

**Report of the Committee appointed at a meeting of members of the Medico-Psychological Association, held at the College of Physicians, Edinburgh, on the 25th November, 1869, for the purpose of taking certain questions relating to the uniform recording of cases of insanity, and to the medical treatment of insanity into consideration.**

### **Contributors**

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REPORT OF THE COMMITTEE

APPOINTED AT A MEETING OF MEMBERS OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION,

HELD AT THE

COLLEGE OF PHYSICIANS, EDINBURGH,

ON THE

25<sup>TH</sup> NOVEMBER, 1869,

*For the purpose of taking certain questions relating to the uniform recording of cases of Insanity, and to the Medical Treatment of Insanity into consideration.*

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GEO. P. BACON, LEWES.



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# REPORT OF THE COMMITTEE

APPOINTED AT A MEETING OF MEMBERS OF THE

## MEDICO-PSYCHOLOGICAL ASSOCIATION.



Members of Committee: Drs. D. Skae, R. Smith, J. C. Howden, J. Sibbald, J. Batty Tuke, and T. S. Clouston, *Secretary*.

The following are the recommendations of the Committee:

1. That a uniform mode of recording the history, symptoms, treatment, and progress of cases of insanity should be adopted in all asylums for the insane.

2. A majority of the committee think that on account of the very great diversity of opinion at present existing among medical men in regard to the proper medical treatment of various forms of insanity, and the absence of a sufficient number of carefully recorded facts observed in a scientific manner, and having regard to the special opportunities which the medical officers of asylums have of making accurate therapeutical observations, that a uniform mode of treatment of certain cases should be experimentally adopted for a time in every asylum. The other members of the committee, while agreeing to adopt a uniform classification and mode of recording cases and the results of treatment, think that each medical officer should select his own method of treatment.

The committee, therefore, recommend that such medical officers as agree to adopt the following method of treatment, and those who follow their own methods, should observe and record the results of their treatment with equal care and accuracy, and that the latter should endeavour to adopt such uniformity as will make their observations available for reliable scientific deductions.



3. In regard to classification, they are of opinion that the chief point to be attended to in adopting any system is to secure accuracy and definiteness of terms, so that each case may with certainty be placed in its class by different observers, and that by the same terms different observers may mean the same thing. They are of opinion that none of the ordinary systems of classification used alone is sufficient for this purpose. They, therefore, recommend that each case treated should be classified according to two methods; (1st) That depending on the bodily causes and natural history of the disease, as proposed by Dr. Skae; (2nd) That proposed by the International Congress of Alienists. They also recommend that the predominant features of each case shall be taken into account in placing it in its class. In this way they think that nearly every fact known in regard to the causes, the pathology, and the symptoms of any given case, will be taken into account in placing it in its class. They also recommend that the classes shall be separated into the more curable and the more incurable, so that remedial and palliative treatment may be distinguished from each other.

Cases that come under the following headings seem suitable for accurate and uniform treatment, and every such case occurring in the practice of each observer must be treated uniformly. Each case must have one or more of the "Predominant Features" marked opposite to it, and must not be characterized by any of those not marked, to entitle it to selection for such special treatment.

## PREDOMINANT FEATURES.

		Acute delirium and incoherence.	Simple Excitement.	Simple Depression.	Stupor.	Hypochondria.	Strong Suicidal Impulses.	Remittency or Intermittency.	Chorea.	Hallucinations.	Enfeeblement.
		a	b	c	d	e	f	g	h	i	k
CURABLE.											
1.	Insanity of Pregnancy*	1	1					1		1	
2.	" " "			1	1		1			1	
3.	Insanity of Childbirth	1	1							1	
4.	" " "			1	1		1			1	
5.	Insanity of Lactation	1	1							1	
6.	" " "			1	1		1			1	
7.	Climacteric Insanity	1	1					1		1	
8.	" " "			1	1	1	1			1	
9.	Insanity from Uterine Disorder	1	1							1	
10.	" " "			1	1	1	1			1	
11.	Insanity from Tuberculosis	1	1							1	
12.	" " "			1	1	1				1	
13.	Insanity from Masturbation	1	1							1	
14.	" " "			1	1	1	1			1	
15.	Insanity from Alcoholism	1	1							1	
16.	" " "			1	1	1	1			1	
17.	Delirium Tremens	1								1	
18.	Post Febrile Insanity	1	1					1	1	1	
19.	" " "			1	1	1	1			1	
20.	Hysterical Insanity	1	1					1		1	
INCURABLE.											
1.	General Paralysis	1	1								1
2.	Epileptic Insanity	1	1	1	1	1	1	1	1	1	1
3.	Senile Insanity		1	1	1	1	1		1	1	1
4.	Paralytic Insanity		1	1	1					1	1

\* e g. A case could be quoted as being in class 1 (a, b, i).



4. They think that the following symptoms in other forms of insanity might be treated experimentally in order to discover the best mode of overcoming them :—

1. Sleeplessness.
2. Delirious excitement.
3. Simple depression without delusions.
4. Periodicity.\*
5. A craving for stimulants.

5. They have prepared a form of "Case Book" for use in all the cases experimentally treated, and suggest that if found suitable it might be used for all cases in asylums, or might be so altered after experience of its use that it would be suitable for such universal employment. They have also appended certain memoranda, which they recommend for use in taking cases.

6. The patients who are to be specially treated should be kept under observation for twenty-four hours in the urgent and acute cases, and for a week in the more mild forms of disease, without any medical treatment, except that intended to nourish the body and remedy obviously disordered functions other than that of the nervous system. The symptoms during this period of observation, and the effect of change of circumstances and the asylum dietary should be accurately noted, and when there is an obvious tendency to convalescence during this time, no neurotics need be given.

7. The medical treatment should be classified under three divisions. 1st. That intended to nourish and strengthen the body, and for this, concentrated foods given extra to the ordinary dietary, alcoholic beverages, cod liver oil, quinine, and iron, and such universally recognised tonic medicines only should be used. 2nd. That intended to remedy ascertained disorder of function other than that of the nervous system. 3rd. That intended to act on the disordered brain function directly, and they recommend that opium, chloral, hyoscyamus, cannabis Indica, bromide of potassium, strychnia, hydrocyanic acid, and veratrum viride, should be used in the first instance.

8. Along with the medical treatment should be approximately recorded the amount of nutritive material in the ordinary dietary calculated on Dr. Smith's tables; the seclusion used, the classification of patients adopted in the wards, the outdoor exercise, and the recreations.

\* A tendency to regular or nearly regular intermissions and attacks of the disease or of any symptoms of the disease.



9. After neurotics have been used for a fortnight, if the patient is not recovered, they should be stopped for a week, and the patient's state noted during that time.

10. As hydrate of chloral is a new and comparatively untried medicine it should be largely used, and its effects most carefully studied. The following rules for its administration should be observed:—

1st. It should be given for sleeplessness in all forms of insanity that come under observation for the next six months, in doses beginning with 20 grains and increasing 10 grains until sound sleep is produced. The following are the points to be chiefly noted:—(a) The dose required to produce sleep in the various cases; (b) the length of time which elapses before sleep is produced after the patient gets the medicine; (c) the character of the sleep; (d) its duration; (e) the state of the patient after he awakes, as regards excitement or depression; (f) the state of the appetite; (g) the state of the mucous membrane of the mouth and of the tongue; (h) the state of the bowels afterwards; (i) whether the same dose has the same effect at all times; (k) whether the medicine loses its effect after being given for some time, and after how long; (l) the temperature.

2nd. It should be given during the day every three hours in all the classes above defined, except in class 1 of the incurable and those in which c, d, e, are present, in doses beginning with 20 grains and going up to 40 grains, and its effects carefully noted as regards the functions of the brain, the spinal cord, the digestive system, the heart, and on the weight and temperature; negative results should be noted as well as positive.

11. If chloral should fail to do good or do obvious harm, they suggest that opium be given in the same manner, except to classes 1 and 2 of the curable, and 1, 2, and 4 of the incurable, or when features d and e are present, in doses beginning with 45 minims of tincture and increasing till the effect is produced, up to 4 drachms to procure sleep at night, the same facts being noted as in the case of chloral.

Also that opium be given thrice a day during the day in the same classes, in doses beginning at 30 minims, and increasing up to 90 minims of the tincture.

12. In all the cases in which opium fails to do good, after a



fortnight's trial, hyoscyamus is to be used in the same way, in doses beginning with 2 drachms of the tincture, and increasing up to 6 drachms to procure sleep, and in doses rising from 1 drachm to 4 drachms during the day.

13. If hyoscyamus fail to do good, the bromide of potassium is to be used in doses of from 30 grains to 2 drachms to procure sleep, and from half a drachm to 1 drachm thrice a day.

14. If the bromide of potassium fail to do good, from 30 minims up to 1 drachm of tincture of cannabis Indica to be added to each dose of the bromide to procure sleep, and from 30 minims up to 45 minims to each dose during the day.

15. If the combination of the bromide and cannabis indica fail to do good or do harm, from 2 drachms up to half an ounce of the tincture of hyoscyamus to be added to each dose of the bromide to procure sleep, and from 1 drachm up to 3 drachms to subdue excitement.

16. All cases in class 2 of the incurable to be put on bromide of potassium thrice a day, in doses beginning with 10 grains, and increasing by 10 grains up to 50 grains, then by 5 grains up to 60 grains; the patients to get each quantity for a month, so that the experiment last for six months. The following facts are to be noted every week: (*a*) the number of fits; (*b*) the kind of fits; (*c*) the weight; (*d*) the morning and evening temperature; (*e*) the pulse; (*f*) the mental state. The good or evil or negative results to be particularly observed.

17. That the effects of any of the neurotics mentioned in the third division of paragraph 7, when given for any of the symptoms enumerated in paragraph 4 in cases not under systematic treatment or included in any of the groups of the classification, be recorded, the doses mentioned above being adhered to, so as to accumulate a body of facts that may in time be capable of being analysed. Especially we consider the following questions worthy of investigation:—

- |    |                               |                      |                           |
|----|-------------------------------|----------------------|---------------------------|
| 1. | The effects of opium          | on                   | Simple depression.        |
| 2. | "                             | "                    | Delirious excitement.     |
| 3. | "                             | chloral              | "                         |
| 4. | "                             | "                    | Sleeplessness.            |
| 5. | "                             | "                    | Delirious excitement.     |
| 5. | Effect of chloral and bromide |                      |                           |
|    | of potassium                  | on                   | A craving for stimulants. |
| 6. | "                             | bromide of potassium | Periodicity.              |
| 7. | "                             | "                    | on                        |
| 7. | "                             | "                    | Simple depression.        |
| 8. | "                             | "                    | "                         |
| 8. | "                             | "                    | Sleeplessness.            |

9. Effect of hydrocyanic acid\* on Delirious excitement.
10. „ hyoscyamus „ General paralytic excitement.
11. „ „ along with  
bromide of potassium „ „ „ „
12. „ veratrium viride† „ The length of convulsive attacks.

18. Any medicine causing much continuous sickness, want of appetite, loss in weight, temperature above 99.5°, positive aggravation of the symptoms of the disease, faintness, or any effects threatening danger to the patient's health or life, to be at once discontinued.

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J. BATTY TUKE, M.D.,  
JOHN SIBBALD, M.D.,  
T. S. CLOUSTON, M.D.,  
*Secretary.*

\* By the mouth or subcutaneous injections in doses of from 2 minims up to 10 minims.

† Injected subcutaneously when they begin.



## PROPOSED CASE BOOK.

NAME	ADMITTED	
AGE AND SEX	STATE AS TO MARRIAGE	EDUCATION
WHERE FROM	OCCUPATION	RELIGION

### History.

CAUSATION	{ Previous attacks Hered. history Predisposing Exciting	Where treated Disposition and habits in health }
DURATION OF DISEASE		
FIRST SYMPTOMS	{ Mental Bodily	
RECENT SYMPTOMS	{ Mental Bodily Suicidal	
Other facts		Dangerous

*State on Admission.*

MIND	{	Exaltation	
		Depression	
		Excitement	
		Enfeeblement	
		Memory	
		Coherence	
		Can answer questions ?	
		Delusions	
		Other abnormalities	
BODY	{	Appearance	
		Colour of hair	Colour of eyes
		Muscularity	Fatness
		Nervous System	
		Reflex action	Pupils
		Special Senses	Retina
		Lungs	
		Heart	Pulse
		Other organs	
		Tongue	Appetite
		Urine, Sp. gr.	Urinary deposits
		Menstruation	Temperature
		Height	Weight

NAME OF DISEASE			GENERAL BODILY STATE			
DATE	Temperature		Pulse		Weight	<i>Progress of Case,</i>
	Morn.	Evg.	Morn.	Evg.		

## Memoranda to be put in beginning of Case Book.

### HISTORY.

PREVIOUS ATTACKS.	Number, character of each,
HEREDITARY HISTORY.	Age of parents, relationship of parents or grandparents, health of same, family diseases or peculiarities—consumption, epilepsy, drunkenness.
PREDISPOSING CAUSES.	Drunkenness, overwork, character of vocation or habits. Food, tobacco, tea, infantile diseases, adult diseases. Catamenial irregularities, marriage, children, difficult labours, miscarriages, lactation &c.
EXCITING & PROXIMATE CAUSES.	Disease of brain emotions—blows on the head, drinking bouts, fever, poisons, over-sexual excitement, childbirth.

### STATE ON ADMISSION MORE FULLY AND SYSTEMATICALLY ARRANGED.

A.—BODILY CONDITION.	<i>a</i> , Height.
	<i>b</i> , Weight.
	<i>c</i> , Temperature.
	<i>d</i> , Colour of hair (baldness).
	<i>e</i> , Muscularity.
	<i>f</i> , Fatness.
	<i>g</i> , Expression of face and general appearance.
	<i>h</i> , Any special injuries or wounds to be noted.
B.—VEGETATIVE FUNCTIONS.	<i>a</i> , Digestive—Tongue, stomach, appetite, condition of bowels.
	<i>b</i> , Dermic—Condition as to moistness, eruptions, and other abnormalities.
	<i>c</i> , Circulatory—Pulse, cardiac murmurs, flushing of face, or inject. of conjunctiva.
	<i>d</i> , Respiratory—State of lungs, breath, rapidity of respiration.
	<i>e</i> , Glandular—Exam. of urine, state of liver, spleen, thyroid, &c.
C.—REPRODUCTIVE FUNCTIONS.	<i>a</i> , Abnorm. of penis or testes in men—masturbation, syphilis, &c.
	<i>b</i> , In women—catamenia, discharges, syphilis, pregnancy, nursing, &c.

*D.*—NERVOUS SYSTEM.

*a*, Paralysis, epilepsy, catalepsy, hysteria, and other abnormalities unconnected with the special senses or mental functions.

*b*, Special senses—

1.—Sight—*a*, Colour of iris.

*b*, Shape and size of pupils.

*c*, Condition of retina.

*d*, Vision.

*e*, Knowledge of colour.

*f*, Hallucinations.

*g*, Illusions.

2.—Hearing—*a*, External ear.

*b*, Deafness.

*c*, Hallucinations.

*d*, Illusions.

3.—Smell—*a*, Any abnormality of nose.

*b*, Sense of smell.

*c*, Hallucinations.

*d*, Illusions.

4.—Taste—*a*, Sense of.

*b*, Hallucinations.

*c*, Illusions.

5.—Touch and Nervous Sensibility—

*a*, Sense of pain.

*b*, Reflex action.

*c*, Hyperæsthesia

*d*, Illusion and hallucinations, including those of internal organs.

*E.*—MENTAL SYMPTOMS,  
*unconnected with the  
special senses.*

*a*, Apparent consciousness.

*b*, Identity.

*c*, Attention.

*d*, Coherence of language

*e*, Memory—*a* for recent events, *b* for past ditto.

*f*, Exaltation or depression of spirits.

*g*, Excitement of manner.

*h*, Habits and propensities (filthy, dangerous, suicidal, destructive, indecent, &c.)

*i*, As to sleep.

*j*, Delusions—not being hallucinations or illusions.

*k*, Other abnormalities.

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