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With the Author's Compliments.

TREATMENT OF MANIACAL EXCITEMENT.

BY

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TREATMENT OF MANIACAL EXCITEMENT.*

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In compliance with the wishes of the President of our Section, I offer some remarks on this subject; and though the paper I bring before you to serve as an introduction to the discussion is faulty and imperfect, yet I trust that even its faults may have an effect in promoting discussion. The *raison d'être* of discussion such as is intended to take place in our Section is to elicit from those engaged in the treatment of cases presenting the phenomena of maniacal excitement their matured views, the result of their own experience on all that concerns the subject, cure or alleviation being the points specially kept in view. In dealing with the subject I purposely avoid quotations from text books; and in venturing to give some of the results of my experience, I do so trusting in exchange to hear matters of greater value from those I see here. I have always held that as asylum physicians we scarcely interchange opinions sufficiently minutely in regard to modes of treatment, and that owing to this minor improvements may fail to come under our notice, and I have at times endeavoured, but without success, to elicit from one or two of my northern brethren, who rather pose as reformers of asylum treatment, some accurate statements of new and much-praised modes of dealing with the insane adopted by them. I therefore observe with pleasure the increasing tendency to have practical points in treatment selected for discussion at meetings like this, for it is possible that some men may tell you what they will not write. Before I begin to deal systematically with the subject, I may say that the idea that little individual attention is paid to cases of recent insanity in asylums simply exists in the minds of those ignorant of asylum practice. I for my part believe that in few institutions for

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medical treatment is more constant and careful attention expended, and, so far as I can judge, we are much in the same position to mental conditions such as we are at present considering as we are to diseases like whooping cough, influenza, scarlet fever, or a variety of other diseases that I could mention. We know that certain phenomena in the course of the disease are of malignant import. We recognise certain possible issues to each case, and we try by such means as are known to us to promote recovery and avert the tendencies to death or incomplete recovery.

I know that most asylum physicians hail the admission of an excited patient with pleasure so soon as they eliminate general paralysis and epilepsy from the factors of the excitement. One feels that though as yet no specific which at once will allay the excitement and allow a return of the mental condition which can produce coherent thoughts, words, and actions is known to us, yet we know that judicious treatment can be of great use, and we know that such cases are the most hopeful that come under our care ; but while we are pleased at seeing excitement present when we first get the patient, I think we all wish to get rid of it as soon as we can when the patient is under our care, provided that we do so in a way which will not prevent or retard recovery. I believe maniacal excitement can be quickly got rid of by means which in some cases retard, in others prevent, recovery.

In order to deal systematically with our subject I propose to classify the forms of maniacal excitement, and in such a manner as, I trust, will not only meet with recognition but approval. I shall offer some remarks on the features of excitement, the effect of its length of duration on the future mental state of a patient, then discuss the difference, if any, in the character of the cases of maniacal excitement which have come under my observation during the last twenty years, and finally deal with treatment, giving some results of my own practice, especially as regards sedatives, hypnotics, and prolonged outdoor exercise.

I may separate the cases of maniacal excitement into three great divisions, the first consisting of a class in which we cannot at present localise a brain lesion, and in which recovery frequently takes place so quickly as to warrant the belief that such cases are really the result of functional disturbance. I refer to the maniacal excitement met with in—

1. Insanity of Masturbation.
2. Puerperal Mania.
3. Acute Mania.
4. Insanity from Drink.
5. Periodic Mania.

In the next class I place epileptic excitement. In epilepsy observation has not yet detected a definite lesion or localised abnormality, yet the strong presumption is that one exists from the graveness of the symptoms and the downward course of the disease, affecting as it does the motor sensory, and intellectual powers. In the third class maniacal excitement is a marked, dangerous, and troublesome feature in certain diseases in which distinct brain lesions exist, for our purpose I need merely indicate general paralysis and senile and paralytic insanity with arterial degenerations.

It is almost unnecessary for me to specify the prominent features exhibited by patients suffering under maniacal excitement—incessant and loud talking, and that frequently in profane and obscene language; the utterance of broken sentences, which to the hearer may seem incoherent, but which, in many cases, if carefully considered and tracked out, would show that the rapidity of thought induced by brain excitement and the velocity of change of subject present to the mental vision is incapable of finding a sufficient exponent by the slower-acting apparatus of articulate speech; gesticulations; impulsive action of all kinds; destructive and most filthy habits; absence of feelings of self-preservation; and both anæsthesia and analgesia are sometimes present in certain cases. These unpleasant features are in a greater or less degree the symptoms of the state we are considering. Certain forms of insanity of course present more marked special features in their excitement than others. In many cases of alcoholic insanity the excitement resembles that seen in puerperal mania, being of the same busy talking character; while a delirious stage of excitement seen in certain cases of general paralysis has, I think, characters distinctly of its own. Epileptic excitement, for suddenness, dangerousness, and intensity, is unsurpassed.

Does the length of an attack of excitement gravely affect the patient's future mental state? I believe it does. The longer the excitement lasts the greater is the risk of the patient becoming ultimately demented; but yet, while expressing this generalisation, I may say that I have seen

patients remain in a state of intense excitement for 3, 4, and 5 months, who ultimately became well, and who, wonderful to say, retained nothing in their look or manner which would indicate that they had passed through such a severe ordeal. From my observation I have noticed that patients who have had a severe attack of mania very frequently retain after recovery an indescribable something which shows a marked difference in them from what they were before. The shorter the attack of excitement the better for the patient's future mental state. I think, however, that most observers will agree with me when I say that a gradual subsidence of an attack of excitement, with a gradual stage of recovery, augurs a more favourable terminal issue to a case than when a sudden cessation of excitement and an equally sudden apparent mental recovery takes place. Patients whose disease exhibits these sudden changes have frequently several relapses before complete recovery.

Is there a difference in the character of the cases of maniacal excitement which have come under my observation? I think there is; and I also think certain circumstances which I shall mention may have had a certain influence in producing this change. On this topic I would fain hope to have a decided opinion expressed. Change of type in disease formed some years ago a fruitful subject of discussion, and certain changes in treatment of given diseases were accounted for on the plea of the change of character of the disease, though then as now there were not wanting those who held that the change was really in the ideas and practice of our profession, not in the disease. I for one profess that it is probable, likely, and right that it should be so; that as time and knowledge advance there should be a change in our ideas of treatment and in our practice, I also certainly think; that many circumstances combine to produce changes in the characters of diseases which we call by one set of names at present. I have refreshed my mind by looking over a large number of the cases that have come under my care in the Carlisle asylum, and I consider myself justified in making the following statements. Fewer cases of long attacks of severe maniacal excitement come under my observation now than did in the early part of my asylum life.

In the cases of periodic mania at present under my care the attacks do not run so long a course, nor is the excitement of such a furious character as was present in this class of

case eighteen years ago. I occasionally get a case fully as bad as those I used to see, intense excitement, extreme destructiveness, with most filthy habits, continuing in spite of treatment for several months; in all such cases I find very strong hereditary predisposition to insanity, and they usually occur in patients under 25; but in my experience such cases are more rare than they used to be.

The insane now come earlier under treatment, before their worst practices become confirmed habits; more individual attention is paid to the worst cases, and they are not herded together to act as irritants and indicators of evil to each other; improvements in treatment have taken place, and it would be gratifying to believe that the change I observe could be honestly attributed to improved treatment, and that alone, but I cannot help thinking that many of the cases of maniacal excitement that come under observation nowadays are of a less intense character than those I formerly had under care.

I now offer remarks and the results of my experience in the treatment of maniacal excitement in the eight classes I have mentioned.

1. In the insanity of masturbation. I have used careful feeding, blood restorers, outdoor exercise, sleeping under supervision, in some cases circumcision, the morning shower bath, and, if a sedative was really required, potass bromid, on account of its anaphrodisaic qualities. A large proportion of this class persist in their habits, drift into dementia, and die of phthisis.

2. In puerperal mania. In the ten years ending 1884, 40 cases, occurring within a few days of confinement, and exhibiting acute excitement, came under my care, all except 4 recovered, 90 per cent. Of the 4 who did not recover, 2 remain in the asylum; 2 died, one while away convalescent on a month's trial, the other from phthisis, which she had in a far-advanced stage before confinement. I have found that by careful feeding, tonic treatment, and attention to the general health, with outdoor exercise whenever the patient can bear it, excitement speedily disappears, the tendency of the disease is to recovery. I have never seen a patient die during an attack of puerperal mania, except from previously existing disease, or an acute disease occurring during the course of the attack.

3. In the recent cases we call acute mania. I do not enter on those cases of very short duration, which we term

ephemeral, which only last a few hours or a night, and where the recovery is as sudden and complete as the invasion was unlooked for and unheralded by any known train of symptoms. I take the class of case we all recognise and see a large proportion of. I do not believe that at the stage excitement has reached when the patient comes under asylum treatment we can at once cut short the attack, though I do not see why at an earlier stage, before the brain congestion has reached the point where an explosion of excitement takes place, treatment which would divert nerve action to other parts of the body, produce muscular action tending to exhaustion and predisposing to sleep, with suitable feeding and sleep-compelling medicine, should not entirely avert an attack of excitement. I believe treatment can shorten an attack of excitement in many cases ; I am certain also that I have seen cases run a long course of excitement uninfluenced by such treatment as I could use without feeling it might have an evil influence on recovery. I believe extreme purgation, the free use of tartar emetic, and the constant use of opium in large doses, will subdue excitement, at least for the time. I have seen cases treated in this way. I do not use such treatment, as I am convinced it retards, probably prevents, recovery.

During the two years ending 1884 I admitted 56 patients of this class, 28 of each sex. The average duration excitement lasted was 14 days; in the males 13, in the females 16 days. Of this number, 2 males remained excited for a month and 1 for 2 months, while 4 females ran a long course of excitement, extending 5, 6, 8, and 10 weeks. These cases were specially treated with outdoor exercise, and were carefully fed, kept out as long as they could stand exercise or the weather would allow. Sedatives were used merely to render the patients manageable in 14 cases. Sleep-producers were given in 6, and only where sleep did not in a night or two follow from the exercise.

The subsidence of the excitement was carefully noted, from the time at which the patient could be treated in an ordinary ward or sent to work and was calm in demeanour and action. I know the great difficulty there is in estimating mental states, but I think all recognise acute mania, and know pretty well the state in which a patient is, who is trusted, without a special attendant, to inhabit a well-furnished and decorated ward. During the period of excitement, one, sometimes two attendants were devoted to each

patient. I most distinctly hold that acutely-excited patients should be treated separately, away from other patients; and I am now certain that persistent muscular action in the open air is the safest, quickest, most effective, and most natural means of promoting recovery from the state known to us as acute mania. I of course include suitable and frequent feeding, the use of tonics and stimulants, and the ordinary warm bath. Were more time at my disposal, I could show that a course of acute excitement could be run under judicious treatment with very little loss of body weight, and without utterly excessive feeding.

4. In insanity from drink, excitement need not be of long duration. A considerable number of such cases come under my care, and I find a good purgative, plenty of liquid food, copious libations of cold water, and a few days spent in the open air, all that is required as treatment; loss of sleep for a night is not of the least consequence.

5. In cases of periodic mania which run a given course, where excitement gradually increases till it reaches a climax, then gradually subsides, I have of late years only occasionally had to give continuous sedatives to render the patient manageable, or hypnotics to enforce sleep for the patient's sake and that of others. Thorough continuous outdoor exercise is the proper treatment for such cases. Latterly I have dieted several of this class on milk, vegetable, and farinaceous food, I think with good results. We know certain diets in certain constitutions produce irritability, discomfort, and the converse.

6. In epileptic insanity the influence of continued treatment of bromide of potassium in preventing excitement and reducing the number of fits taken has been so long proved, that I should think the treatment is made use of in most asylums, or should be. Dr. Macphail, in his valuable essay on the blood of the insane, found that the blood of epileptics treated daily with 90 grs. of this bromide for periods of over 2, 10, and 15 years had not been deteriorated by the prolonged use of the drug. I have, however, noticed that epileptics who have been long under this treatment are liable to have congestion of the bases and posterior portions of their lungs, this condition seldom passes further than congestion. Until I recognised the state and its cause, I frequently feared epileptics were going in for double pneumonia.

After a succession of fits, epileptics should be allowed

to lie in bed, and during the period of excitement no sentimental opinion should prevent their seclusion, for the excitement in epileptic insanity differs from that in other forms; it is more easily acted on by outward causes; it subsides more quickly in solitude; and its characters render it more dangerous to the sufferer and those around him.

7. In general paralysis. Few cases are more difficult to deal with during their asylum life—none more liable to accident. Most of the grave accidents in asylums befall this class of patient. Aggressive habits, without power to make good their threats and actions are a source of danger from fellow-patients. Abusive words, filthy habits, and sudden attacks have often been, though they should not, a provocative of bad treatment from those paid to take care of them. During the period of excitement, which in almost every case occurs in the course of this disease, greater attention is needed than in other forms of excitement. More impulsive actions, more utterly hazardous unreasoning attempts at doing impossible feats are perpetrated by general paralytics, actuated by their delusions of power and grandeur, than we find during the excitement of other diseases. Realizing the fatal issue of this disease, less compunction need be felt in keeping the patient under sedative influence during an acute paroxysm.

During the 5 years ending 1884, I admitted 40 general paralytics; during that time 36 died without having sustained any grave injury during their asylum life, I must say I feel a source of danger past when patients of this class lose their power of walking; and I do not regret when such patients become bedridden. I probably differ from many in thinking the habit of propping up weak general paralytics in wonderfully made chairs is not for their good or comfort; it is said to prevent bed-sores; but patients at this stage should be kept clean in bed. With 547 patients, 40 of whom are bedridden, while I write this there is not a bed-sore in Carlisle asylum.

8. In senile insanity I sum up the treatment in a sentence. Nursing, feeding, warmth, the judicious use of malt and spirituous liquids, and an occasional hypnotic. I use chloral with wine. Many public asylums have too few artificially heated single rooms; and night nursing has not till lately been well enough attended to. Pneumonia or bronchitis, the result of a night's restlessness and exposure frequently complicates such cases, and no doubt have ended

many. A treatise could be written on any of the subjects I have touched on, but as I have to keep within limits I conclude with some remarks on out-door exercise and treatment by sedatives and hypnotics.

Out-door exercise. I believe in this we have a natural remedial agent which in the majority of recent cases will subdue excitement and produce sleep and at the same time re-establish the normal functions of different organs in the body which too often are in abeyance during the stages of an attack of excitement. Maniacal excitement in chronic patients may be called into and kept in existence by injudicious asylum treatment. I have seen an asylum in which the female chronic element was for several years notably excited: where broken windows in the wards and black eyes among the patients were common, where noise in the daytime was incessant, and even night was made hideous by patients raving and hammering at their shutters; and all attempts at making the airing court into a flower garden had failed, owing to the destructiveness of the patients, and this in spite of free use of many sedatives. By separate treatment of the excited, by exercise and employment, I have seen this change, and a quietude by day and night scarcely credible take its place.

Sedative treatment. During the 5 years ending 1878, I admitted 576 patients; 276, or 47 per cent., were suffering from maniacal excitement. Continuous sedatives were given for periods in 28, or 10.1 per cent.

During the 5 years ending 1883, 677 patients were admitted, in 274 or 40.8 per cent., maniacal excitement was the prominent feature. Sedative treatment was used in 17 or 6.2 per cent.

In the first 5 years I used sleep-producers in 101 cases, or 36.1 per cent.

In the next 5 years, in 50 cases, or in 18 per cent. of the excited patients, I have gone carefully over my records, and my experience is that I give less sedative treatment than I did at one time, that I have to give fewer sleeping draughts, that my patients do at least as well as they did, and that the asylum as a whole is quieter than it used to be.

I think that if a patient is continuously treated by sedatives, and kept so under their influence as to keep quiet during an attack of acute excitement, such a case tends to run a longer course than if the excitement were allowed to blow off. I have noted periodic cases treated with and with-

out sedatives, and during several periods of excitement. I believe most sleep-producers, given at night for any length of time, produce an irritable mental state and frequently stomachic discomfort.

I am satisfied, however, that even extreme treatment by bromide of potassium, if it stops short of poisoning, produces no permanent bad effect physically or mentally.

I have been limited in my use of sedative drugs lately, principally having used potass bromide with tr. of hyoscyamus, and chloral with wine or spirits as an hypnotic. I have used counterirritation to the head on several occasions without result. My experience of the use of hot baths at high temperatures in acute excitement has not been great, but it has made me question whether the result was worth the risk. I hope to hear from others their experience of sedatives, the Turkish bath, rest, and massage, cold to the head, and other remedies which have proved efficacious. Had the results of my practice not been favourable, I should probably not have been so limited in my modes of treatment. I anticipate, however, from this discussion, the acquisition of knowledge of many other remedies which practical experience has proved in a definite manner to be of value.