

Practical remarks on insanity : to which is added, a commentary on the dissection of the brains of maniacs ; with some account of diseases incident to the insane / by Bryan Crowther.

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PRACTICAL REMARKS
ON
INSANITY;
TO WHICH IS ADDED,
A COMMENTARY ON THE DISSECTION
OF THE
BRAINS OF MANIACS;
WITH
SOME ACCOUNT
OF
DISEASES INCIDENT TO THE INSANE.

BY
BRYAN CROWTHER,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS IN LONDON, AND
SURGEON TO BRIDEWELL AND BETHLEM HOSPITALS.

“ In matter of fact, they say, there is some credit to be given to the testimony of man ; but not in matter of opinion and judgement: we see the contrary acknowledged, and universally practised all throughout the world.”
HOOKER.

London,

PRINTED FOR THOS. UNDERWOOD, 40, WEST SMITHFIELD;
ADAM BLACK, EDINBURGH; AND GILBERT AND
HODGES, DUBLIN;

BY G. HAYDEN, BRYDGES-STREET, COVENT-GARDEN.

1811.



TO
SIR RICHARD CARR GLYNN. BART.

PRESIDENT,

RICHARD CLARKE, ESQUIRE,

TREASURER,

AND

THE GOVERNORS

OF THE

ROYAL HOSPITALS

OF

BRIDEWELL AND BETHLEM,

THE FOLLOWING SHEETS

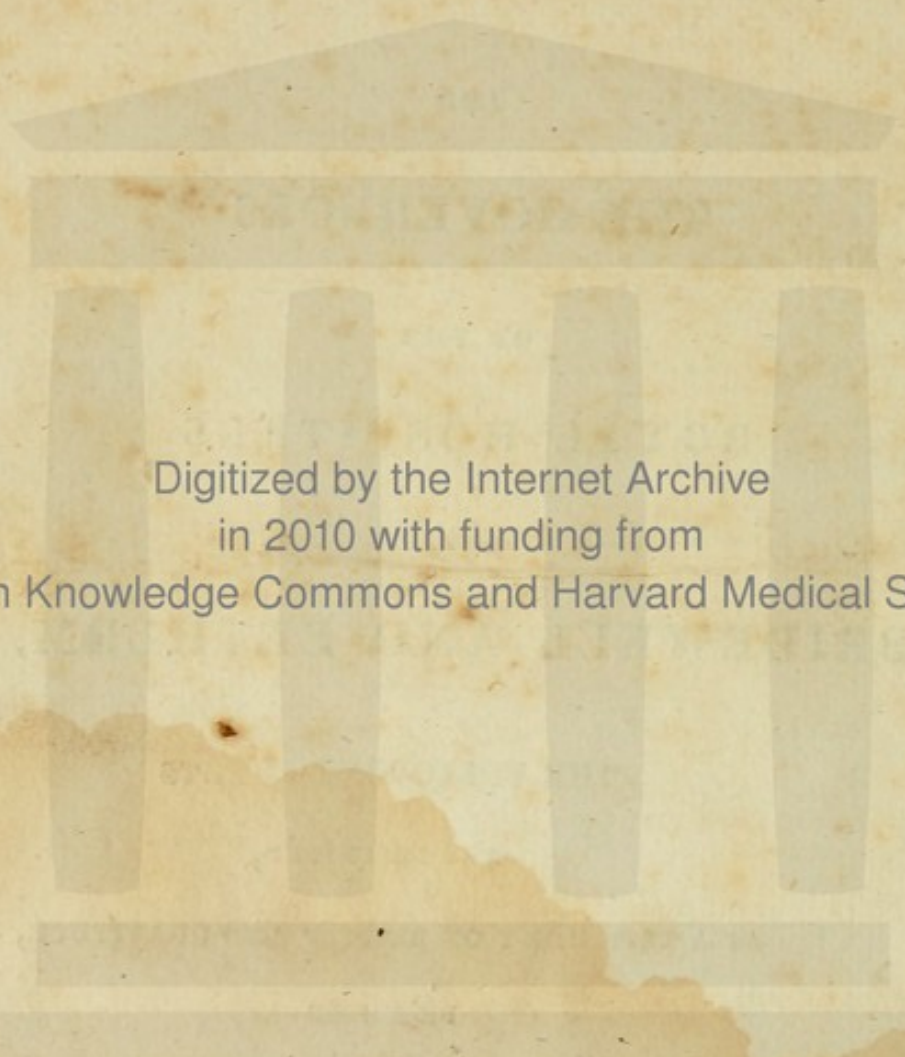
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VERY FAITHFUL AND OBEDIENT SERVANT,

THE AUTHOR.



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PREFACE.

IT is presumed that the following pages have their authorities constructed on the basis of truth; and, should they appear to want the sprightliness and entertainment which may be found in the works of some contemporary writers on Insanity, the Reader, it is hoped, will admit the apology, that the Author could not bring his mind to treat humorously, an affection so rapidly becoming prevalent among all orders of society, and consequently so destructive of the happiness and interests of mankind.

In alleviation of this calamity, what then rests in human power, beyond the substitution of useful facts, in lieu of hypothetical reasoning.

If, however, in adding but little to the stock of information on this subject, he has removed what appeared to him to be obstacles to the furtherance of science in this department, he ventures to conceive that not a little has been attained; in as much as it is obvious, that too many are rather inclined to prescribe from authority, than in the practice of their profession, to think for themselves.

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PRACTICAL REMARKS

ON

I N S A N I T Y, &c.

DEFINITION.

WHAT the late Dr. Monro said in his remarks on Dr. Battie's Treatise on Madness, with respect to definition, is equally applicable to medical language.

This learned physician remarked, "that definitions are of no use unless they convey precise and determinate ideas," and this should be the case with respect to medical terms.

Some have used the expression, delirium of madness, whilst others have confounded delirium with madness.

Dr. Reid, in his *Essays on the Intellectual Powers of Man*, has substituted delirium for insanity. He acquaints us that a common symptom of delirium is, “to think all others are fools or mad;” and further advances, that this appears to have been the case with one author, who concluded, that all those are certainly fools, who reason, or who believe any thing.

What the historian and philosopher, Mr. Hume, intended by this remark is foreign to my enquiry, unless it was meant, that such who will reason upon every thing, might occasionally lapse into folly and error. If the clerical profession will obtrude their opinions on medical subjects, care at least should be taken that they are correct, and that they are conveyed in appropriate language.

Dr. Reid's observation does not apply to delirium; yet I can bear testimony of its being no uncommon trait in a madman's character, that he readily discovers the infirmity of another, though unable to discern his own. I believe this discernment on the part of the patient, to have been considered a favorable circumstance, as to the prospect of his mental recovery, as it sometimes, though not generally, imperceptibly leads him to the contemplation of his own peculiar situation, and whenever he arrives at this period of self-conviction, recovery is not very remote.

As medical language ought neither to be vague nor indeterminate, I beg to ask, how delirium, which forms only a symptom of a complaint, can possibly represent a disease?

If we say a man is mad, we do not ask, what is the illness of such a person, but enquire into the cause or circumstances which

excited the insanity? Were we to speak of one in a state of delirium, we should be solicitous to know the precise nature of that complaint, which gave birth to this symptom.

If delirium of madness be intended to convey the notion of a violent paroxysm of a madman, the expression is not the less objectionable, especially when we can make known our sentiments of the patient's case by adopting the delicate expressions, "that he is more intractable or less governable;" in fine, the medical profession has ample store of such complimentary epithets, with respect to this disease, without distorting the terms of medical science.

The medical profession has been favoured with a disquisition, the intention of which was to display a learned and adequate distinction, said to exist between delirium and

insanity. I beg to ask of this experienced character, how he can explain the circumstance of a patient's case resembling rather delirium than madness, when a physician for the bodily health declared, that in his opinion, it had not suffered?

Motives of delicacy, and a sense of propriety, disincline me from making any farther comment on the distinction alluded to.

Ere we offer an explanation of the word Madness, it may not be amiss, perhaps, to define Definition itself.

Dr. Johnson, in his dictionary, after stating that this word is derived from the Latin, has affixed to it the following meaning: "a short description of a thing by its properties."

But this explanation is less satisfactory to my mind than that which Ainsworth has advanced on the subject; for he declares definition to be that, which in a few words,

expresses what the thing is, that is spoken of. *

Dr. Beddoes, in his *Hygeia*, acquaints us that, “mad is one of those words which means almost every thing and nothing :” it does not appear so, for had he adverted to etymological authority, it would have been found that mad means but one thing, and consequently something. Were we to attempt a definition of the word madness, from its derivative signification, we might affix fairly to it the interpretation of furious insanity.

Madness, like mania, etymologically viewed, denotes a condition of mind expressive of rage or raving ; and thus simply applied the term is appropriate enough : but in defence of the propriety of adopting the more

* It may be presumed, that those authors who have expended nearly an octavo volume on a definition of madness, had never adverted to these authorities.

extensive signification, which is ordinarily assigned to the word, we are utterly incapable of offering any thing like explanation. In early times, it appears, mad persons were denominated prisoners, and treated pretty much as criminals ; and it is not from this circumstance unreasonable to suppose that such people were then only deemed mad who were furious and raving, and their behaviour such as to justify and authorize confinement.

Since the nicer and fainter shades of insanity have accumulated so fast, I think the greater difficulty will presently consist, rather in the selection of such as are not, than in the discovery of those who are, mad.

The generally received acceptation of this word is, that the person is deprived of his internal senses, or deranged in his mind. And although the features of his mental derangement are not disclosed, yet we perceive

enough of the patient's malady, to ascertain that he is mad, and not delirious from disease.

Therefore, though the accustomed adoption of the wide and extended meaning which has been given to the word madness, is derivatively improper, yet the common idea attached to the term, appears sufficiently accurate, as far as its tendency goes, to characterise the disorder.

Insanity, by the ancients has been divided into *Mania* and *Melancholia*. We admit that this distinction embraces a very confined notion of the extensive varieties and complexions of the complaint; but, nevertheless, we think, they are sufficient for those who are not of the medical profession, as common sense alone will convey a correct idea of the nature of the patient's infirmity.

Were we, in imitation of Dr. Arnold, to give names to cases of insanity, from peculiar ideas impressed on the insane mind, I could myself, on this subject, supply an

immense volume; and not only that, but I would undertake the task of giving these cases appropriate titles, descriptive also of the ideas which the minds of the respective patients entertain.

Conscious of my own inability to offer any thing from myself which has a semblance even to an appropriate and precise definition, and disappointed of finding one in my researches into the works of medical men, who have learnedly written on the subject of insanity, I was induced to travel out of medical record, and seek information from writers not of that profession, and my labor has not been unattended with success; for Shakespeare appears to me to have given the truest definition, where he says :

“ I will be brief, your noble son is mad,

“ Mad call I it, for to define true madness,

“ What is't ? but to be nothing else but mad.”*

* Although the stage represents Polonius in a ludicrous point of view, yet if we attend to the advice he gives to his son Laertes, we must be convinced of the correctness of his understanding, and his knowledge of the world.

Insanity is a wide field for investigation, and being unable to cultivate the soil myself, I hope something useful, on my part, has been effected, by freeing it of some of its weeds, thereby rendering it more susceptible of the exertion and improvement of such as may in future select this particular department of medical practice.

SECTION I.

CAUSES.

THE remote or primary cause of insanity will, I am apprehensive, never be satisfactorily developed; although with the exciting cause we may sometimes become acquainted.

Dr. Black, in his publication, has supplied us with a table of causes of insanity, furnished him from many volumes, "condensed, classed, and arranged with no little trouble and fatigue."

As I wish to confine myself principally to the consideration of the surgical complaints connected with madness, I only touch upon this topic to set Dr. Black right, respecting a supposed omission of my late friend, Mr. Gozna.

Had Dr. Black thought proper to have requested an explanation from the physician of Bethlem Hospital, he would have been told, that in the instances in which no causes were mentioned none were assigned. This gentleman states, "that for reasons he cannot explain the causes of two thirds were omitted in Mr. Gozna's notes, and that he believes that if each of these causes were multiplied by three that the scale and proportion of his tables would be tolerably correct." So far from this imaginary omission exciting surprise, I rather wonder that Mr. Gozna could have assigned true causes even to a third of the cases admitted into the hospital; even of these, many I apprehend, are little to be relied upon on the score of accuracy.

The reader will see that so far from this arithmetical mode of correction rendering the statement more clear, it would have the contrary effect, and be destructive of a pro-

minent feature of insanity, viz. the difficulty there mostly is to assign any cause to this complaint.

PHRENITIS

has been spoken of as a cause of mania ; if so, madness itself can be but a symptom, and must vanish with its cause.

It has been said, that insanity has always been connected with disease of the brain and its membranes ; were that the fact, how came it that in Bethlem the appearances on dissection were not commensurate with the symptoms of mania ? Another more extraordinary question would arise ; if inflammation excited insanity, why did it not produce its own legitimate symptoms ? Dr. Monro, the present physician, has mentioned, with his accustomed candour, that mad persons will get well without the aid of

medicine, but he never remarked, that phrenitis would cure itself. Is this the regular or ordinary termination of phrenitis, if abandoned to its natural course? Though I was not educated for the practice of physic, my folly must keep pace with my credulity to answer in the affirmative. This respectable physician discharged the other day, as cured, three patients who had taken no medicine, because their state of health did not require it.

Of such who indulge in the belief, that inflammation of the brain and its membranes is the cause of mania, I ask how they can account for the many who do recover of their insanity, without that plan of assistance being pursued which is necessary for the removal of such inflammation; and, again, how happened it that, in those who died very mad, the dissection of several of their brains manifested no vestige of inflammation, which would be the more expec-

ted from the circumstance of no medicinal treatment having been administered.

Had Dr. Monro been of opinion, that mania originated from inflammation, the treatment, which his judgment would direct must be prompt and decisive, in order to be successful. I know also enough of the practice of St. Luke's Hospital, to learn by it, that the very respectable physician connected with that establishment cannot entertain an opinion, that mania is produced by inflammation. If what has been advanced, should have such an effect upon the reader's mind, that he perceives the practical information he thought he had obtained from books on insanity has suffered reduction, let him console himself with the contemplation, that a state of ignorance is preferable to a state of error.

In puerperal insanity or mania after lying-in, it appears that those subject to this malady almost invariably recover; therefore

it may, with some propriety, be questioned, whether such mental alienation might not rather be considered an effect than original disease.*

The observation is of the more importance as medical men are sometimes consulted as to the propriety of persons connecting themselves with the children of a family, whose mother has been so situated. All I shall notice on this subject is, that if madness proceeds from bodily accident or disease, and nothing like insanity can be traced to have previously existed, I think it uncharitable, that this circumstance should be allowed to be a prohibition of any such intended union.

Dr. Cullen informs us, in his *First Lines of the Practice of Physic*, that “the accurate

* What, in my publication on *Scrofula*, I remarked to have taken place, applies equally forcibly in cases of insanity, as the children affected by either the one or the other complaint bear a striking resemblance to the parent so diseased.

Morgagni has observed, that in maniacal persons the medullary portion is unusually hard and firm ; and this he had so frequently observed that he was disposed to consider it as generally the case. But in most of the particular instances which he has given, it appears, that for the most part, while the cerebrum was of an unusually hard and firm consistence, the cerebellum was of its usual softness, and in many of the cases it was unusually soft and flaccid. In some other cases, Morgagni observes, that while a part of the cerebrum was harder and firmer than ordinary, other parts of it were preternaturally soft." I have only to assure the reader, that what occurred to Morgagni, did not generally appear in the dissections of the heads in Bethlem Hospital, as the brains appeared rather watery, soft, and flaccid ; and were frequently, as I have before stated, not diseased at all.

“ Having,” continues Dr. Cullen, (Sect. MDLV) “ endeavoured to investigate the cause of insanity in general, it were to be wished, that I could apply the doctrine to the distinguishing the several species of it, according as they depend upon the different state and circumstance of the brain, and thereby to the establishment of a scientific and accurately adapted method of cure. These purposes, however, appear to me to be extremely difficult to be attained ; and I cannot hope to execute them here :” and he might have said with great truth, or elsewhere.

Now suppose the physician to become possessed of this information from certain symptoms of the maniacal disorder, what medicines could he prescribe for an alteration of the natural texture to a state of too much softness or firmness in the substance of the brain ?

To what useful or practical purpose can

such communications tend? Since, if organic changes so various can be discovered in particular parts of the brain, which, by the bye, can alone be discovered on dissection, of course, in a curative point of view, nothing satisfactory can be ascertained; and, indeed, until it be shewn, (which has not yet been the case,) that the features of the mental derangement, as far at least as the examination of the heads of maniacal patients extends, originates in an altered condition of the brain, we are as much in the dark as ever.

This celebrated Nosologist says, (Section MDLVI) “The ingenious Dr. Arnold has been commendably employed in distinguishing the different species of insanity as they appear with respect to the mind.” I submissively beg to remark, that there is no end to this sort of discrimination; and to prove the uselessness of making those distinctions, I subjoin Dr. Cullen’s opinion. “It ap-

pears to me that he (Dr. Arnold) has chiefly pointed out and enumerated distinctions, that are merely varieties, which can lead to little or no variety of practice : and I am especially led to form the latter conclusion, because these varieties appear to me to be often combined together, and to be often changed into one another, in the same person ; in whom we must therefore suppose a general cause of the disease, which so far as it can be known, must establish the pathology, and especially direct the practice." The common adage, of so many men so many minds, applies, in my mind, closely to the subject of insanity ; and therefore we can set no bounds to this peculiar mode of classification of mental infirmity.

As to the general cause of insanity I know nothing ; and my ignorance is the less to be regretted, as the celebrated Cullen declares that, as " we know that

there have been many instances of insanity, from which the persons have entirely recovered, it is difficult to suppose that any organic lesions of the brain had taken place." Thus much I advance in support of the general cause of Madness, not having its origin in an altered texture of this organ. And as to those who are incurably insane, it matters not, whether they possess one condition of the brain, or the other; and whether it be the *cerebrum aridum* of Morgagni, or the *mania corporea* of Dr. Cullen.

SECTION II.

APPEARANCES

OF

THE BRAIN AND ITS MEMBRANES

ON

DISSECTION.

IT has been a question with many practitioners, and frequently put by students in medicine—what are the appearances of the cerebral organ and its membranes on dissection? and how are the obvious manifestations of disease to be held as the cause or effect of insanity?

Conceiving it equally a duty, as it has been an inclination to ascertain, with every possible accuracy, the general appearances

of the brain and its membranes; I inform the reader, that, with very few exceptions, after the cranium was divided by the saw, I delivered the scalpel into the hands of some anatomical teacher, with a view, that the medical profession, as well as myself, might become acquainted with such morbid appearances as should be present. This circumstance is barely mentioned in justification of the very liberal intentions of my predecessor, and as a reply to an observation made in the Annual Medical Register, that had a Gall, or a Cuvier attended the dissections of the brains of such as have been examined in Bethlem Hospital, something more might have been discovered than hitherto has been recorded.

Notwithstanding the discoveries which either of these celebrated men might have made, I concede, most readily, to the writer of this article, that had the former gentleman honored us with his presence,

assuredly there would have been no lack of visionary conception.*

The general appearances of disease, consist in opacity of the arachnoid membrane, which was sometimes occasionally thickened; a preternatural determination of blood to the membranes, as well as the brain; together with an effusion of water between its membranes, its convolutions, and into the ventricles.

Exclusive of these manifestations of unhealthy structure, we noticed the occurrence of occasional ossification of some of the arteries, and have remarked the pineal gland to be charged with sabulous matter. But as the former is a condition of vascular alteration, incident to advanced age; and which observation is confirmed by dissections within the hospital; so the

Vide Dr. Rees's new Cyclopædia sub voce Craniology.

other affection, that of the pineal gland, is such as will be found to exist very generally in the heads of persons who never laboured under intellectual derangement.

As these appearances of morbid affection have not produced symptoms indicative of mental incapacity, surely it is fair to disregard them as causes of insanity, and to imagine them the effects of an insane mind; they ought otherwise to be more constantly observed in dissections of the brains of maniacal patients.

One anatomical teacher of acknowledged eminence entertained the opinion, that the brains of maniacal persons were always morbidly affected; but after having examined a number of additional cases, and not observing in many heads any vestige of actual disease, he was led to the conclusion, that the cause of insanity did not consist in diseased affection of the brain.

Another gentleman, whose anatomical

skill is also acknowledged, inspected in Bethlem Hospital several heads at my request, some of which he declared, had they been examined elsewhere, he should have pronounced to have had no unusual appearance.

One instance occurred, exhibiting an assemblage of all the varieties of altered structure, as before described, with a greater accumulation of water than I had before or have since seen ; yet the patient's behaviour, in my mind, evinced that a lucid interval had occurred. This person was a furiously deranged madman ; but within an hour or two previous to his dissolution, he requested a person to sit down and pray by him, as he felt, that, " he had but a short time to live : " he earnestly joined in the devotion. Which circumstances, I think, fully justify the conclusion, that had his insanity been occasioned by the diseased appearances, manifest on opening the head, such lucid inter-

val could not have taken place. The absence of symptoms of the hydrocephalic kind can, in this case, we think, only be accounted for, by the slow action of the disease, and the gradual manner in which the fluid was secreted.

Dr. Black, a very recent writer upon insanity, expresses himself thus: "the pretended discoveries of the anatomical knife, and the specific gravity of the brain, are equally conjectural; and many of these pretended discoveries by morbid dissection, might, with more probability, be ascribed to the effects than to the cause of the disease." If Dr. Black alludes to the examinations of heads of persons who have died in Bethlem Hospital, — I answer for no person's pretension to discovery, but assert that very desirable information has been obtained, in as much as that the appearances on dissection are not to be considered either cause or effect of insanity; but still I con-

ceive that the knowledge of the one circumstance or the other, or neither to exist, is no small importance to practice.

Admitting Dr. Black to be right in his hypothesis, might we not infer, that it is in the power of the physician to suggest a treatment calculated to lessen, if not to prevent, the occurrence of the effects which this gentleman has attributed to insanity ?

Without adverting to conjectural opinion, as it regards mental disease, still in mania we must admit, that the intellectual faculties do suffer derangement, under circumstances not connected with bodily disorder. It is this circumstance which, in my mind, constitutes the distinction that exists between the two maladies of mania and delirium. The first is a positive indisposition of the mind, free from bodily infirmity ; whereas the other can but be considered as a symptom attendant upon some corporeal affection. That the insane are

subject to diseases, incidental to such as are of sound mind, cannot be denied, and it is under this circumstance that the physicians to insane asylums have the twofold opportunity of directing the necessary medicinal treatment of their patient, conjointly with proper management; and it is in these instances that they deservedly merit a distinction from others, who have neither been conversant nor acquainted with mad persons. Surely the old maxim of *veniunt occurrere morbo*, should have taught such as conceive Phrenitis to be a general cause of insanity to direct some effort towards its removal, and more particularly should we expect that the medical treatment prescribed by the Physicians of Bethlem and St. Luke's Hospitals, would have been such as to elucidate their apprehension, that inflammation of the brain and its membranes is a cause of insanity.

How happens it that this imaginary disease of Phrenitis should be left, so much as it is, to its own management, and thus abandoned to its fate, unalleviated by medical treatment, how are we to account for the absence of appearances of inflammation, but by the circumstance of no such cause actually existing?

I have particular gratification in having it in my power to subjoin professor Pinel's remarks on this part of our subject, in as much as they confirm the seeming correctness of the notion I had formed, respecting the occasional change of structure which has been observed in the heads of persons, who have died in Bethlem Hospital. These examinations have likewise tended to confirm me in the accuracy of this author's opinion, which implies, as I think very properly, that such morbid appearances in the brains of maniacs are alone referable to other diseases, and by no means

consequent upon insanity, whether considered as cause or effect. This truly learned writer enquires whether, “ the physical condition of the head has any immediate influence on that of the mind ; and whether the one may be considered as the efficient cause of the other ? ” In reply he very emphatically expresses himself thus, “ I am cautious how I decide ; and confine myself to mark the line which separates truth from probability. The varieties of form, the exact determination of measures, and the relative proportions of the parts, are the only subjects which I profess to discuss. The rest I leave to the wild field of conjecture, which in other words is a species of *vesania*, common enough in the world, but which has not yet been recognized at the *Petites Maisons*.* The anatomy and patho-

* The *Petites Maisons* at Paris, as an Institution, is similar to Bethlem.

logy of the brain are yet involved in extreme obscurity. Greding dissected two hundred and sixteen maniacal subjects ; and he details all the peculiarities which he observed in the meninges, the substance of the brain, the ventricles, the pineal gland, and the cerebellum. But as those maniacs died by disorders unconnected with their mental ailments, we can form no just conclusions from the morbid appearances which presented themselves. Many varieties of structure might likewise accidentally co-exist with the lesions of the mental function, without having any immediate connexion with them. The same may be said of the experiments of a similar nature, by Haslam in England, and Chiaruggy in Italy. I have attended at thirty-six dissections in the Hospital de Bicetre ; and I can declare that I have never met with any other appearances within the cavity of the cranium, than are observable on opening the bodies

of persons who have died of apoplexy, epilepsy, nervous fevers, and convulsions. From such data, what light can be thrown on the subject of insanity? In one of my dissections, indeed, I recollect to have found a steatomatous tumor, about the size of a pullet's egg, in the middle of the right lobe of the brain: but the disease, in that instance, was not insanity but hemiplegia. What a field would have been opened for hypothesis and comment, had this person been likewise afflicted with insanity! But, also, what an additional motive for circumspection and reserve, in deciding the physical causes of mental alienation!"

SECTION III.

MALCONFORMATION

OF THE

CRANIUM.

MY own particular observation upon the Malconformation of Crania must supply very scanty information, as ideotic patients, and such as are troubled with fits, are not admissible into Bethlem Hospital; but having, nevertheless, observed several ill-shaped skulls of persons in and out of this charity, who have recovered from their insanity, and which of course renders it the

more unnecessary to lay much stress upon the shape of the head. In persons no way affected as to intellectual power, I have witnessed brilliancy of mind, acumen of judgment, and literary acquirement, with very ill-shaped crania, and in others, as possessing very feeble powers of intelligence, yet not amounting to derangement of mind, with heads of a good shape.

I have moreover noticed the vast thickness, as well as the diaphanous state of the tables of the skull; yet we could not draw any inference from either of these circumstances alone.

Besides, as these states of the tables of the skull are observable in such as have never suffered intellectual derangement, I ask the reader how either the one condition or the other of the cranium, as regards the maniac, can be taken into the account?

I, nevertheless, refer those who may

wish to entertain themselves by a history of malconformation of the skulls of idiots, to Dr. Davis's English translation of Pinel's Treatise on Insanity, rather than the original itself, on account of the correctness and additional notes of the editor of that work.

SECTION IV.

STATE OF THE SCALP.

IN the late Mr. Gozna's time, I noticed to him, and others of my medical friends, the circumstance of the very extraordinary laxity of scalp, which occasionally manifests itself in maniacal patients, so much as to afford the examiner the opportunity of collecting the integuments into numerous and considerable folds.

The persons who have been thus afflicted were incurable patients of long standing: on opening their heads after death, the pe-

ricranium and dura mater were always very easily detached from the cranium.

Under these circumstances fluid was invariably collected between the membranes of the brain, whatever might have been the proportion secreted within its ventricles.

I had conceived an opinion, and which, but in one solitary instance, has happened to be confirmed, that whenever the integuments of the head assumed such a loosely adherent state, the patient would turn out to be irrecoverably insane. The maniac alluded to had the most puckerable scalp I ever saw, but which now by no means will allow of its being gathered into the many folds it before admitted.

It is curious that this man, who was so lost for some years as to be thoroughly insensible to the calls of nature, has for several months been capable of assisting himself on such occasions, walks about the hospital, and is cleanly in his person.

I communicated the above circumstance to the present Dr. Monro, who observed, that the man's more comfortable condition had not escaped his notice, but from his examination of the patient's mind, his paucity of ideas, together with his hesitation of speech, did not encourage him to expect a favorable termination of the case. This Physician's opinion which is at this time, and probably will remain correct, has very much tended (as no further improvement has taken place) to moderate the too high expectation I had formed of this patient's possible recovery from his insanity. This ready detachment of the membrane, lining the outer and inner surface of the skull, I have noticed in my examinations of heads of persons who never had been maniacally affected. In persons who, from disease or accident, had long been hectic, I have observed the bones of the head to be easily

detached from their membranes, and, that fluid was secreted between them and in the ventricles. For the removal of the upper part of the cranium nothing more has been wanting, in these instances, for inspection of maniacal brains, previous to the application of the saw, than to make a transverse incision of the integuments, through the pericranium ab aure ad aurem which enabled me, with my fingers, to bring the frontal portion of the scalp over the face, and the occipital part readily back upon the neck.

SECTION V.

THE EFFECT

OF

LOCAL DISEASES

IN CASES OF

VESANIA.

THE occurrence of surgical complaints in maniacal cases have not appeared to me to have the least influence upon the mental disorder itself, nor indeed has it seemed that mania has been either aggravated or diminished by any such bodily affection.

The many cases of sphacelus I have attended in and out of the Hospital, notwith-

standing the consequent suppuration and irritation produced, have not manifested any way whatever, that they have operated upon the disordered mind.

In other instances large abscesses and ulcerated surfaces have occasionally supervened, but I never yet witnessed such effects either to amend or render worse the mental malady.

I do perfectly remember, that when patients were admitted into Bethlem with issues or setons, the late Dr. Monro directed me to heal them ; alledging, that he did not find any advantage from their being kept open. I mention this fact with a view to confirm the truth of the observation I have just made, respecting the result of purulent evacuation occasioned by disease. I am aware that this physician mentions issues being serviceable ; he published this remark in 1758 ; it is, therefore, reason-

able to suppose the cause did afterwards arise which induced a change of opinion.

With respect, however, to the remedy alluded to, let it not be imagined that it has never been directed for the relief of insane patients. I know it has been so prescribed, but still it was my confident apprehension, that this treatment was directed from indications pointed out by the patient's ill health of body, and not with the hope or expectation that it would tend to relieve the mental disorder.

The independance of mental derangement and bodily affection, mutually upon each other, is worthy of notice by those whose proper province it may be to attend the insane.

An acquaintance with this remark will lead, or rather not mislead the medical attendant in forming his calculation on the probability of the patient's mental recovery.

Besides, had I experienced any relief during my attendance on the insane, on account of complaints requiring surgical assistance, I should have assuredly communicated my observations to Dr. Monro, the present able and learned physician of Bethlem Hospital, whose scientific mind would have readily suggested to itself, imitative means by the aid of surgery, for the accomplishment of such a desirable event.

Professor Burdin* instances the efficacy of counter irritation by the following anecdote: "C. Pinel learned from some person who resided at Lausanne at the time, the circumstance of Tissot and Haller having caused a man labouring under hydrophobia to be bitten by two vipers: a calmness immediately took place, with a certain degree of insensibility; and the wound being afterwards dressed, the patient recovered." Dr. Bur-

* Burdin's Medical Studies, vol. iii, p. 45.

din imagines the benefit consists in impressing a foreign action on the whole system, and in maintaining it for some time.

Having adverted to the inefficacy of local irritation and discharge, we are naturally led to contemplate the degree of benefit which might be derived to the insane, by producing the same effects in a constitutional form, as for instance, the introduction of small-pox into the system.

Mr. Gozna, the late apothecary to Bethlem Hospital, informed me, that of the patients who took the small-pox infection, the majority of such were restored to their senses. I retained this observation in my mind, and was lately induced to ascertain the accuracy of my friend's remark, by consulting the written documents of the charity. I made choice of the period of 1783 to 1793, as including my apprenticeship, and some years of my appointment as surgeon to the charity; and especially from

the number of patients admitted within that time, there would be the greater probability of ascertaining a just estimate of this gentleman's communication.

It appears, by this research, that 27 patients took the natural small-pox, of whom

18 Died.

1 Discharged sick and weak.

5 Well of the small-pox, and cured of their insanity.

3 Recovered of the small-pox, but remained incurably mad.

The number of deaths is extraordinary; but this circumstance in a degree may be accounted for, as such patients might be less manageable and submissive to medical direction.

Dr. Cox says, page 4 and 5, "Insanity, more than any other complaint, seems to take entire possession of the whole system, and almost secures it from other morbid attacks." Mead, (see his *Monita*, page 72)

I, believe, was the first who made the observation, and no fact in medicine is more completely established.—Dr. Cox maintains that, “during the period of prevailing epidemics, maniacs, in their affliction, seem to possess nearly an immunity from these diseases; and where exception to this rule has occurred, the original complaint has been removed by the attack of the new disease. From hence a degree of improvement has arisen in the *methodus medendi*, by the introduction of some new disease into the system of maniacs, as where the patient has not had the small-pox, this complaint may be communicated by inoculation.”* I am surprized that Dr. Cox should so confidently thus express himself in favor of excitement of a new disease to remove the one of madness, when he has

* Practical Observations on Insanity, 2nd edition, page 41, 1806

not adduced a single case in support of this very fascinating theory. I should like to know what system it is, that insanity, more than any other complaint, seems to take entire possession of, unless it be that of the mind?

When I was an apprentice, it was generally supposed and asserted, that no two diseases of the habit existed at the same time, and in the same patient. Yet I have seen a triple alliance of syphilis, scrofula, and cancer; and the existence of constitutional venereal affection, with scrofula, I have repeatedly noticed.

As to the immunity mad people are said to enjoy, in case of a prevailing epidemic disorder, I think that seclusion from the world would the more readily account for their exemption from contagion, as not being placed within the sphere of its action. I agree with the learned writer, that, medically speaking, we possess a variety of

means of exciting a new disease ; and were it capable of removing insanity, I propose, in behalf of those who have had the small-pox, to contaminate their system at the point of the lancet, by introducing the virus of la grande verole.

The introduction of this complaint would have a two-fold benefit, as, independent of the disease, the remedy necessary for its removal, according to Dr. Cox, would of itself be capable of exciting “ a new order of symptoms, creating considerable commotion in the animal economy, interrupting the morbid association, and even occasioning temporary disease.”

We will quit all speculative and hypothetical opinions, and substitute in their room observations founded upon facts ; and then see how far the infection of small-pox has been a means of removing insanity. In the year 1783 no patient took the com-

plaint, but in the nine following years, 27 persons received the natural small-pox.-- This circumstance tends, in my mind, to invalidate one of Dr. Mead's Monita, and some of Dr. Cox's inferences.

In the preceding table the amount of those who died, appears very great, this fact of itself would be sufficient reason for recommending inoculation.

Had not the number of deaths been so large, we might have more decidedly spoken upon the subject, but those who recovered of their maniacal affection after small-pox, were in the proportion of 5 to 3, and as this forms too nearly the aggregate of mad persons who recover without the intervention of this malady, my esteemed friend's observation is of the less importance; and although the statement be literally true, yet I confess myself disappointed in the result of my enquiry.

It appears from the books of Bethlem Hospital, that not quite a half, but more than one third of its patients are discharged cured of their insanity.

The late Mr. Gozna's MSS. I believe, have been presented, by his brother, to Dr. Black; but as that gentleman's publication is silent on this subject, I suppose I acquired the fact, respecting small-pox, from Mr. Gozna's own statement.

Had my research been productive of a different result, with respect to the advantages of small-pox in cases of vesania, I should have rejoiced, not on account of public good alone, but that it afforded me an opportunity of transmitting Mr. Gozna's name to posterity, as one of its greatest benefactors.

The advantages arising from the small-pox infection cannot be so fairly appreciated, from the great proportion of deaths which

took place; yet I admit there is some plausibility in the remark, and perhaps something useful in future might be deduced from this observation of Mr. Gozna. So scanty is our supply of medical facts, respecting madness, that I shall record a case which occurred in the Hospital, wherein small-pox seemed particularly beneficial.

W. K. an incurable patient, took the infection; he was conveyed to the Small-pox Hospital, July 16th, 1794, and returned to the charity August 14th following, well of the small-pox, and restored to his senses.

This person's case is the more worthy of attention, as he was on the incurable establishment, and that his violence of demeanour was such, that it became necessary to chain him to his apartment. This patient continued well from August 14th to June 4th following, when Dr. Monro discharged him, with leave of absence for six months, as is his usual practice, with res-

pect to incurable patients; but he was brought back to the hospital in a state of insanity, June 17th: and every enquiry I have made, satisfies me, that the recurrence of his madness proceeded from irregularity and intemperance, during the very short time he was absent from the charity.* As I mean my work to be strictly practical, I shall forbear any farther comment, on this point, leaving the facts to their own operation.

* Having selected ten successive years for my observations on this subject, I could not think it proper, from subsequent information I have obtained, of giving more credit to the beneficial effects arising from the occurrence of small-pox, in cases of madness, than they really appeared to me to be entitled to; but the result of enquiry has been such as, I think, fully to justify the experiment of ascertaining, by inoculation of small-pox, the advantages likely to accrue from the adoption of this plan.

SECTION VI.



ON

MORTIFICATION

OF

THE FEET,

FROM

COLD.



THE philanthropic Howard has remarked, in his State of Prisons, that persons confined in jails were, from exposure to cold, very subject to mortification of the feet.

This observation might have been extended a little further, by noticing, that this malady is not confined to prisons only ;

as it is a frequent attendant upon such as are insane.

I have attended such cases in houses for the reception of pauper lunatics; and, as a proof that it has sometimes occurred in Bethlem Hospital, I have extracted the following Order from the printed rules and regulations of the charity:—

“ That the feet of patients in chains or straw are to be carefully rubbed and covered with flannel, night and morning, during the winter months; and the surgeon is to be immediately informed, if there be any complaint which requires his assistance.”

I have peculiar satisfaction in stating that this duty imposed upon the servants of the charity has had the effect of rendering mortification a more rare occurrence.

I have conceived it the more necessary to dwell on this subject, as Dr. Black has maintained, in his *Dissertation on Insanity*,

a very opposite opinion.—He states, “that in general insane persons endure hunger, cold, nakedness, and want of sleep, with astonishing perseverance and impunity.” I know that it is with great difficulty the patients are sometimes preserved from the baneful effects of cold and hunger, and that they require of the servant the greatest possible care to prevent their suffering from these causes.

Dr. Halloran, physician to the Lunatic Asylum of Cork, mentions the susceptibility of maniacs to the effects of cold; and his account of the peculiar manner in which this affection of the feet takes place is so novel, that I am induced to state the notions and opinions he entertains respecting this disorder in his own words:—

“ In the event of a strong determination of blood to the head, most persons labouring under acute madness suffer much, in consequence of coldness in the lower extremities. This great inequality of the circu-

lation denotes an obstinacy in the complaint which demands the earliest attention, as much with a view to relieve the patient from the painful sensations it occasions, as to prevent as much as possible the prevalence of the congestion which must naturally succeed. This troublesome sensation is also frequently antecedent to serious mischief in the lower extremities, by inducing gangrenous sores, and the loss of substance, together with a lameness for life. A criminal neglect of this has, within my own knowledge, in some instances, nearly endangered the life of patients, when unavoidably they had been confined, in the public institution, on the ground floor, in the depth of winter."

Dr. Halloran, for the relief of this malady, employed warm fomentations to the feet, the constant application of napkins round the head repeatedly wetted with cold water

and vinegar, and likewise the clay cap.—
“This treatment,” he says, “has often succeeded in repelling the circulation with increased force towards the extremities, so as to obviate the inconvenience which had previously existed there, from an insufficiency of arterial blood.”

I have always remarked the health of those, whose feet have suffered from cold, to be impaired, and their bodily powers enfeebled; and in no case have I noticed this extraordinary determination of blood to the head. The slow manner the mortified parts separated, and granulations arose, will convey a tolerable idea of the accuracy of this statement.

I have adopted a little variation in the treatment of this affection of the feet, by directing the servant to dip flannel in spirits of wine, to be applied to the part during the day, and a cataplasm of Farina Lini and

grounds of stale beer, smearing the surface with lard, to be employed warm as a night dressing. A patient, in a poor emaciated state, had both her feet mortified; the granulations looked so healthy, that I was disposed to omit the poultice, but the livid condition the parts put on next day obliged me to recur to it, and, excepting the occasional use of spirits of wine, it was the only application made use of till she got well.

I warn the surgical reader to be cautious how he employs stimulants, after separation has taken place between the living and dead parts, as unnecessarily irritative.

I remember an instance of locked jaw and tetanus, succeeding the employment of P. Æ. Sp. Ætheris Terebinthinæ et Olei Olivæ after the separation of the eschar, in a case of this description. I reproved the person for applying so severe a dressing, which the state of parts did not

call for. The man however died, whether from this treatment I cannot say; but the pain this poor wretch endured, for many days, from this application, justifies me in communicating the circumstance.

SECTION VII.

MORTIFICATION

OF THE

N A T E S.

I PROCEED to detail a practice which has for years been very successfully employed for the relief of Mortification of the Buttocks. This is a calamity which happens frequently to the helpless insane, and to bed-ridden patients; as my attendance, in a large work-house, in private mad-houses, and Bethlem Hospital, can amply testify.

I can speak of the inefficacy of that treatment which others besides myself have adopted, that which consisted in the use of hot fomentations, lint dipt in stimulating liniments applied warm, and over the whole a poultice of grounds of stale beer and oatmeal, put on as hot as the patient could well bear it.

Not a single case succeeded wherein this mode of treatment was used, for the patients died; and I observed to the attendant, that we had better abstain from surgical treatment altogether; for, if we succeeded in the separation of the eschar, we predisposed more readily the posteriors, by this soddening system of practice, to the ill effects of pressure.

Soon after my appointment as surgeon to Bethlem, and my nomination to the same situation in the parish of St. Clement Danes, the constant ill success I experienced in both places by the adoption of the above method, induced me to lay aside the practice of

poulticing and fomenting, and substituting an embrocation of spirits of wine, lowered with water, according to the degree of sensibility of the part, which is afterwards to be covered with the following dressing:

R. Ung. Basil. Nigri
Emplastri Lythargyri cum Resina,
a ʒiv
Bals. Terebinth. ʒij. ℥.

This application should be spread thick on linen, and it will be found sufficiently adhesive to stay upon the part without the aid of bandage.

Whoever will try this plan, will give me credit for not over-rating its benefits: and I aver that not a single death, arising from a mortified state of the nates, has happened since the adoption of this treatment. The degree of success attending the use of this

remedy, and the little trouble in the treatment, have strongly recommended itself to the good opinion of the attendants in Bethlem Hospital, and to the nurses of the extensive workhouse of my own parish.

SECTION VIII.

SPHACELUS OF THE TOES,

As described by the late Mr. Pott.

NO man can be more ready than myself to bear testimony to the super-eminent merits of Mr. Pott; and, as no writer, with whose works I am acquainted, has added to that information on the sphacelus of the toes and feet, or, as he terms it, mortification sui generis, I am the more immediately called upon to mention, that in pursuing his method of treatment which consisted in the internal exhibition of opium, I have by no means experienced the good effects which

he seems, by his eulogy on the medicine, to attribute to that remedy. Mr. Pott goes almost as far as to consider opium to be a specific in the treatment of this peculiar affection. At any rate in none of the cases I have attended, did the internal use of this medicine satisfy me in giving it the praise he has so liberally bestowed upon it. In cases, indeed, exactly in point with those described by Mr. Pott in his publication, the progress of sphacelus was not arrested, and in some instances even opium failed in giving ease.

I must farther be allowed to say, that although I gave the medicine in doses gradually increased, yet it had not any control over the malady, and death ensued; and if I had not been studiously attentive to the remarks of this author, I should have been induced to believe that we had been treating upon two varieties of mortification widely different from each other.

But notwithstanding that I had been much discouraged by the event of the practice alluded to, yet I was determined, in the first case of painful affection of the toes, to try this remedy *antecedently* to any positive appearance of sphacelus; having learned that in every instance the patient had for days, and even weeks, in some cases, experienced excruciating tortures previous to any symptom of actual mortification.

An opportunity did not fail soon to offer itself suitable to my views, in the case of Mary Evans, robust, and forty years of age. On account of intolerable pain in her toes I was applied to: she described it darting and fiery, almost entirely depriving her of rest. On handling and inspecting the feet I could not discover any appearance of disease; but I stated, that I would nevertheless direct a medicine which would, in all

probability, relieve her. Twelve pills were ordered, containing each a grain and a half of crude opium, of which she was to take one every hour until ease was procured. At the end of the eighth hour, by following strictly the instructions given, she became perfectly easy. Anxious to know how far I ought to appreciate opium as remedial in this case, I, more than once, caused her to take other pills, similar in complexion, and equal in bulk and number, but containing not more than a moiety of the opium which was contained in the former. She was not aware of any difference between the pills first exhibited and those directed afterwards; but as her pains, in a lesser degree, returned, she asked whether the pills were the same. In consequence of this observation I again directed twelve grains of the same narcotic to be taken daily, at proper intervals, and that she should not relax from the plan for a full month; at the termination of

which period, the proportion of opium was gradually reduced. She is at this time perfectly well, but whenever she speaks on the subject of her pains, she mentions them to have been exquisitely severe.

I most perfectly assent to the practice of employing the mildest applications. The linseed meal poultice was the one I directed to be applied, nearly in a cold state, as I found, from experience, warmth always to increase the pain.

But of seven cases of this peculiar mortification, connected with acute pain, I have not succeeded in a single instance; but previous to that condition having occurred, as far as my observations go, there is very ample time to apply the preventive plan.

I am obliged to the editors of the Medical Spectator for their permission to re-print this article, as well as allowing me to make any additions or alterations I pleased.

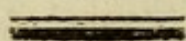
The disappointment I have experienced from opium, internally given, in mortification of the toes, will induce me, on any future occasion, to make trial of opiate friction, as suggested by Dr. Ward of Manchester.

Since writing the above, I was called to a case of sphacelus of the leg, which had extended itself above the knee, and was accompanied with excruciating pain. I succeeded in procuring ease by the internal administration of crude opium, of which she took two grains every hour; after taking the seventh pill she became easy, and did not require an increased dose of the narcotic. The progress of sphacelus was arrested, and she suffered amputation in one of the London Hospitals, which operation she only survived a few days.

The removal of a limb, in my opinion, under these circumstances, should never be

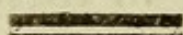
attempted, until the health has improved, and the parts assume such a healthy condition as to render it probable that the stump would unite nearly by the first intention, as ordinarily is the case when amputation is performed at a distance from the disease. I have to observe, that it has occurred in my attendance, as Surgeon to Bridewell Hospital, where I have had frequent opportunity of examining stumps, to notice the cicatrix being very large ; in these instances I was informed that the operation was had recourse to on the receipt of the injury. The muscles and integuments in a state of health retract more forcibly, than happens in patients of a feeble and emaciated constitution. The remedy for this inconvenience, therefore, is to dissect back the skin and muscles freely, which will allow the bone to be sawed higher up, so that it may be completely enveloped by soft parts.

SECTION IX.



ON

MADNESS

Succeeding Injuries of the Head.

I Was called on to see a gentleman who had sustained an injury of the head : being intoxicated he had a fall from his horse, and in consequence received several severe contusions on the scalp. I was glad that he had been the preceding evening bled pretty largely at the arm, in the country, where the injury occurred. He was removed to his chambers, in one of the Inns of Court,

in my neighbourhood, on the following morning. I found him insensible and comatose ; but never relying on the state of pulse, in injuries of the head, proceeding from accidental violence, I opened a vein in the arm, and took from him a pint and a half of blood. Not finding him relieved on the third day after the accident, although he had frequent evacuations (by medicine) from the bowels, I requested that the late Mr. Pitts, Surgeon to St. Bartholomew's Hospital, should visit him. This gentleman examined the head, and gave it as his opinion, that nothing beyond the occasional use of the lancet, cathartics, and keeping open a blister which I had previously directed between the shoulders, could be done. This advice was strictly attended to, and in a few days the patient was relieved from the comatose symptom ; but in two days afterwards he became furiously deranged. In this state he continued a fort-

night, during which period he was bled three times, taking his purging medicine when the state of his bowels required it. The demeanour of this gentleman, during his mental derangement, was shrewd and cunning. He one day prevailed upon his wife to release him from the confinement of a strait waistcoat, promising her to be very submissive and orderly in his behaviour. But instantly on regaining his liberty he fought with his wife and a female servant, the former of whom he treated with a pair of black eyes. I was sent for, and on my entering the room my patient seated himself quietly in an elbow chair, as if nothing had happened. On remonstrating with his wife, upon the impropriety of her conduct, he burst out into a fit of laughter, saying, "*She had what she deserved.*" From the state of his pulse, and the strength of his constitution, I bled him once more; at the same time firmly impressing upon his mind,

that so often as he behaved in this riotous manner, I would cool his disposition to mischief. On the following morning I directed opening medicine for him. In short, my mode of treatment, coupled with efforts of his own violent disposition, unattended by sleep, induced such a state of exhaustion, both of mind and body, that he at length fell asleep, and continued in that state upwards of sixteen hours; at length, on awaking, full of surprize at the condition in which he found himself, he was altogether perfectly calm and rational. When he was informed of the state from which he had been relieved, he perfectly acquiesced in the propriety of the coercion which had been employed.

Another case occurred exactly similar to the last, excepting a wound on the scalp, and another on the ankle. The profuse bleeding from the ankle, together with his state of general health (he having been a resident for

many years in the West Indies), indicated a necessity for the more sparing use of the lancet than in the preceding case. Opium was given internally to procure rest; but the contrary effect was produced, and he became more unmanageable, and, notwithstanding he had a keeper, he was with difficulty prevented from throwing himself out of the window. At length, however, fatigued and exhausted, he went to sleep; and when he awoke, his mental faculties were completely restored. In this state he fortunately continued, without the least relapse.

In both these cases the patients had never been previously deranged in mind, nor had any of their family ever been afflicted with insanity.

In these persons I conceive true mania to have existed; for to imagine that their disorder proceeded from phrenitis, after the treatment adopted, which had removed the

previous symptoms of fever, coma, and insensibility, would be repugnant to experience, and credulous in the extreme.

The recovery of these patients, after the attainment of a long sleep, would, in similar cases, induce me to make trial of opiate friction, and, in the event of failure by that mean, I should be tempted to prescribe digitalis. I have been informed by Dr. Moodie, of Bath, that, in cases of phrenitis, he has witnessed the most salutary effects resulting from this medicine, after the viscera had been completely emptied, and venesection employed, as the severity of the symptoms indicated.

A case of mania was also communicated to me, wherein the infusion of foxglove, after plentiful bleeding and the use of purgatives, was conspicuously beneficial in quieting and removing the furious condition of the patient.

Dr. Halloran speaks with decided confidence in favour of digitalis in real maniacal cases; and the reader will receive considerable satisfaction and information, by a perusal of this Gentleman's observations on Insanity.

To Dr. Ward, of Manchester, we are indebted for promulgating his facts with respect to the external use of opium. This writer advances, as axioms:—

1. "That opium, when diligently applied externally, so as to be absorbed by the lymphatics, has powerful effects in allaying irritation, removing spasm, and procuring sleep."

2. "That it is capable of producing these happy effects, where the exhibition of it internally had not the same salutary operation."

3. "That this mode of introducing it into the system may be resorted to with advantage, when it cannot be given internal-

ly, or when it will not stay on the stomach."

The same Author, in his publication, has recited cases illustrative of the benefits from opiate friction, in cases of mental irritability.

The value of this communication is great, and opiate friction cannot be too highly extolled, if it possess the powers ascribed to it, of procuring ease, without affecting the head, disordering the stomach, or constipating the bowels; and especially as its operation may be applicable in such a vast variety of diseases.

SECTION X.

RELIGION.

ON the subject of religious devotion in lunatic asylums, I subjoin the ideas of a very celebrated writer and philanthropist:—

Mr. Howard, in his account of Bethlem Hospital, notices, in italics, *no chapel*; and, in that of St. Luke's, he says, "a chapel would be proper here, for the advantages of recovering patients, as I have seen in such houses abroad."

With submission to such respectable authority, I take the liberty to remark, were

an insane hospital to have a chaplain, too great care could not be taken in making a proper choice: for it should be the constant endeavour of that officer, that, both in his prayers and discourses, he should avoid every controversial point connected with religious subjects, and that he ought always to bear in mind, that enthusiasm and madness are not very distant relatives.

Having offered an opinion with respect to the propriety of adopting something like a devotional system of worship for the insane, I have little else to add, but that I conceive a form of prayer, selected from our liturgy, with very little variation, might be adapted to suit patients of every religious persuasion.

This sentiment was so strongly impressed on my mind, that I was induced to wait on the present Chaplain of Bridewell Hospital.

I intended my visit as a mark of respect; but, from its result, it proved to have been judicious on my part: for this Gentleman informed me, that he was lately requested to pray by one of our nurses in Bethlem, who was in a deplorable state of bodily infirmity. She was surrounded by several of her patients; and this Reverend Officer assured me, that he had never witnessed a more feeling and attentive auditory on such an occasion. He also favoured me with the following Extract from the Court Books of the Hospital, bearing date 30th March, 1677; the perusal of which afforded me such gratification, that I will not attempt to impair the influence the document possesses, by adding any comments of my own.

“ Alsoe, this Courte being desired to consider of some fitt person to pray with and instruct such of the poor Lunatikes in the Hospitall of Bethlem as are capable to receive any instruction; Itt is ordered, That

Mr. Masters, the Minister of this Hospitall, be desired to compose and make such formes of prayers as hee shall conceive most fitting for the said Lunatikes ; that the same may be read unto them by such person as shall be appointed by this Courte unto that service."

And, by a Minute made two years after the above, on July 10th, 1679, it appears, that Mr. Masters was in the habit of ministerial duty at Bethlem :

" Alsoe, this Courte, taking into consideration the care and paynes of Mr. Masters, the Minister of this Hospitall and Precinct, in visiting and discoursing such poor Lunatikes in the Hospitall of Bethlem that are fit and capable to receive any benefit thereby," &c.

It is probable that his attendance was continued through many succeeding years, as a similar Minute occurs frequently in the

records of the Court, through the greater part of the Chaplainship of Mr. Masters, who died Chaplain of Bridewell, in 1693.

From Dr. Black's table of causes, founded on the late Mr. Gozna's Notes, it appears, that, out of between two and three thousand patients, ninety were disordered in their minds by religion and methodism.

There is much candour in this account; and the making of no invidious distinctions of sects, as to the proportion of insane belonging to either, is a circumstance entitled to much commendation, especially as Mr. Gozna's Notes imply, that persons of every religion are subject to the unhappy calamity of insanity.

The Quakers have their mad asylum, supported by themselves; and that Papism has its proportion of insane, cannot be more strongly exemplified than by the assertion of Dr. Halliday, which states, that, in the different counties of Ireland, " nine or ele-

ven mad asylums would not be more than sufficient ;" besides, from unquestionable authority, it appears, that the population of Ireland has been computed to amount to about five millions of souls, four-fifths of whom are Catholics.

As for the opinion which some entertain, of the prevalent effect of methodism in producing insanity, proof, in place of bold and bare assertion, is required to settle this point.

The opinions I have broached on this subject may excite criticism and provoke attack : the one circumstance shall receive my readiest attention, and to the other I am indifferent.

SECTION XI.

MANAGEMENT.

MANAGEMENT of the insane as a curative mean, can never be too highly estimated; but I do not agree with some, who think it supersedes the necessity of medicinal treatment.

It is true, that in many instances it has induced success, when the known medical means had certainly failed; yet judiciously combined, surely their mutual co-operation would encourage us to hope for a more favourable termination of the disorder, than when either is separately employed.

Until medicine shall have been amply and fairly tried in madness, I shall not be disposed to reckon on its inefficacy. Not educated in the practice of physic, I refer the reader to the publications of Drs. Monro, Ward, Cox, and Halloran, for the well grounded expectation which their respective writings have impressed upon my mind, respecting the benefits likely to result from medicine.

I have labored, however, unsuccessfully it may be thought, in support of a doctrine I believe to be true, that of insanity being, with very few exceptions, and these arising from external violence, a disease of the mind and not of the body.

I procured admission for a young woman into Bethlem, whose situation was very peculiar, she had been troubled with epileptic fits, and when these left her she became insane ; but when her fits returned upon her, she was freed from mental dis-

order. Dr. Monro had, he said, met with an instance where the affections were axactly similar.

It is nevertheless my opinion, that mad persons are more frequently disordered in their health, than is generally imagined, of the truth of which I am to satisfy every medical reader, if properly called upon.

The late Dr. Monro has written thus in favor of management, "It is a point of the last importance, and in which the judgement and knowledge of the physician are of the utmost consequence."

Indeed, of its advantages, patients themselves are sensible. I remember being often told by one of them, "that Bethlem is no hospital, but a great school for grown persons." Were Professor Pinel to peruse the late Dr. Monro's Tract upon Insanity, he would perceive less reason for stating, "that the English on this point choose to be silent." To illustrate the propriety of

management by a detail of the cases, would be just giving the history of a strait waistcoat, with the benefits of coercion.

“ It is sometimes of consequence,” says Dr. Monro, “ to know the cause of the disorder, not so much to direct us in the choice of medicines, as in the manner of conducting ourselves towards the patient: every one is not to be accosted in the same manner, some are to be commanded, others are to be soothed into compliance; but we should endeavour, in every instance, to gain their good opinion, and that in this branch neglect or ignorance will admit of no excuse; and I am very sure that management has not yet reached the perfection of which it is capable.” Again, this author states, “ the person who is most conversant in such cases, provided he has but common sense enough to avoid metaphysical difficulties, will be enabled by his extensive knowledge and experience,

to excel all those who have not the same opportunities of receiving information." Excepting for the adoption of the strait waistcoat and confinement to the room, we possess no other ascendancy over unruly patients.

Though we may term coercion moral regimen, yet it is very necessary sometimes to speak a little more plainly, and to let the patient know that he is submitting to this confinement on account of improper behaviour.

If a patient offers violence to any officer, servant, or to each other, let him be confined until he is made sensible of his bad behaviour, and makes apology for his conduct.

But towards those who labour under annihilation of the mental faculties, this treatment is not applicable, as it would be cruel and not corrective; and all that we can attempt in these cases is, to secure them from

doing further harm to themselves and others.

If two patients quarrel, and we cannot learn who was the aggressor, let them both feel the effects of confinement to their room, and it will soon bring them to a right sense of recollection.

If patients rob each other, there is an instrument at the Hospital, so far representing the pillory, as it embraces the head and hands, but it is so light as to enable them to walk with it: to excite shame, and not to punish the body, is the object of this exposure.

At one of those periods of the year at which venesection is generally adopted, a patient struck me a violent blow on the head, with a view to destroy me: when I recovered from its effects, and was going to bleed him, he exclaimed, that 'I would now have my revenge; and, if I took it, he

could not blame me.' The apology he made, I assured him, was sufficient; but it was well timed, as following so close on the injury I received, or I should have deemed it proper to punish him by confinement to his room.

Another, who came into the Hospital with syphilis, refused to take his medicines; and, on hearing the complaint, I ordered that he be compelled to take them, and, in the effort of forcing him, he levelled a violent kick at me, which just brushed my waistcoat. I had him handcuffed; when he made me every apology for his conduct, and implored my forgiveness. I told him that he was not only forgiven, but that I felt pain in the necessity there was to punish him, expressing, at the same time, that I did not know who would be an officer of the Hospital, if there were no subordination.

With anecdotes of Bethlem discipline, and its good effects, I could fill a volume; but what will my reader benefit by such communication? The tale I may change, but the means of restraint are the same, limited to the strait waistcoat and confinement to the room.

Mad persons are frequently capable of being reasoned with; and it is sometimes in the power of the physician to remove false impressions from the patient's mind, by a well directed reply and judicious reasoning.

A man, who conceived himself to be the Father, Son, and Holy Ghost, asked me what were my notions of the doctrine of the Trinity? I answered him, "It is a mystery; and it would cease to be such, if you or I could comprehend it." Satisfied with such answer, he made no reply, nor ever after mentioned the subject.

Another patient imagined himself to be Jesus Christ; and, in proof of it, shewed me a scar he had in his side which, he said, had been occasioned by his having been pierced with a spear. I remonstrated with him on his assertion, and remarked, that Our Saviour was wounded on the side opposite to that he had indicated as the part wounded in himself. Convinced, and apparently ashamed at the consciousness of the fallacy of his own reasoning, the patient recoiled, hid himself under the bed-clothes, and never reverted to the impression under which he had previously laboured.

Therefore, I do think the mind may sometimes be successfully approached, by the adroitness and acumen of the experienced physician.

What I know of madness has been attained by particular attention to the practice of the late and present physi-

cians of Bethlem Hospital; and this little, this very little, which my moderate abilities have been able to glean, regards principally the Management of the Insane. Indeed I disclaim all pretensions as a theorist on the subject of Insanity, and still more any presumption in directing others in the treatment of its unfortunate victims.

SECTION XII.

ON

MECHANICAL EXERCISE.

SUCH persons who are not possessed of experience themselves, on any particular point, must necessarily supply such defect by adverting to the practice of others. When practitioners are unacquainted with any peculiar mode of treatment which has been recommended, we should, before we have recourse to it ourselves, enquire into the effects which it has produced, and then reason on them from analogy. In this way I shall treat the subject, as most likely to lead to a correct conclusion.

I beg to ask, was not *Digitalis* proposed as likely to be efficacious in furious mania, inasmuch as it had the effect of reducing the pulse and exciting nausea? but, in such cases in which the arterial action is considerably diminished, this article, though it may be successfully employed in the one instance, must be regarded in the other as highly injurious.

Dr. Halloran does not advise the swing exercise to patients of a plethoric habit, without previous evacuation.

With this restriction as to the employment of the machine, this physician speaks in the highest terms of the propriety of adopting this method of relief, and he has seen several cases markedly illustrative of its advantages.

As a moral mean, is to be noticed the disinclination which patients in general have to this method of discipline: but, if it brings

them to a state of subordination and management, and is unproductive of harm, surely this practice cannot be considered in any other point of view, than that of producing consequences very desirable to be obtained.

I shall now revert to Dr. Cox's remarks, as the original founder of this practice in behalf of the insane; and I purposely gave the other gentleman precedence, as having adopted Dr. Cox's treatment of the swing, with such extraordinary success.

Although I believe implicitly the assertions of this author and his Commentator Dr. Halloran, I trust that neither the one physician nor the other will be displeased by the confession which I now make, that my mind would not have been barely satisfied, or made up, respecting this practice, had they neglected to point out the manner in which this mechanical expedient acts on the pulse, the stomach and intestines, exclu-

sively of inducing sleep, a very valuable property which this remedy possesses.

The good effects of evacuations from the stomach and bowels, especially in a state of torpor, by the use of the swing, are deserving of due consideration; its affording rest, when other means have failed, more so, and last, though not the least, the influence this sort of exercise has upon the pulse.

Destitute, as I before observed, of actual experience myself on these subjects, I have been anxious to supply my own deficiencies by much reading and some thinking; but, if my reader requires a numerical statement of the reduction of the pulse, by the operation of swinging, I refer him, for more particular information, to Dr. James Carmichael Smith's tract on Pulmonary Consumption.

With respect to the authorities of writers not in existence, I hope I have evinced a disposition respectful to their memory, and I trust it will be believed, by such who are now in being, that I could have no other view in bringing them together, than that their opinions should support each other.

I take this opportunity to express the satisfaction and improvement which I have derived from reading the practical remarks contained in the works of Drs. Cox and Halloran, on the subject of insanity.

SECTION XIII.

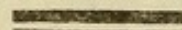


ON

THE MEDICAL TREATMENT

OF

THE INSANE.



SEVERAL friends have suggested to me the propriety of detailing the practice of authors, who have written upon the subject of insanity. In undertaking this task, my principal view has been to collect and concentrate the practical ideas of others in such a manner as will render more useful this tract, upon this intricate, but interesting, subject.

On Venesection.

Venesection is performed by the surgeon of the Hospital; and attentive as I have been to the state of the patients directed by the physician to be bled, my remarks are but few.

Patients are not brought to the charity for admission at the commencement of their insanity, and therefore we can form no opinion of the condition of their blood at that time.

At one of the bleedings* I noticed in several of the patients, an extraordinary heat of skin, foulness of tongue, offensive breath, and sallowness of complexion. I was induced to select for examination a porringer of blood from those who appeared to me most affected by these symptoms, but it exhibited no sizzly appearance.

* The curable patients in Bethlem Hospital are regularly bled about the commencement of June, and the latter end of July.

The lancet has been found a very communicative sort of instrument, not by a disclosure of much information, with respect to insanity, but in as much as it has tended to invalidate the claim of phrenitis to the consideration of being the general cause of mania : I have no hesitation in insisting, that if inflammation of the brain and its membranes is the general exciting cause of madness, its existence would be indicated by the appearance of the blood drawn from the patient. We find it also recorded in a work on insanity, that “in more than two hundred patients, male and female, who were let blood by venesection, there were only *six*, whose blood could be termed *sizy*.”

The utility of venesection, at a suitable period, is acknowledged ; and the propriety of adopting it is farther sanctioned, by the following extract, from Burdin’s Medical Studies. “Warm seasons have a striking

influence upon the return of the paroxysm in mania."

As noisy and riotous mad persons are more subject to apoplectic and epileptic attacks, the medical attendant will duly appreciate the advantages of phlebotomy, especially to such who are of apoplectic make.

Professor Pinel, p. 253, mentions, that, "out of fourteen patients who died at Charenton, ten were carried off by apoplexy."

This writer also enquires; "Is it not probable that a fatal termination of this kind might be frequently prevented by a copious bleeding from the vessels of the feet?" To this observation I shall subjoin the very appropriate answer given to the question, in Dr. Davis's own words, as contained in a foot note of his translation of Pinel's Treatise on Insanity; I conceive

his sentiments to be valuable: I embody them in the present work.

“ Had the author prescribed blood to be taken from the temporal artery, from the jugular, occipital, frontal, angular, or nasal internal vein, or by cupping from the vessels of the scalp, his suggestion would have been valuable. Founded as it is, solely upon the exploded theory of revulsion, and calculated to excite false confidence in a very inactive method of depletion; it is equally injudicious and dangerous.”

Dr. Cox seems to have entertained an unnecessary fear, with respect to insane patients after bleeding, for they do not require any other precaution than that which is requisite in persons not of that description.

I have bled 150 patients at one time, and have never found it requisite to adopt any other means of security against hemorrhage, than that of sending back the patient to his accustomed confinement: not a sin-

gle instance can be adduced of deleterious consequences from the occurrence of a fresh bleeding.

The hazard of bleeding is very great ; but let the operator direct the blade of the lancet by his fore-finger and thumb, and open the vein horizontally, and he will avoid all danger of doing mischief. The most violent I have been obliged to place on the floor, and then secure them by assistants, and place myself in the like situation, in order to perform the operation without danger.

On Purgatives.

THE generally received opinion that insane persons are subject to costiveness, I believe to be very correct. Those who superintend the management of mad patients cannot be too attentive to the state of their bowels. In my practice I have witnessed

very criminal neglect as to this point: I have seen evacuations which, from their volume and bulk, one would suppose had passed from an over-fed quadruped, instead of a human subject.

In one case, the intestines were so distended, that the transverse arch of the colon gave way, and I shall leave the medical reader to conclude what followed.

It is the duty of persons who have the management of the insane, every morning to enquire into the state of the bowels; and they should know that it is not barely sufficient that they be kept soluble, but that the evacuations should be coloured completely by bile. Calomel, with purgatives, will be found very beneficial in such cases of constipation. Mad persons will occasionally retain their urine for a long time; this circumstance is therefore deserving of attention.

Having adverted to the use of Mercury,

I will just observe, that I have employed it, on account of insane persons having syphilitic complaints; but, as these were slight, I did not feel justified in pushing the remedy so as to produce ptyalism, especially as the state of their minds had improved. But I confess I should like to see what effect a mercurial course would have in a driveling case of insanity, such a one as I have depicted in the next article.

On Vomits.

I EMBRACE the consideration of this subject, to settle the discordant opinions of writers, as to the propriety of giving emetics in cases of madness.

In this investigation I feel a peculiar delicacy, having pledged myself to avoid personality, and hitherto, it is hoped, I have adhered to that determination.

But, let me ask, is it any reason that, be-

cause the physician of one insane hospital declines the employment of any particular method of treatment, that another belonging to a similar establishment should deny himself the adoption of a plan, which his progenitors have exercised with advantage? Every intelligent reader will give his own answer to this question.

From my own personal knowledge, I state, that vomits have their use; for the servants of Bethlem have repeatedly told me of the quantity of phlegm, with other offensive matters, which have been evacuated by them; in a degree that really excited their astonishment.

I will now pourtray a character of a maniac to my reader's mind. Let him view one reduced in health, of emaciated form, the eyes shedding tears, although the organs of sight be unimpaired, and the palpebræ in a healthy state.

To these symptoms, I add the snivelling

condition of the nostrils, and the saliva flowing from the mouth, I ask my reader what remedies he would propose under such circumstances.

It is presumption in me to give even an opinion; but would the medical man employ the lancet in these cases? I think not: if he agrees with me, then what more suitable plan could he adopt than that of emetics?

Dr. Cox, of Bristol, and Dr. Halloran, of Ireland, speak in high commendation of emetics, but to settle this point the more decidedly, I subjoin the observations of the late Dr. Monro on the efficacy of vomits.

“ The evacuation by *vomitiug* is infinitely preferable to any other, if repeated experience is to be depended on; and I should be very sorry to find any one frightened from the use of such an efficacious remedy, by its being called a * *shocking operation*, the

* Remarks on Dr. Battie's Treatise on Madness.

consequence of a morbid convulsion. I never saw or heard of the bad effect of *vomits*, in my practice ; nor can I suppose any mischief to happen, but from their being injudiciously administered ; or when they are given too strong, or the person who orders them is too much *afraid of the lancet.*”

“ The prodigious quantity of phlegm, with which those abound who are troubled with this complaint, is not to be got the better of but by repeated *vomits* ; and we very often find, that *purges* have not their right effect, or do not operate to so good purpose, until the phlegm is broken and attenuated by frequent *emetics.*”

“ Why should we endeavour to give the world a shocking opinion of a remedy, that is not only safe, but greatly useful both in this and many other distempers ? however, to obviate the apprehensions, that may be conceived from such an account, it would be worth while to peruse some cases related

by * Dr. *Bryan Robinson*, who does not seem to have been at all alarmed at this *shocking operation*, which, he tells us, he has prescribed for a whole year together, sometimes once a day, sometimes twice, and that with the greatest success."

"I lately received from a worthy friend of mine the case of a gentleman, who had laboured under a melancholy for three years; he himself calls it an hypochondriacal, convulsive disorder, *from which he was relieved entirely by the use of vomits*, and a proper regimen. So very sensible was he of their good effects, that he did not scruple to take sixty-one from the third of *October* to the second of *April* following; and for eighteen nights successively one each night; by which means he got rid of a prodigious quantity of phlegm, and obtained a perfect recovery. The first seventeen were composed of one

* Observations on the virtues and operations of medicines, p. 145, & seq.

ounce of the vin. ipecacuan. with one grain of emetic tartar, and afterwards he made use of no more than half an ounce of the wine. And those, who are much used to hypochondriacal people, will find them in general less weakened with *vomits* than *purges*."

It may be inferred that those who employ this remedy very sparingly are but imperfectly qualified to judge of the propriety of the practice of those who adopt this plan on a much more extensive scale.

I refer my reader to three cases in Dr. Cox's book on Insanity, p. 105, 6, 7, in which he states, that a single emetic, in a very wonderful manner removed every maniacal symptom: these cases are the more valuable in as much as no other remedy was employed.

On Opium,

This narcotic, it appears from Tralles's work* on the use of opium, was directed in madness, both in an internal and external form ; and his remark, " *Opium non quadrat ingenio febris et inflammationis,*" is consonant to experience. Dr. Halloran speaks of it, " as a remedy which cannot be persisted in longer than the first effort, or even hazarded where the source of the disorder can bear a reference to, or connexion with causes which induce an over distension of the vessels of the head, and the acute febrile diathesis which is its certain attendant."

Dr. Halloran, p. 82, says, " There are, notwithstanding, certain cases of insanity, where the use of opium has been found to

* Tralles de Usu Opii.

subdue the first approaches of the paroxysm in its most violent form, and even to cut it short where it has already assumed a positive character. It may still be a question, whether in the generality of instances, a full and timely dose of opium, by interrupting the quick succession of morbid ideas, where a long absence from natural sleep had been an aggravation, will not, in the event of its operation, so fully dissever their catenation, as to make way for the return of gradual perceptions. I have seen this take place, in the most decided manner, where sleep had been a stranger for forty-eight hours in succession; and where I have no doubt that the disease would have been confirmed, but for the intervention of an opiate, to the extent of two hundred and forty drops of the tincture of opium, at three short intervals. Sleep approaching to apoplexy, had been procured in conse-

quence, for nearly twenty-four hours ; which was evidently the means of effecting an entire and lasting return of the mental faculty."

I can give full credence to the manner in which this author relates his patient to have recovered, the means were different, in his cases and mine ; the same effect was produced, for my patients were relieved from insanity, after awaking out of a long and sound sleep.

I have conceived and believe myself correct, that a return of sleep is the precursor of mental amendment. Whether the instance in which I saw opium ineffective and deleterious in its consequences, arose from the smallness of the dose, I cannot say. I remember to have directed it at Bethlem, on account of irritable cancer of the breast, in a dose of three grains, which lessened the bodily sufferings of the female, and improved the state of her mind, by rendering her more

rational; and it may be surmised that the advantages which this writer declares he has experienced, arose from giving a large quantity in a short time.

Dr. Cullen says, "there are, however, cases in which the irritation of the system is too strong to be overcome by the force of any moderate dose of opium; and in such cases no sleep is produced, and at the same time the conflict arising between the stimulant irritation and the sedative power of opium, gives a further irritation to the system, which is very often hurtful to it. Such, however, is the force of the sedative power of opium, in inducing sleep, that if the dose be large it will overcome very strong irritations; and it is to be remarked, that the conflict just now mentioned, often arises from the dose of opium being too small, and when a larger would have prevailed over the irritations more entirely."

Dr. Mead remarks, “ that maniacal people, as is frequently observed, require a quadruple dose of opium, which will scarce produce any effect.”

Dr. Cox gives us no information as to the quantity of opium directed, nor is any mention made of the condition of the patients, nor of the periods in which the remedy was administered; but he states, generally, having employed “it to an incredible extent, without perceiving any, even temporary, much less permanent advantage.”

I conclude these observations on this remedy, by an assurance that I will render myself better acquainted with these facts in Bethlem Hospital, and an extensive poor house belonging to a large parish.

ADDITIONAL REMARKS

On Opiate Friction.

Dr. Ward's publication on the effects of opiate friction, is entitled to the more attention in as much as his opinions are not supported by his own experience alone, but duly corroborated and established by the respectable testimony of a number of practitioners. The following is an extract from a letter with which I was favoured, from Dr. Ward: "Certainly, in no disease has the Opiate Friction shewed more decidedly favourable and speedy effects than in those cases of mental derangement, which have been accompanied with febrile delirium. In many such cases it has acted almost like a charm in relieving both the mental and corporeal affections; in proof of which, I need

only refer to my publication, page 4—22—24—36—86—88—and particularly 192—198.”

“ With regard to the formulæ which appear to me to be absorbed with the most ease, and to be the most efficacious, I cannot do better than to copy those which were lately drawn up by me (at the request of one of the physicians by whom I was applied to for that purpose), and intended for insertion in the new edition of the Pharmacopœia of the Manchester Infirmary, published this day; but which were unfortunately too late for insertion:”—

Formulæ Frictioni Opiatæ aptæ.

1. R. Tinct. opii, ℥ss.

Olei amygd. ʒij.

Vitelli ovi, q. s. ut fiat linimentum.

2. R. Tinct. opii, ℥ss.

Lir. sapon. comp. (vel æther

sulph.) ʒij. Misce fiat linimentum.

Singulis drachmis tincturæ opii interdum addantur camphoræ grana quinque.

3. R. Opii subtilissime triti, ʒss.

Adipis, ʒij.

Ol. amygd. ʒi. Misce optime ut fiat unguentum.

Huic unguento camphoræ, spiritus rectificati min. xx solutæ, grana x ad xx interdum addantur.

“ Linimentorum et unguenti quantitas supra præscripta una frictione est consumenda, et ter, quater, vel sæpius, in die repetenda.”

Hints to be observed in the use of the Opiate Friction.

“ 1. In mania and hydrophobia, the quantity of opium employed should be double, or perhaps treble, that used in ordinary cases.

“ 2. The hand of the person who applies

the liniment, or ointment, should be covered with a soft oiled bladder."

" 3. Care must be taken not to add more of the yolk of egg than is sufficient to incorporate the oil with the tincture; that not more than two portions should be made at once; and that the compound should not be exposed to the sun, nor be made too warm, when used."

" 4. When the powder is preferred to the tincture, it should be made exceedingly fine, and be intimately incorporated with the other ingredients."

I have perused the cases referred to, and judge them to be particularly interesting, as they furnish a strong presumptive hope, that this treatment may hereafter be found serviceable in cases of insanity, from the properties which this remedy appears to possess, in removing mental irritability, and inducing sleep. I have in my own workhouse an opportunity of ascertaining

these points, and will very shortly put them to the test of my own personal experience. But, surely, we must confess our obligations to this author, for affording us an additional mean for the relief of madness, especially as the internal administration of this medicine has been stated, on the authority of different writers, to have been unavailing in this complaint.

On Cicuta.

I will confine myself to the consideration of medicines calculated to relieve madness, unconnected with any internal bodily disease. By thus restricting myself, I shall the less intrude on the province of the physician.

But I know not any point of delicacy that should restrain me from treating madness connected with surgical complaints;

and, under this impression, I have deemed it proper to convey to the surgical student the very little my practice has enabled me to give, and therefore shall proceed to the consideration of another article of the vegetable kingdom, called Cicuta.

Dr. Mead, tells us, that hemlock is a more powerful soporific than opium, and that “ Nic. Fontanus knew one, who having recovered of the plague, and wanting sleep, eat hemlock for some time; till, falling ill again of a fever, and having left off the use of this remedy, he endeavoured to procure rest by repeated doses of opium, which (nature having been accustomed to a stronger alterative) had no operation, till the help of cicuta was again called in with desired success.”

I the more readily place a reliance on this fact, as I can speak of the efficacy of Hemlock in my own practice.

There are habits which cannot bear that quantity of opium requisite to procure rest ; in such instances I have substituted hemlock with success. In other cases, when it has been taken by itself, it has failed ; but, by the addition of a grain of opium, the combination will effectually procure repose.

In some, cicuta is known to purge ; in others, their bowels will be constipated. The first inconvenience may be removed by adding to it a grain of opium, and the other effect will be easily obviated by giving some saline purgative.

There are other medicines of the sedative kind which may be called into use ; such as *Digitalis*. Its advantages have been acknowledged as particularly great in mania, by Dr. Halloran.

The *Extractum Papaveris Albi* may be resorted to in cases in which opium proves deleterious.

There are other substances such as Hyoscyamus, Camphor, and the Sp. *Ætheris Vitriolici Compositus* which might be employed; but the further consideration of this subject is foreign to my present purpose, except to enumerate those articles to the reader, the effects of which I mean to ascertain in my own department.

SECTION XIV.



O N

COLD BATHING.



THERE is on this subject a very exceptionable passage quoted by Professor Pinel; and, as it refers to the abuse, and not the use, of the Cold Bath, I shall give it. The quotation is from a late publication, which is as follows:

“ I may, however, safely affirm, that, in many instances, paralytic affections have, in a few hours, supervened on cold bathing, especially when the patient has been in a furious state, and of a plethoric habit.”

I beg to assure this author (Pinel) and his translator too, that it has been the invariable practice of the late and present Doctors Monro, to premise repeated venesection, before recourse was had to cold bathing.

If such a deleterious effect had happened but *once*, it was once too often; but to have occurred in *many* instances is unaccountable and irreconcilable to my idea of the true state of the case.—I only know, that after making every enquiry of Officers and servants, exclusively of the opportunities I must have had, having been next February, Surgeon to the Hospital three and twenty years, I have not been able to discover that a single case of the kind ever did occur. The idea of immersing a furiously mad patient, with a plethoric habit, in a cold bath, is so absurd, and repugnant to common sense, that I am surprized that Professor Pinel noticed the passage for any

other purpose than to reprehend such treatment, if he supposed the medical officers of the charity were so weak, nay so wicked, as to adopt it.

After having, in justice to the Drs. Monro, stated what has been the established mode of treatment in Bethlem Hospital, I cannot think, that the reader will imagine such practice as referable to that Institution.

I feel, whatever others may think, that I should ill deserve the appointment I hold in the Hospital, if I did not take an opportunity of repelling every attack, and of refuting every assertion injurious to the reputation and interests of the establishment.

Besides I do not think that, in the character of surgeon, any compliment is intended the medical department, in supposing, what I am sure every thinking reader will imply, that its Physician must be either infatuated or insane, who could direct the treatment, which is the subject of our allusion.

Dr. Ferriar recommends the warm bath in mania, and the cold in melancholy. Dr. Willis esteems the former as very beneficial, but I know of no physician who would venture to prescribe the cold bath in a case of furious insanity, connected with plethora.

Ere I take leave of the medical reader, I request his attention to the following remark. If an apology be required for the miscellaneous form of this production, it is offered in the declaration, that it was the only one congenial to the Author's mind, and that which was best suited to his capacity.

FINIS.

ERRATA.

Page vi, the first sentence should be concluded by a point of interrogation.

Page 29, line 12, *for* veniunt *read* venient.

Page 43, line 13, *for* independance *read* independence.

Page 59, line 17, *for* ætheris *read* ætherei.

Page 63, line 9, *for* M. *read* misce.

Page 85, line 13, *for* ubject *read* subject.

Page 88, line 7, *for* I am to satisfy *read* I am ready to satisfy.

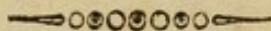
APPENDIX

- vi. The first sentence should be concluded by a point of interest.
vii. The first sentence should be concluded by a point of interest.
viii. The first sentence should be concluded by a point of interest.
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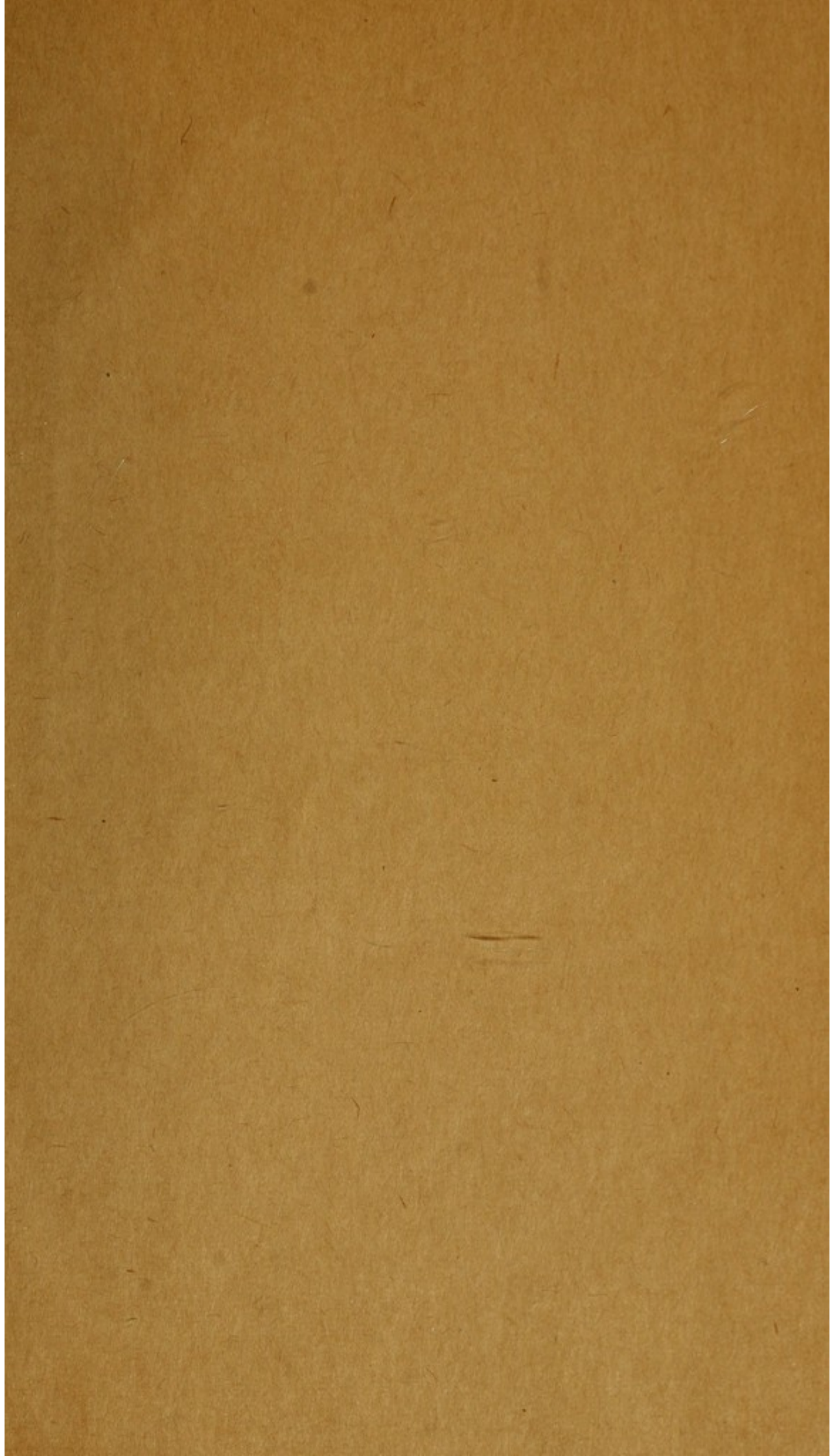
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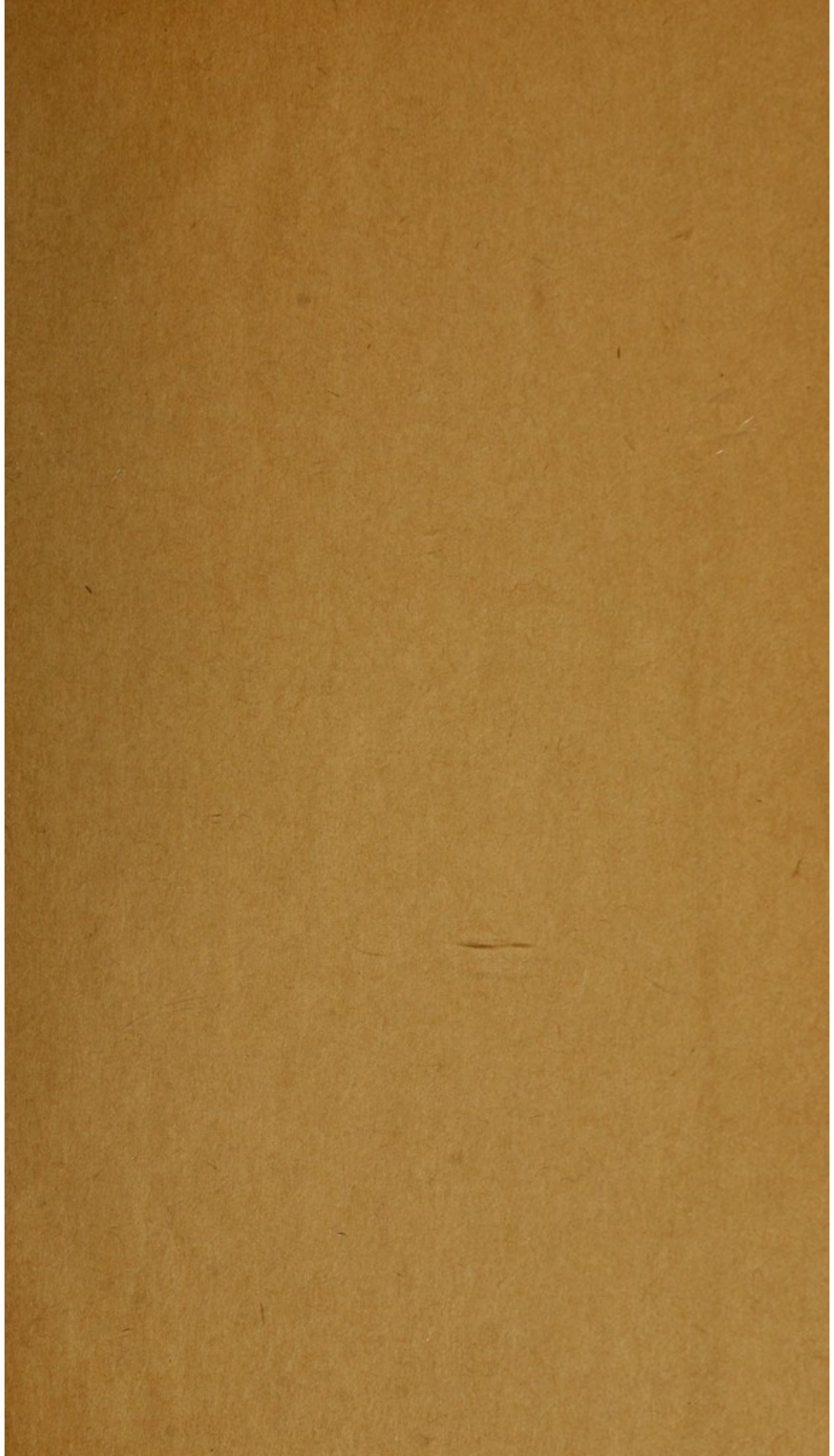
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