

a suspension of self-consciousness, while the senses and other bodily powers are still exercised in obedience to the impulse of a waking imagination.

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ARTICLE VI.

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ON THE TREATMENT OF INSANITY.—By JOHN  
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the Lunatic Asylum, Lexington, Kentucky.*

ALTHOUGH Insanity is not a very common disease, few physicians fail to meet, now and then, a case, in general practice.

Judging from our own experience such cases are peculiarly embarrassing from previous neglect of the disorder, and we are greatly encouraged in the hope, that what may follow may be useful, from the fact that such information would at one time have been to us highly acceptable. It is not pretended, that the most of what may be said, may not be found elsewhere, but it is for the reason before stated, that physicians generally omit to supply themselves with works upon the subject, that this is published. It is hoped that the portable medium through which this is communicated, may give it access to the attention of Western practitioners.

In some parts of this country, the vast importance of placing the insane, in the earlier stages of their derangement, under the care of institutions devoted to their treatment is duly recognised, thus engaging for them the attention of medical men whose attention is specially directed to such diseases, and bringing the lunatic into

circumstances which are best calculated to afford the peculiar facilities for his successful management.

Had the efforts of those who have taken particular interest in the welfare of the insane in the West, been successful in producing the same state of things in this portion of the country, the necessity of such an article as this would not have existed.

So different is the fact here, however, that very few cases are placed in our public institutions—which we must confess are culpably behind the age in the necessary advantages found in other hospitals of the kind—until the disease is hopelessly confirmed. As it is not probable that our institutions will very soon be elevated to what they should be, or the friends of the insane be awakened to the necessity of placing them in our lunatic hospitals in the earlier stages of the disease, we are strongly induced to the publication of this paper, with the hope that at least a few may be rescued from the sad consequences of permanent insanity, by the means advised.

I think it may be truly said, that few diseases offer so much that is calculated to embarrass the practitioner. Its phenomena are so complicated, its physical disturbances are so varied, its mental manifestation so capricious, its causes so numerous, its course, duration and termination so uncertain, that to classify, prognosticate or prescribe cannot be done without much misgiving.

All this, however, has not deterred from the use of the resources of medicine for its relief. From early antiquity, remedies from the *Materia Medica* were used for its cure. Melampus is said to have cured the daughters of Proteus, and a citizen of Antioyra, to have restored the heroic Hercules, by the use of hellebore.

At a later period, when the doctrine of the purely mental or diabolical origins of the disease prevailed, exorcisms and stratagems by which the imagination was

highly excited and the feelings deeply wrought upon, were depended on as the means of restoration.

Still later, the supposed relation of the disease to the Lunar phases gave rise to periodical medication irrespective of other indications. A faithful history of the regimen, moral and medical, to which lunatics were, and still are, among the less enlightened nations, subjected, would, perhaps, present the most appalling picture of the dreadful cruelty of ignorance, that could be drawn from any other source.

Before entering upon the treatment now recommended, it might be proper and perhaps expected, that we should give the ordinary symptoms of the disorder.

This, however, cannot be attempted here. They are so numerous, as well as various, that a volume might be filled with them.

It is farther unnecessary, because the precursory physical disturbances have nothing peculiar about them. Any or many of the symptoms initiatory of most disorders which mark the disturbance of various functions, may be present, of longer or shorter duration, but until disorder of the mental faculties is developed, there can be no reliable evidence of such a result.

Again, it is very generally the case, that the functional disorders are so mild that medical interference is thought unnecessary. This is almost universally the case in this country, where constitutional vigor very often overcomes, unaided, disturbances apparently more serious. And farthermore, where medical aid is fortunately asked at this initial stage of the disease, all is fulfilled by meeting, as in other complaints, such indications as are apparent. Lastly, where the physical functions are not sensibly impaired, the symptoms being more of a mental character from the first, they are generally so slight, as to produce no apprehension of the coming disorder.

Eccentricities, change of manner or habits, unusual petulence, partially perverted affections, and other signs of nervous disorder, are disregarded until mania breaks out and discloses the terrible result to which the premonitions pointed. Indeed, I know of no combination of symptoms, where there had been no previous attack or no known hereditary tendency, unmixed with positive mental aberration, which I think, would justify a confident opinion of its approach.

All this being true, it is not surprising that insanity is not often treated until there is no necessity for a detail or even a summary of its usual symptoms, as there can be no mistaking it.

The diagnosis of the disorder is not difficult. It can only be confounded with Cephalitis or Hysteria, and the peculiarities of each of these disorders will scarcely mislead the careful physician.

As we have elsewhere remarked, insanity has its stages, longer or shorter, of incipency, activity and decline.

We have virtually assumed, that few cases will be treated in their incipency, and to the other stages what may follow will be applicable. These stages are designated as acute and chronic.—Different writers also make a distinction founded upon the duration of the disorder, dividing them into "recent" and "old," to the former referring cases of less duration than twelve months, all of longer standing to the latter.

Insanity being a disease involving the organ on which moral and intellectual manifestations depend, its treatment has very properly been divided into moral and medical.

While the great importance of moral treatment in insanity is not to be denied, it will be found exceedingly difficult, if not impossible, to enforce it in private practice, most especially among those who compose the great

mass of our population, persons in very moderate if not straitened circumstances.

"If," says Jacobi, "we seriously consider how difficult it is to unite in a private dwelling, the manifold conditions requisite for the successful treatment of insane persons, in reference to security, separation, oversight, attendance, restraint, compulsion, remedies of all sorts, and due medical assistance, one will soon be convinced how rarely the proposed object can here, under such circumstances, be attained. Hence it comes to pass that these unfortunate persons at their own houses are the worst taken care of. For it is precisely in these situations that the poor lunatic is often most exposed to dreadful mismanagement and very painful neglect and privations. His attendants who are both unprovided with the proper means, and destitute of the requisite skill to manage him by gentle methods, as well as to apply the required degree of restraint at the most favorable time, and in the most humane manner, are, in many cases, but too soon obliged for the sake of their own safety and a sufficient coercion of the patient, to have recourse to extreme measures; and thus considerations of humanity and gentleness are thrown aside. In other cases on the contrary, the patient is equally lost to all chance of recovery, by a method of treatment altogether dissimilar, but not less injudicious. For the sake of preserving him tranquil, every wild and fickle whim suggested by his disordered intellect, is indulged and encouraged. He not only imperiously exercises all the authority which he possesses whilst in his right mind, but now, with unbounded and violent impetuosity, seeks to make every one yield with abject submission to the impulses of his diseased brain."

If this be true, certainly the proper treatment of insanity from its onset, is to bring its subjects under the discipline of those public institutions which combine in their arrangements the various appliances necessary in enforcing the best moral and medical regimen, with the least coercion or unkindness to the patient.

But our object is to give what aid we can, as to the treatment of the disease in ordinary practice. A specification of the various rules and incidental suggestions to be found in different authors would include much unattainable in private practice, and lead us into detail incompatible with the character of this paper.

There are, however, a few general suggestions that may be adopted by every physician who may be called to treat insanity.

1st. That the patient should be informed of what is believed to be his condition, and of the necessity of the use of means to restore him, and what they probably may be.

2d. The necessary treatment, whether moral or medical, he should be requested to use, and if he positively refuse, the gentlest coercion must be resorted to.

3d. That this may be done with the least difficulty to attendants and least injury to the patient, sufficient help should be summoned to overcome any resistance with ease. A mere display of the necessary force, will often enforce a compliance with any prescription.

4th. Firmness, kindness and candor should characterize all intercourse with the lunatic. He should be directly denied what is wrong, dissuaded if possible from what is of questionable propriety, and indulged in all reasonable requests.

5th. If the exciting or fostering cause of the disease has any relation to home or other locality, removal is necessary; all communications with persons or things calculated to keep up or awaken morbid impressions or associations which may have caused or continue excitement, should be broken up.

6th. Allusions to the peculiar delusions or open opposition to the morbid ideas, affections or inclinations should be avoided.

7th. Seclusion from promiscuous visitings, and exclusion from every thing in any way interfering with the tranquillity of the patient.

Such are some of the general regulations which should be imposed from the access of the disease, and which will add efficacy to the medical means in proportion as they are faithfully executed.

The period, however, when moral treatment is particularly appropriate is that of convalescence.

No stage of the disease requires so much judgment, whether it be in detecting the first signs of dawning reason, or in encouraging the efforts of nature to enfranchise itself from thralldom.

To watch this dawn of reason, after the darkness of insanity has for a time obscured it, to aid every mental essay, to draw out the striving intellect, to give support to the enfeebled system to regain her lost faculties, to make

a diversity of impressions, to awaken new ideas and fresh moral emotions and revive the suspended powers of mind, demand the constant vigilance of the attendant of the insane. This is no easy task. The common mind may require but common care and patience, but the cultivated intellect requires all the tact, delicacy, caution, and ingenuity of the experienced and gifted, to guide the benighted intellect back to the light and freedom of intelligence.

Changes of scene, occupation, amusement, indeed every thing that can interest the feelings, arrest the attention or control the mind, so as to break up any concatenation of events or circumstances in any way associated with the malady, are to be brought into requisition as the state of the case may require.

"There is a stage," says Dr. Gooch, "approaching to convalescence, in which the bodily disease is loosening its hold over the mental faculties, and in which the latter are capable of being drawn off the former by judicious appeals to the mind."

To reach this condition, seems impossible by the use of medicine.

"We may by medicine," says Dr. Wood, "excite and depress the brain, may irritate or calm it, may even sometimes restore its healthy action by removing the causes which disturb it; but how can mere matter by entering the cerebral vessels, regulate the fine operations of thought, awaken sleeping conscience, or turn the perverted current of feeling into its proper channel? The medicine of the mind must be mental. Through the senses, the intelligence, the memory, the affections, we must endeavor to touch those delicate chords which vibrate thought and emotion, and so touch them that they shall again produce their wonted harmony. Instead of leaving the operations of the mind to the caprice of accident, we must aim at so arranging exterior influences, that their suggestions shall be favorable to correct thought and feeling; and so clarifying the inner fountains that there shall be a gentle welling up of healthful reason and impulse, instead of the turbid gushings of madness."

With this meagre outline of the moral treatment, I pass on to the

#### *Medical Treatment.*

It is to this part of the subject we desire to give more especial attention. To the improper use or neglect of remedies in the early stages of the disease, many cases of insanity, which should have been restored, become hopelessly confirmed. Treated at the very onset, cases

have been speedily arrested, and a very great majority ultimately recover. It is vastly important then, that the treatment be in accordance with the true nature of the disorder.

Before entering upon this, it may be well to offer some leading propositions, which, if kept in view, may aid in determining the course of practice.

1st. Insanity is a bodily disease necessarily involving the brain.

2d. That it may exist for an uncertain period without producing perceptible alteration of structure in that organ.

3d. That it is not in its early stages a disease of inflammation, but of some vascular engorgement, which may subside, leaving the brain in an irritable condition, not unlike that of delirium tremens.

4th. That the tendency of the disease is ultimately to run into sub-acute inflammation, resulting in the production of the pathological conditions mentioned in a former article.

5th. That disorder of other organs often co-exist with that of the brain, either in the relation of cause or effect, especially in the chronic state of insanity.

6th. That the sanability of the disorder is unusually influenced by its duration before treatment, recent cases generally recovering, chronic ones rarely.

If these propositions are correct, several indications seem to be clear.

1st. To relieve the brain of the state of congestion which constitutes the physical condition on which insanity immediately depends.

2d. To relieve the consequent state of irritation which seems to prolong it.

3d. To remove disorders of other organs which may morbidly influence the brain.

4th. That remedies should be resorted to in the very earliest stage of the disease.



In consulting authors on the selection of the means best calculated to meet the indications, the greatest difference of opinion will be found to exist, as to some of the more important ones.

The relative importance assigned to each class of remedies, the best mode of administration, and their real value, will probably be best gathered by noticing them separately, and collecting some of the opinions which have been entertained.

*Antiphlogistics.*

At the head of these stands general bleeding. Of this active remedy, opinions directly contrary have been advanced by men of reputation; Cullen, Haslam, Frank, Plater, and Rush, have all recommended it in every case of acute insanity. The two latter carried it to a greater extent than any other practitioners. Plater bled once a week, and in one case for seventy successive weeks. Dr. Rush, however, was the great advocate for this practice and pushed it far beyond any other. He insisted that it should be used to a greater excess in madness than in any other disease. He bled a patient 68 years old, two hundred ounces in less than two months, and another, four hundred and seventy ounces at 47 bleedings. He not only advised large bleedings, but that the blood should be drawn from a large orifice, and the patient in an erect posture, that its most powerful impression should be made on the system. From 20 to 30 ounces are advised to be lost at a time if well borne, and local bleedings to follow.

The following synopsis, slightly abbreviated, as given by Prichard, comprises the arguments of Dr. Rush for his practice:—1st. The force and frequency of the pulse, the sleepless and agitated state of maniacal patients. 2d. The impaired appetite and plethoric state which easily arises in lunatics. 3d. The delicate structure of the organ involved and its inability of supporting morbid action.

without permanent disorganization. 4th. The want of any natural channel of discharge from the brain, by which the results of inflammation may be averted or got rid of, as serous discharges in other parts sometimes relieve the inflammatory state. 5th. The accidental cures which have followed large losses of blood. 6th. From the extraordinary success which he met with in its use.

In direct opposition to this sanguinary mode of treatment, M. Pinel and M. Esquirol, both men of the highest attainments and wide experience, may be quoted. The former held that cases, even where symptoms of apparent plethora existed, were injured by bleeding, and recovery retarded. That a decided tendency to degenerate into dementia was often the result of a loss of blood. Esquirol coincided in this opinion, and had seen mania much exasperated after a copious catamenial flow or two or three bleedings. He approves of very moderate bleeding in plethoric cases, and when an habitual sanguineous flow had been suppressed. Mr. Hitch, of the Gloucester Asylum, England, does not use the lancet. M. Foville, says; "Without ever having pushed the employment of this remedy so far as Rush and Frank, I own it appears to me one of the greatest efficacy." After stating his great experience as to the effects of insanity in producing various pathological conditions of the brain and membranes, he adds,—

"These are some of the reasons which have led me, with several other physicians who have been placed in circumstances favorable for making observations, to conclude, that bleedings ought not to be entirely proscribed in the treatment of mental diseases. In the greatest number of recent cases of insanity which have been placed under my care, I have employed evacuation of blood, local or general, rare or frequent, abundant or in moderation, according to the strength of the patient, state of pulse, redness of the eyes, the heat of the head, the agitation and want of sleep. I have always preferred general bleeding when there existed a state of plethora, which the force and frequency of the pulse evinced. In opposite circumstances, leeches on the neck, the temples, behind the ears, cupping on the same parts, and upon the shaved head have produced decided benefit. Local bleeding having appeared to me to produce a marked effect upon the brain, I have often prescribed it at the same time with general, whenever the intensity of the general symptoms has imperiously demanded the latter remedy; but I have never rested exclusively upon the efficacy of sanguineous evacuations, although in many cases I have seen all morbid symptoms disappear, as if by enchantment, under their use."

To these opinions, Dr. Prichard, from whose works the extract is copied, subscribes; he adds, and I think with great propriety, that "the circumstances which render bleeding most advisable in the treatment of madness, are those which indicate an approach in the disease to phrenitis."

There is a feature of the physical condition which must not be left out of the account in considering the propriety of bleeding. I refer to the nervous tension, as Esquirol terms it, which has great influence upon the circulation and which might readily mislead in seeking indications for the use of the lancet. This high nervous excitement often adds a deceptive force to the pulse, easily mistaken for inflammatory activity, and offers a fallacious call for sanguineous abstraction.

To this condition of things, I presume Dr. Burrows alludes in the second of the three disordered conditions of the circulation in insanity, of which he speaks in the following extract:—

"I have premised that three disordered conditions in the circulating system exist in mental derangement.

1st. There may be too great a quantity of blood flowing to the brain at the expense of other parts, which suffer a diminution of it, thus producing a real determination. 2d. There may be an *excessive momentum in the vascular system, indicative rather of morbid action* than of excess in quantity. And 3d. There may be a deficiency in quantity, by which sufficient blood is not propelled to the head to give the intellectual organs their wonted energy." He adds, "Simple determination of blood by too great momentum, producing that state of congestion of the brain which originates cerebral irritation, and perhaps the maniacal action, is not relieved by venesection."

This author, with others, thinks insanity a disease *sine febre*. That the simple vascular action may be nervous, that the surface though often warm is usually moist, that the blood does not present the sizzly appearance, and he concludes "that venesection can not be justified in any case of pure insanity, whether upon the principle of febrile or inflammatory action accompanying it, or of local determination."

I might quote from Broussais, Spurzheim, Ellis, Combe, Syer and many others, upon the practice of blood-letting,

but nothing that cannot be gotten in substance from the opinions already quoted, could be found.

I think I may safely say that the experience of those in this country who have had most to do with the treatment of insanity, is decidedly opposed to the practice of Dr. Rush, neither, I believe, corroborative of the extent to which the use of the lancet is carried among the French practitioners. Venesection is very rarely resorted to, and I am sure never to quiet the ravings of the maniac, to tranquilize the agitations of the less furious, or to bring sleep to the wakeful lunatic. Fatal, indeed, it seems to me, to the intellect if not to the body of the patient, if the mental excitement, the general indications of nervous disorder, were to be regarded as so many demands for depletory measures. I would particularly insist that no practitioner suffer himself to be misled by the degree of mental disturbance or emotional disorder, however boisterously it may be manifested, into the hope that copious and active depletion will meet the indications. The truth is, that making allowance for the nervous excitement, such as its influence on the circulation to which we have alluded, and other effects which will suggest themselves, which attend insanity, and the mental developement should have little to do in the medical treatment of lunacy. The proper course is to treat the disease, as we do others where the mind is not involved, by attending to the state of the system generally, and regarding the madness only as an indication that the brain is implicated in the disorder. I am aware of our predilection for blood-letting wherever cerebral disorder is manifest, but where the principal evidence of that is the mental aberration, extreme caution should be exercised before adopting it. Indeed, I would recommend less loss of blood, where indicated at all, in the case of a lunatic than in a sane patient, other things being equal. To bleed very copiously for pure insanity, even in its acute state, can have no

good effect upon the mental condition, while it expends the vital forces, which are to be taxed, in all probability, to their utmost extent before the disease is cured, and must suffer from a loss of the vital fluid.

We would not be understood as proscribing venesection in all cases of lunacy, but are of opinion that its use should be confined, as in other complaints, to meet special symptoms.

To local bleedings there cannot be the same objections urged as against venesection. It does not produce the same shock upon the system, nor so much lower the vital forces, but even this is by no means to be used merely because a man is mad. The particular symptoms demanding the use of topical bleeding, are such as are mentioned in the extract we have made from M. Foville.

These, however, the physician will no doubt readily detect, and we need make no enumeration of them here.

Dry cupping may be used where local bleeding is inadmissible.

#### *Of Purgatives.*

Authors are generally agreed as to the propriety of purgation in insanity. Torpor of the bowels is a very common condition of lunatics, and one against which we have to guard, as they will often allow immense accumulations in the intestines. It is said by some writer, that the first record of the administration of a purgative in any disease, was that of hellebore in madness.

In cases of some febrile excitement, the more active will be useful. Calomel and Jalap, Cook's pill, Comp. Extr. Colocynth, Senna, Cr. Tartar, are adapted to the earlier stages and severer cases. The neutral salts where the case is mild and frequent repetition is required. A course of mild purgation is well adapted to cases of moderate excitement and not of very vigorous habit. In such cases aloetics and rhubarb act well. Particular indications demanding the use of cathartics, as well as

the circumstances that forbid their administration, I need not stop to point out, as there is nothing peculiar in them. Drastic purgatives are particularly objectionable in lunacy, from the fact that such persons are peculiarly liable to chronic diarrhœa, which I have known sometimes induced by such remedies.

*Emetics.*

Emetics have been generally considered useful in insanity. Esquirol and Dr. Rush considered them as useful in melancholia, where there was torpor of the system. Several English physicians of considerable experience have spoken very highly of the use of them. Dr. Cox thinks them among the most efficacious means in all forms of insanity.

Emetics are objected to by some from the flow of blood caused to the head during the effort of vomiting. Of course, they are not to be prescribed where there is fullness of head or great plethora, but so far as my own experience is worth any thing, I can testify to their very general applicability in cases of high mental excitement, as a means of producing quietude and rest, and to their great value in cases of languor, both physical and mental. In the latter class of cases they have proved highly beneficial by arousing the energies of the abdominal organs, exciting new actions, and awakening torpid secretions.

I am especially fond of an emetico-cathartic, as an initiatory step in the preparation of cases for a subsequent course of narcotics or tonics, a plan of treatment of which we shall presently speak. It may be remarked here that lunatics sometimes require enormous doses of emetic medicine. I have given as much as 20 grains Tar. Em. The dose, I think, should always be a maximum one.

*Water.*

The efficacy of bathing, warm and cold, is admitted by all. Where there is heat of the surface, the cold bath

will often give great relief, and administered at night will procure quiet rest. The application of cold water or ice to the head is of great service where the abstraction of heat is desirable.

The warm bath has considerable influence in allaying nervous excitement. Immersing the body in warm water, while cold is applied to the head by means of bags of ice, or cold water poured from a foot's height above the head, was a favorite remedy with Esquirol, and no doubt of great efficacy in habitually excited cases.

Bathing, both warm and cold, merely as means of cleanliness, with what effect they may have in correcting the cutaneous functions, are of vast importance.

As a means of positive punishment, nothing is equal to the cold bath, as used in the *douche*, bath of surprise, &c.

#### *Narcotics.*

The propriety of the use of this class of remedies in insanity, has been much discussed, and very different opinions still exist upon the subject.

My own experience has impressed me very favorably as to their use; while several medical superintendents of lunatic hospitals in the United States, have found them peculiarly beneficial in certain stages of the disease and certain conditions of the system, others of equal claims to confidence have not so regarded them. Dr. Ray, of Butler Insane Hospital, Rhode Island, says:—

"In a large majority of cases the most prominent feature, that which is popularly regarded as constituting the disease itself, is nervous excitement, indicated by restlessness, loquacity, vociferation and turbulence. To quell this symptom, has been considered by physicians as particularly desirable, as if they thought that so far as they succeed in this point they advance in the cure of the disease itself. This is a serious mistake, and the expectations founded upon it are often doomed to be disappointed. Hence has arisen the practice, which has lately gained much credit, especially in this country, of administering narcotics in large doses. My own experience leads me to believe that the value of this method of treatment has been greatly over-estimated."

He farther states, however, that he has seen this practice succeed in cases of considerable turbulence, when the patient still possessed some self-control and conver-

sed rather coherently. With such exceptions, he thinks the use of opium has not proved of permanent benefit. In no case of recent raving mania, had he seen it do good, but harm. I do not think it at all necessary that those who use narcotics to allay nervous excitement, must regard the excitement as the disease itself, before the remedy is indicated. The excitement is no disease, but the developement of a morbid state of the nervous system. Nor are the evidences of insanity, vociferations, incoherence, &c. the disease, but indications of a disordered state of the brain which we have named from the symptoms. Narcotics are not given then merely to allay excitement, but to relieve the morbid state of the brain on which it depends. If this state has been relieved by other remedies, it is equally true that it has been by narcotics; nor does its treatment in the one mode more than in the other, prove that those using this or the other were treating the excitement as the disease itself. Dr. Woodward, the former venerable superintendent of the Massachusetts State Hospital for the Insane, a man, perhaps, of more experience in the treatment of insanity than any other in this country, says, "that narcotics are by far the most useful remedies we possess in active mania after the system is prepared for their use."

European writers, so far as I have been able to consult them, have not used nor do they recommend the use of narcotics, except as palliatives or to enforce occasional sleep. For such purposes I have never used them. One or several enormous doses of opium have now and then been given by different practitioners with various results. Van Swieten gave 15 gr. at once to a maniac. Dr. Binns gave two scruples and afterwards a third and restored his patient immediately. Dr. Currie gave 400 drops of laudanum with immediate restoration. Sydenham says, after the disease has been moderated by depletion and the active stage past, the fever and delirium may be



carried off by some opiate. Such examples, however, are not for our imitation. In the use of narcotics for the cure of insanity, full doses now and then, though they produce temporary sleep and quietude, do not come up to the requirements of the case. Nay, large doses repeated morning and night for a week or month may still fall short of what is necessary. The number and size of the doses may for the time being, have their complete effect, yet not permanently relieve, the derangement returning upon their discontinuance. This no doubt has led some to distrust the efficacy of the remedy, but after all this, they must not be condemned, their full effect not having yet been tried.

It is a permanent, persistent, patient narcotism, to be obtained as hereafter advised, that is the test of the power of this class of remedies over insanity. In the alterative treatment of some complaints, we do not discontinue remedies so soon as the external developements of the disease may recede; we persevere until a radical cure is effected. This is the course to be pursued in insanity, treated with narcotics. It is an alterative course.

The object is to remove, permanently, a morbid condition of the nervous system, call it irritation or what you please. It is generally, under the most favorable circumstances a condition not to be relieved in a week or a month; one requiring patience and perseverance in the use of any kind of remedies.

But let us be understood as to the condition of the patient under which this class of remedies comes in so opportunely.

In the commencement of insanity, while inflammation can scarcely be said to exist, there is a state of vascular excitement.

But this soon terminates in death or an irritable condition of the brain, its action perverted, its functions disturbed without an appreciable complication of inflammation. In the former condition no one would advise an

opiate or other narcotic; in the latter, what seems the rational indication? Says Dr. Brigham, the intelligent medical superintendent of the New York State Lunatic Asylum,—

"In my opinion there is quite generally among practitioners of medicine, too great fear of opiates and narcotics, not only in insanity but in all diseases of the head. One of the best chapters in the late work of Dr. Holland, "*Medical Notes and Reflections*," is that "On the use of opiates," in which this distinguished and experienced practitioner, after remarking that opiates are now more used than formerly, observes, 'that even now it may be affirmed that there exists a distrust, both as to the frequency and extent of their use, not warranted by facts, and injurious in various ways to our successful treatment of disease.' He adds, in relation to the use of opium in cerebral affections, 'there is great scope for further research on all that relates to disorders of the brain, and a strong presumption that opium is capable here of larger and more beneficial application than has yet been given it. In certain cases of insanity, especially where much active irritation is present without inflammation, its employment, not by partial and irregular doses, but by keeping the patient for some time steadily under its influence, is often attended with good, attainable in no other way.'"

It is very true, that the first stage of insanity may subside to some extent, yet with the continuance of certain signs of physical disorders when narcotics would not be admissible; if the skin is hot, tongue foul, red and smooth, the eyes red, the pupils contracted, and bowels constipated, the correction of the morbid condition upon which such symptoms depend is necessary, as incompatible with the use of narcotics.

The conclusion then is, that where the acute stage of the disease has subsided, and there remain no special contra-indications to the use of narcotics, they deserve a fair and persevering test, in all cases.

There is another fact which I have frequently noticed, that, in some cases where there appeared no objection to the use of those remedies, after a dose or two, fever, dry tongue, &c., supervened; a state of things indicating the necessity of further depletion.

I have repeatedly met such cases, which by suspending the narcotic and using a purgative or two, and other mild means of depletion, and again resuming it, have ultimately yielded to the medicine. I have never seen a case of dangerous cerebral engorgement produced by such remedies, cautiously used.

The mode of administering narcotics which we have adopted is, after selecting the particular one to be used, to begin with a small dose, say 20 drops of laudanum, or a solution of morphine of equal strength, to be repeated every four hours, increasing the dose five or ten drops daily. We have no maximum dose, we are governed alone by the effects. If thirty drops answer the design, well; if *thirty drachms* are required, *give it*.

The effects desired are general quietude, indications of drowsiness, nodding and occasional naps. When these effects are produced, the remedy is continued at that dose; after a few days, if the excitement is not thoroughly under control, increased tolerance of the medicine will again allow the symptoms of irritation to manifest themselves. If so, go on increasing the doses, which may be done to any extent if no bad effects supervene. When the necessary dose has been reached, hold the patient at it for a week or two, when it may be gradually diminished, and if with this diminution, none of the former symptoms make their appearance, we may conclude the morbid state of the system on which the insanity depended is permanently removed. In many instances, I have witnessed the apparent warfare between the remedy and disease. As the remedy was withdrawn the disease advanced; as it was pushed the disease receded, until its last hiding place seemed to be occupied by the remedial forces.

The influence of this class of remedies, opium and its salts especially, has seemed to me in some cases, to act as directly upon this morbid condition, as mercury does upon the syphilitic poison. Some very anomalous effects sometimes supervene upon a continued use of narcotics. In some they become emetic, in others cathartic, in others tonic; sometimes cutaneous eruptions are produced. All such results must be looked to by the physician; the remedy suspended, modified or changed to meet each

emergency. Some stomachs reject opiates but will retain Hyoscyamus, and so on.

Tartar Emetic, Ipecac., Nitre, &c. may be combined to meet particular indications. Tonics are not incompatible with narcotics. We often unite them. Conium and iron was a favorite compound of Dr. Todd's, of the Connecticut Asylum, who treated the disease with unparalleled success. Among the numerous narcotics we may hope to find one to meet the peculiarity of any case that may demand them.

Among them opium and the salts of morphine are most generally applicable. Hyoscyamus, Conium, Belladonna, Nux Vomica, &c. &c., are not without their use.

The use of tonics is often highly useful to lunatics. We prefer infusion or decoction of the vegetable bitters with iron. The indications for them are not peculiar.

Counter irritations, blisters, setons, &c., are not very much recommended now, but are doubtless of service in some cases.

To meet the third indication pointed out under this head, we need only say, that where there exists disorder of the bodily organs, their treatment is not essentially affected by the peculiar condition of the mental faculties in the insane, and they are consequently to be addressed through the usual therapeutic laws.

As will be perceived, I have not pretended to enter much into detail of treatment, but more especially to discuss the use of certain remedies. I have endeavored to guard against the excessive use of some, and to recommend the use of, at least one class, heretofore too much overlooked. The good sense of the practitioner will lead him to the best means of meeting the incidental demands of his cases, many of which, I should no doubt overlook, were I to attempt a minute detail of them.

I cannot close this article, however, without urging upon those who may meet with cases of insanity in prac-

tice, the vital necessity of attending at the earliest stage of the disease possible, to its treatment, as success will follow in a vast majority of cases. If they neglect it until the chronic form of the disorder is to be undertaken, little will, in all probability be added to the reputation of the profession or pleasure of the practitioner.

*From the Transylvania Medical Journal.*

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## MISCELLANY.

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### ON THE DEATH OF DR. BRIGHAM,

PRINCIPAL OF THE NEW YORK STATE LUNATIC ASYLUM, AND FORMERLY  
PHYSICIAN AT HARTFORD, CONN.

YEs, give him honor, such as men accord,  
When fall the great and good.

Tell out his deeds.

He hath not conquered armies,—hath not won  
By red libations on the battle-field,  
Or pangs of widowhood, and orphanage,  
The name of hero. No. But he hath stood  
'Gainst that invisible and fellest foe  
Who striketh Reason throneless; and the world  
Beheld him, in his meek benevolence,  
Seeking the lost, and on the broken mind  
Graving the name of healer. Deeds like these  
Build their own monument.

Yet, other praise

Is still his due; deep memories of the heart,—  
Aye, strew them o'er his hearse.

In quiet homes,

When the sweet waters of their shaded founts  
Were troubled, and the plaint of sickness rose,  
Thither he came, a welcome visitant,  
As the good angel at Bethesda's pool.  
The sufferer marked his hope-inspiring brow,  
His warm solicitude, his truthful soul,  
And took new courage. Well he knew to blend  
The Friend with the Physician, and to win