

## MEDICATION IN INSANITY.

Read at a Meeting of the Norfolk (Mass.) District Medical Society, July 10th, 1872.

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A PASSAGE in Dodoneus's History of Plants, which I examined a few days ago as a curiosity in botanical literature, has suggested some thoughts on the subject for to-day.

Writing of the common feverfew, he says of the virtues of the plant:—"Feverfew dried and made into powder and two drammes of it taken with honey, or other thing, purgeth by siege melancholy and phlegm; wherefore it is very good . . . . for melancholic people and such as be sad and pensive and without speech."

Here was a person distinguished for learning, holding appointments as physician to two emperors, and professor of physic to the renowned University of Leyden, recommending as a cure for melancholy or dementia a plant of little or no activity.

In our day the esteem in which purely medical treatment is held in this class of cases may be in some measure judged from the space given to its consideration in modern works on mental diseases.

Griesinger, in his Mental Pathology and Therapeutics, gives less than twelve pages to the purely medical treatment of the insane. Maudsley disposes of this subject, including bloodletting, baths and counter-irritation, in less than eight pages, while Winslow, in his work on Obscure Diseases of the Brain and Mind—which occupies 706 pages—finds five pages sufficient for the therapeutics of insanity.

Does this indicate that, like Macbeth's physician, when asked—

"Canst thou not minister to a mind diseased?"  
we must reply,

"Therein the patient  
Must minister unto himself?"

Rather does it not imply that our treatment will consist of something besides that "sweet, oblivious antidote" he was called upon to administer, and that dosing will form a very small part of it.

The practice of surgery has been no more simplified from the complexity and confusion of former times than the practice of psychological medicine, and between these two branches some striking analogies exist.

A man meets with some accident, a fracture, for example; he is obliged to keep his bed and have splints applied. He is rendered helpless and dependent on others, though his general health may not be seriously affected. Should severe pain or muscular spasm occur, his sufferings may be

diminished and his strength saved by judicious medication.

In acute mania, such as may follow some great mental shock, the room and seclusion are the bed and splint. The patient wholly depends on the care of his attendant, though muscular power and digestion may be unimpaired. Spasmodic bursts of excitement and loss of sleep are likely to occur, and after recovery he may be left crippled and disabled in his mind. Both often depend on drugs for the needed sleep which nature refuses, while, if the strength of the constitution of either is tried, he must be supported by stimulants and concentrated nourishment. Formerly, bleeding and purging, with, perhaps, emetics, were considered essential at the outset, but in both cases these have been found to disturb the patient without any corresponding good results.

Medication, in order to be effective, must modify the function or structure of the organ to which it is addressed, and consequently our treatment will largely depend on our understanding of the nature of the disease.

If, like the voice and digestion, the mind is a complex function, depending on the activity of its proper organ, then its disorders can be rationally addressed by those remedies which affect the brain; and such have always proved to be the most efficacious.

Mental disease, then, is to be regarded as cerebral disease, functional or organic. And thus we bring it into the catalogue of other diseases of the body, which are all governed by the same vital laws, and are, therefore, to be treated on the same general principles.

A slight acquaintance with maniacal affections will show that we find among them the same variety observed in ordinary practice.

Here we shall find both acute and chronic affections; the self-limited and the incurable; those whose termination may be expected in a few days, or others which may drag their slow course through months, years even, and then end in permanent recovery. Instead of the violent practice of blistering, purging, bleeding and showering, which formerly prevailed, and which was preceded by exorcism even more unphilosophical, a more accurate knowledge of mental disease has, as in other departments of practice, led to more rational views of treatment; in illustration of which nothing can be plainer than such statements as the following, from Griesinger. Speaking of treatment, he says:—

"In mental, as in other diseases, the sim-

ple expectant and dietetic—which is far from meriting the absurd reproach of the doing nothing—is, in many cases, though not in all, far in advance of the employment of very active and often changed remedies. To how small an extent their recovery is, properly speaking, due to direct medicinal interference is seen from the similarity of statistics furnished by various asylums where the methods of treatment are essentially different.”

And, again, “observation shows that very many cases of recent disease (insanity) proceed spontaneously to recovery without much positive interference through a treatment limited to the warding off of all injurious influences.”

If our drugs alter the structure or function of an organ, then they may do harm as well as good, and this we should always bear in mind, but we should not discard them on that account, any more than the surgeon would the knife because in the hand of some ignorant or inexperienced person it has proved an injury where it was designed to benefit. This, it seems to me, is especially to be guarded against in treating so delicate an organ as the brain.

If a case of acute melancholy with excitement comes under our care, let us not send it away with the opium habit substituted for it, nor make our epileptic pay the price of bromide-dementia for the relief from occasional convulsions.

The small proportion which insanity bears to ordinary sickness, and the limited number of even these cases that can be successfully treated in their own homes, will place most of this class of cases in the hands of those who adopt this special department of practice; but, though we may but seldom be called upon to conduct a case of insanity through its whole course, we should remember that mental disease is cerebral disease, that the medication of the insane is to be conducted on the same principles as in other cases, and just as much good and no more is to be expected from the exhibition of drugs in this class of cases as in others; that any drug capable of doing good may do harm; that we should not on that account be timid or hesitating, but if the indication is plain, and experience has shown the utility, we should give our patient, whether insane or sane, the benefit of decided treatment. But above all let it be borne in mind that it is very seldom that dosing is the most important part of treatment, and that often it need form but a slight and inconsiderable part of it.

Walpole, July, 1872.

## Progress in Medicine.

### REPORT ON THERAPEUTICS.

By ROBERT T. EDES, M.D. HARV.

(Concluded from page 99.)

APOMORPHIA is an artificial alkaloid formed by heating morphia in a closed tube with hydrochloric acid. Since its discovery by Matthiesen and Wright it has been recognized as a powerful emetic.

Siebert and Riegel and Böhm (*Centralblatt*, 1872, p. 155) report the result of some experiments thereon. Its chief advantage as an emetic is its easy and painless subcutaneous application, for which purpose it (the hydrochlorate of apomorphia) may be dissolved in water in the proportion of 1 to 100.

Vomiting seems to be preceded and accompanied by præcordial distress, affection of the head and noticeable weakness, but the return to the normal condition is very rapid and complete. Objective changes in the organism are even less. The subcutaneous injection causes little smarting, scarcely any pain, and does not result in abscess. Digestive disturbances have not been observed. The emetic dose for man is about one-tenth of a grain. A maximum dose does not seem to exist, as an increase of the effectual dose one hundredfold in animals and threefold in man produced no increase of symptoms.

The dose must be very greatly increased if given by the stomach. The English preparation seems to be several times more powerful than the German (Merck's). The purer and more active the drug and the more promptly and freely emesis set in, so much the less troublesome appeared the disagreeable subjective concomitants. Morphia does not prevent the action of apomorphia, but seems to render a larger dose necessary.

Blaser (*Cbl.*, 1872, p. 480) says a solution of hydrochlorate of apomorphia in simple syrup, if kept from the air, may be preserved unchanged for weeks. A more dilute solution, with sugar, prevents decomposition.

The English apomorphia is the only preparation which forms a completely colorless solution in water.

*Atropia*.—Frazer (*Trans. Roy. Soc. Edinburgh*, 1872, xxvi.; *Cbl.*, 1872, p. 395) has made a series of experiments upon the antagonism of atropia and physostigma (calabar bean). He employed an alcoholic ex-