit with the faculty, such as the camphor, sulph. ether and infusion of hop, Hoffman's Anodyne, hyoscyamus, stramonium, belladonna, ex. of valerian, by displacement, Brigham's mixture, &c. It is not unlikely that the cases and periods have been injudiciously selected, but I have rarely found a benefit from their use which would not be more certainly realized by an equivalent, so to speak, of opium.

Undoubtedly there are constitutions and stages, in

which some of these would be tolerated, not only, but do good, where opiates would not. I think the necessity for a quieting medicine, in a case of insanity must be very slight, in which any of these remedies would answer the requisition. I fear the extensive use made of similar appliances in the medical world, is more a matter of routine than of judicious reflection and discrimination.

May we not frequently give credit to a long continued use of inefficient medicines, which is due to time and the recuperative efforts of nature?

One word on the danger of acquiring a habit of using opium, which it is not easy to abandon. My own experience has not been as fortunate in this respect, as was stated at one of our meetings a few years since, by a highly respectable member, now no more, who said, he had never experienced any difficulty in stopping the use of the medicine, nor had known trouble to follow.

One of the most troublesome cases I ever saw, acquired the habit in the institution under that gentleman's care and the use of the drug followed for six years after leaving the Hospital. By very gradually diminishing the enormous dose she was taking when she came to me, it was wholly left off, at the end of six months; but the sulph. of quinine with which it was combined, was continued six months longer so that she never knew when the morphine was stopped. She has been my neighbor for four years, in good health and spirits.

I have now under treatment a case of melancholy, principally from moral causes, in which I have seen my patient get apparently well and happy, but no sooner did I omit the morphine, than all the trouble was renewed. Three times I resumed and gradually discontinued its administration with similar results; which made me de-

termine on another course, without the opium. The appearance is favorable for ultimate success.

I fully agree with the gentleman from Kentucky that it is generally best to commence with small doses, as 25 or 30 drops of Laudanum, or solution of morphine of equal strength, and gradually to increase the dose if necessary to a large amount. My *experience* however *does not* enable me to say, "if the design is not answered by less, give *thirty drachms*." *

It is not easy to reconcile the discordant opinions of our best practitioners as to the value of narcotics in the treatment of the insane.

Some placing a very high, and others a very low estimate on their value. It may be those who extol them most, have gone far beyond those of more moderate expectations, in their use.

In this way, they may have experienced advantages, unknown to those who have been more cautious in their administration.

Not having prescribed them to the greatest extent, I cannot pretend to decide the question, but hope to hear testimony which will enable me to use medicines of this class more successfully.

I have had no opportunity to make trial of the eastern compound called hachich, nor have I learnt that its use has been thoroughly tested in Europe or in America. From what I have read and heard on the subject, it would appear to act like stramonium, exciting a disordered action peculiar to itself; and possibly may supercede

* I am aware that many practitioners use, and as they think with decided advantage, enormous doses of Laudanum and solution of morphine in certain cases of mania, even in some cases as high as seven or eight ounces per day. I am not disposed to question their success, but have not gone myself to the same extent.

an existing disordered action, by substituting one of its own, more powerful, but less prominent.

If this and similar poisons act on the principles of Hahneman, I presume the dose must be some hundred-millionth parts less than we usually administer.

I have used stramonium in severe cases of epilepsy, complicated with insanity, without any benefit.

Two cases *seem* to have been successfully treated, one and two years since, by spirits of turpentine in large doses for several days, followed by a long use of oxide of silver, as much per day as the mucous membrane would tolerate. In several others no benefit followed any course.

I come to speak of vegetable and mineral tonics.

There are few cases of long protracted insanity which have not seemed to require a free use of these, and I believe everywhere, they are administered in our Hospitals, in cases where the physical vigor is much diminished.

In subjects where the tonic course does not require to be prescribed for the relief of any particular organ, the preparations of cinchona may represent most of the vegetable class, as the oxides and salts of iron and silver do that of the mineral.

Every one's ingenuity must suggest the various additions and combinations required to affect particular organs or special cases.

There is a form of disease affecting mostly the young, in which maniacal excitement alternates with acute dementia, possibly from renewed congestions. From one or the other of these states we see our patients gradually recovering, taking on the usual appearance of health and intelligence, when suddenly a state of phrenzy or stupidity comes, and the same goes over again.

If we carefully observe the first signs of amendment and introduce a large seton in the back of the neck, I think we shall often avert a relapse.

I have no remedy for chronic dementia, nor general palsy, never having seen either benefitted to any considerable extent.

I feel indebted to Dr. Stedman for his observations on the use of ether for those who refuse nourishment and to Dr. Bell for his excellent paper on the same subject.

I am not aware that I have advanced a single idea which is not perfectly familiar to every member of the Association. I would gladly have posted some new discoveries, if I had found them on the *blotters*.

Having expressed some preferences, some doubts and some objections, I expect them to be corrected wherever they meet your disapprobation.

Having designedly avoided any mention of moral treatment, it may be thought I consider the medical as the more important. I can give my views in a single and short paragraph.

In the first stage I deem the medical more efficient than the moral treatment, in the second equal, and in convalescence the moral has decidedly the preponderance.