MEDICAL INAUGURAL DISSERTATION

ON INSANITY;

WHICH,

WITH THE APPROVAL OF THE HIGHEST AUTHORITY,

BY THE AUTHORITY OF THE VERY REVEREND MAN,

D. GEORGE BAIRD, S.T.P.,

PRESIDENT OF THE EDINBURGH ACADEMY;

AND ALSO

BY THE CONSENT OF THE MOST HONORABLE ACADEMIC SENATE;

AND BY DECREE OF THE NOBLE FACULTY OF MEDICINE;

For the Degree of Doctor,

and to duly and lawfully obtain the highest honors and privileges in Medicine,

IS SUBMITTED FOR THE EXAMINATION OF THE LEARNED

BY JOHN TWYNAM,

Englishman,

Member of the Royal College of Surgeons of London.

"Canst thou not minister to a mind diseased?"

SHAKESPEARE,

On the Kalends of August, at the usual hour and place.

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1827.

To his own dear and most excellent friend,

Henry Twynam,

Esquire, of Bishop Stoke in the county of Hampshire,

and also

to the most distinguished gentleman and most skilled surgeon,

Giles King Lyford, Esquire,

Chief Surgeon at Winchester Hospital for forty years.

Adorned no less by knowledge than by virtues, under whose guidance

I first applied myself to the study of medicine,

this little work,

a most heartfelt testimony of friendship and gratitude for many

kind benefits most kindly bestowed upon me,

is freely and willingly dedicated

by the author.

INAUGURAL MEDICAL DISSERTATION

ON INSANITY

BY JOHN TWYNAM

No disease to which the human race is subject moves our compassion more than that which consists of the deprivation of the mind's powers—those powers by which our inclinations are governed and through which we maintain social relationships.

And it may truly be said that no disease has received so little explanation from physicians; nor is this surprising when we observe that most of them, until very recently, have either been unlearned in the practice of medicine or have treated these patients empirically and secretly, much like untrained practitioners.

It is extremely rare for this disease to present ordinary physicians with an opportunity to treat it throughout its entire course, and they have been occupied only with offering advice regarding whatever was deemed the best or least costly care in asylums for the insane.

The neglect of this disease by physicians, combined with the ignorance of some and the reluctance of others—those who have the proper opportunity to investigate its nature—has resulted in so few practical works on insanity and such comparatively imperfect knowledge of it, especially when compared to the recent advances made in the physiology and pathology of nearly all other diseases.

The habit of having it for a long period, combined only with abstruse metaphysical sciences, further contributes to its obscurity; for instead of accurate observation of the nature of the disease, we find contemplative investigations of the faculties of the mind. In this endeavor, we aim to avoid these as much as possible and to limit ourselves to the phenomena of the disease.

On Definition, etc. —

The word insanity is well understood and is designated by authors under the terms vesania, delirium, folie or mental alienation, and lunacy; but it occurs in such diverse forms and with such different characteristic signs that almost all authors have disagreed in defining it.

Most of the ancients believed that mania and melancholia were different stages of the same condition and distinguished them from phrenitis, which was recognized as a feverless disorder; the diagnostic signs of furious mania and melancholic sadness were nearly the same according to the nosologies selected in our time. We respond that there are various degrees of melancholia and various mixtures of melancholic humor with other humors, from which the greatest variety of deliriums arises, producing furious mania. See Riverius, Prax. Med. L. 1, c. xiv. Also see Galen and Areteus.

Illustrated, Cullen in his Nosology of the Ancients followed traditional concepts and divided the order of insanity into Dementia, Mania, Melancholia, and Oneirodynia.

After him, many authors over the next twenty years attempted to develop a nosological classification of insanity, but their efforts showed little success. Dr. Arnold published a comprehensive work on these diseases in 1806, in which he classified the genus under "Ideas and Notions," based on the second-level contemplations established by Locke and Hartley. He reviewed many species and assigned specific names to almost all varieties of symptoms.

Prof. Pinel also published a practical treatise in France (which was recently elaborated upon by his student Esquirol), in which he divides insanity into four categories. Since many English writers have misinterpreted his words, we reproduce them here verbatim: --

“I. Mania, or general delirium marked by more or less agitation, irritability, or a tendency toward fury, designated as Periodic or Continuous Mania.

II. Melancholy (Monomania), or exclusive delirium focused on a particular object or a specific series of objects, accompanied by dejection, gloominess, and varying degrees of despair.

III. Dementia, or abolition of thought, a specific weakening of intellectual operations and acts of will.

IV. Idiotism, or obliteration of intellectual and emotional faculties.”

(See Pinel, p. 138, 1809 edition.)

Appellatio, Monomania, used to more distinctly designate melancholy originating from a single cause, was introduced by Esquirol and represents a well-described form of Melancholia.

The type Dementia, which Cullen added to that classification, would constitute a well-defined class of Insanity, especially if physicians agreed on its characteristic signs.

Messrs. Dufour and Falret placed Hypochondriasis under the order of Insanity, though perhaps somewhat unjustly.

However, there is another type in which a patient, suddenly seized by a paroxysm, commits suicide or homicide, which has not received sufficient medical attention; therefore, we have decided to say little about these cases. Undoubtedly, suicide is the act of a person suffering from a paroxysm of mania, and likewise many homicides, which are still considered murders among us. The same symptoms, the same predisposing and triggering causes—especially emotional disturbances—and the same post-mortem signs are observed as in other insane individuals.

These symptoms generally arise from a patient so affected that the dominant forces of the mind are impatient to resist certain impulses to action, the execution of which, at another time, the same person would greatly dread. These are certainly the effects of certain lesions of brain functions, for which accountability to society should not be demanded any more than from other maniacs or melancholics who, through negligence, are similarly allowed to act.

The laws concerning suicide, which for so many years have brought disgrace upon our statutes, were recently repealed as if ineffective, and it is necessary to further address homicide committed by the insane, a change originating from medical testimony. But it is very difficult to distinguish between these insane individuals and those who deliberately and maliciously commit murder.

Insanity, however, manifests itself in various forms and, in the progression of the same disease, often alternates and becomes intertwined in different people and at different times. This condition has led some comprehensive authors to reject the traditional nosological classifications and to consider one disease only under various forms.

It often also assumes an intermittent or remitting form, or one that follows certain periods.

On Origin and Symptoms. –

By depicting the origin and symptoms of this disease, we must begin by considering the type of people who possess something unique in mind and body that distinguishes them from others of the same nature, establishing a singularity of character which, in English, is called Idiosyncrasy. It has been found that something of this kind is present in nearly all cases of madness or aberration. However, we shall limit ourselves to describing only the general signs or indicators of the disease as they arise, so that they become apparent.

The symptoms of insanity are sometimes observed to develop gradually and include restlessness and an inability to focus attention steadily on anything, disturbed and abnormal bodily movements, failure to perform duties that were previously carried out punctually, sudden changes in opinion, rapid succession of thoughts, excessive talkativeness or continuous silence, quick decision-making, stubbornness, irritability of the mind, suspicion without just cause, use of offensive language and obscene actions, pride, contempt for criticism, impatience with opposition, sullenness, restlessness and wakefulness, sadness or excessive cheerfulness accompanied by a disconnection of the mind from the present situation. Indeed, almost all actions are observed to bear some unusual sign or irregularity in their execution.

Their friendships are declared with fervent and abundant warmth, while their enmities are expressed with detestation and disdain; they become contentious and eager to fight over imagined injuries supposedly inflicted by friends. They begin to hear sounds or voices from heaven, the underworld, and everywhere else, to detect whispers, to suspect conspiracies that never occurred, and to attribute causes they alone have conceived. Their peaceful sleep is disturbed by dreadful dreams, nightmares, and palpitations of the heart. Eventually, the succession of thoughts becomes so rapid that the patient cannot arrange them in order at all, and their mind becomes so agitated that it cannot maintain control over the unusual ideas and the representation of actions. It is universally agreed that they must be isolated and carefully guarded, for they clearly suffer from a manic paroxysm.

Sometimes an increase is observed, marked by an unnatural elevation of intellect, and one who was previously reserved, silent, and withdrawn from the eyes of men suddenly becomes intoxicated, blasphemous toward God, and loud, exhibiting behavior that truly shows great agitation of the mind. Nevertheless, this is consistent, and unless he is closely and continuously watched, suspicion arises that he imagines things to exist which are not real and perceives them differently than others do.

Others, under the influence of a depressed mind, display completely different symptoms. Their face appears worried and hopeless, stern and withdrawn in will, and they become reclusive, avoiding the company of former friends and acquaintances, shunning human interaction. Sometimes they lie in bed nearly all day, their eyes fixed and intense, staring at something or into space for a long time. They often believe they have committed some crime or moral wrongdoing, for which they expect punishment, along with many other delusions of the mind fueled by fears and anxieties. Religious fears and conscious mental torment, the abundant source of such anxiety, arise. These signs commonly appear in patients suffering from melancholia.

However, sometimes insanity occurs very suddenly and seemingly without cause, especially noted in cases of homicide and suicide.

Once the disease is established, the prevailing disturbance or infirmity reveals itself: some believe they are persecuted by demons and wicked magicians; others think their limbs are made of glass and act as if this were true; some believe themselves to be leaders, others kings, and still others consider themselves gods.

And the bodily functions, in proportion, are not as greatly disturbed as one would expect from the agitation of the mind. The pulse and respiration are usually normal but sometimes slightly faster in a state of extreme fury; the bowels are often constipated, and appetite for food is very irregular; urine and perspiration change considerably and sometimes have an unpleasant odor. Yet there is no fever present, nor severe pain or major disturbance of constitution.

On the Brain and Its Pathology.

In discussions of this disease, it has become customary to begin with a general description of the mental faculties—imagination, memory, judgment, and so on. However, in this essay, we will offer a brief account of the brain's structure, its physiology, and pathology. The brain is said always to fill the skull, and its medullary structure, as recently recognized by anatomists, is fibrous; it also exhibits pulsations, though how these are produced is not yet fully understood. Nevertheless, we firmly believe that these pulsations play a very important role in governing the brain's functions.

The blood circulation in the brain is quite different from that in other organs of the body; the amount of blood supplied to it is greater, estimated at about one-sixth of the total blood in the body. It is enclosed by membranes, much like the viscera of the abdomen and thorax. However, it has not yet been demonstrated that any nerves are distributed within these membranes, though their presence is reasonably inferred from internal pain, inflammation, and the metastasis of other diseases.

Dr. Majendie recently demonstrated that between the meninges and extending to the lower part of the spinal cord, there is about half an ounce to two ounces of fluid contained.

The cavities or ventricles of the brain deserve special attention; the lateral ventricles communicate with the fourth ventricle or cerebellar ventricle at the point of the calamus scriptorius via the foramen of Monro, and they contain roughly one and a half to two drachms of fluid in a healthy body. So why is this?

Is there no coordinated action between their fibrous structure, the ventricles, and the fluid contained within them—an interaction from which many of the brain's functions and their modifications in both healthy and diseased states arise? The functions of the encephalon consist of receiving sensations from other internal parts of the body and from external senses, recalling them, and distributing them in an orderly manner. Much about the structure and functions of the brain remains ultimately hidden.

It is deeply regrettable that the history of cadaver dissections has been passed down so carelessly and imperfectly; nevertheless, the examinations recorded so far generally show these delicate structures to have been more or less in a diseased state. However, we should not expect to find damaged structures in every case, since insanity is considered solely a functional disorder, and in other inorganic diseases, we do not observe altered bodily structures.

The most frequently observed pathological changes include watery effusions either in the cerebral ventricles or between the meninges, the brain itself being either harder or softer than normal, meninges obscured by opacity and callus formation, sometimes partially transformed into bone, and blood vessels more or less swollen, with blood spots seen in cross sections of the brain.

Greding, who had many opportunities to dissect cadavers, provided us with 216 examples, among which he found 162 cases of a hardened or otherwise diseased pious mother; 120 cases of water between the membranes; 118 cases of the brain being softer than usual; and in 167 cases, the skulls were very dense while the rest were mostly very thin. These observations were also noted by Bonetus, Morgagni, and others. However, it is unfortunate that their investigations did not always extend to the organs of the thorax and abdomen. Doctor Cheyne reports that the liver was found in a diseased state in 400 cases examined. Dr. Haslam presented 37 examples of dissected cadavers, all of which showed similar signs of disease in the brain and membranes. However, the pathological changes described by anatomists may perhaps represent the effects rather than the causes of the cerebral condition that disrupts mental faculties.

On Causes.

Among the causes that are said to predispose, this particular function of the brain, in terms of its capacity to receive and govern the will, is noteworthy in many individuals and is passed down from father to son, thus it is called hereditary and should be listed first. From this, it is observed that no other disease depends more clearly on heredity; if one generation lacks it, it often appears in the next. Therefore, in prognosis and in its connection with the very important social institution of marriage, much consideration is necessary. Another cause, which seems equally frequent to us and is entirely overlooked by many authors, arises from the continuous and persistent injury to these functions through the brain's extensive connection with the sympathetic nervous system. This impaired condition of the brain affects the senses and therefore the voluntary movements of strength, which is clearly demonstrated wherever the chyle-producing viscera are significantly disturbed in their functions, showing how delicately these depend on one another. From this, we might almost infer beforehand that in cases where the brain is the site of disease, the condition of these organs is severely affected.

The ingenious J. Abernethy, in his lectures and various surgical works, fully confirmed how effectively many local diseases are associated with these lesions, and other observers have noted that other diseases—especially those now under discussion—are affected just as extensively. Therefore, when considering the causes of this disease, careful observation and investigation must be conducted into the condition and disturbances of these functions in the patient's sensations and actions before the disease is clearly established, so that we can determine whether these truly and undoubtedly acted as causes of madness. Weakness, regardless of its origin, often contributes to these lesions, and when combined with strong and long-lasting emotional impressions, it generates conditions that promote the action of any subsequent, more vigorously stimulating causes—for example, religious hope, dejection, frustrated love or ambition, constant meditation, conflicting sexual desires, solitary sexual activity, fear of poverty, adversity and prosperity, frequent intoxication, fevers that greatly disturb the brain, sudden changes in nerve and vascular strength during childbirth, the retreat of eruptions or some metastatic disease, suppression of habitual secretions, intense heat from the sun, and external force applied to the head. But it is beyond doubt to anyone who has observed the progression and favorable outcome of any of these diseases that much depends on the proper functioning of the healthy body. These diseases are greatly influenced by variations in weather and regions, lifestyle, and especially by various significant political, moral, and theological excitements, as recently seen during the upheavals of the French republics, when public asylums for the insane were more crowded than at any other time.

Various intense emotional disturbances frequently arise in a predisposed patient, most commonly leading to suicide or homicide. “ZIMMERMAN, in his Treatise on Medical Experience, identified three distinct types of maniacs: those driven by pride, those by love of a maiden, and those by female jealousy.”

On the Immediate Cause. — We are still almost entirely ignorant of the true nature of this very obscure disease; some have attempted to explain it as a disorder of the mind alone, believing it to depend very little on the condition of the body. I am not well-versed in metaphysical inquiry, but I believe that, according to these philosophers, curing insanity solely through logical reasoning would be extremely difficult.

Post-mortem dissections fully demonstrate that various structures of the brain and its appendages are sometimes damaged by disease. Whether these are causes, effects, or merely accompanying phenomena, they undoubtedly show that the functions of these parts are impaired. Therefore, we can justly infer that as these actions in these parts became disturbed, the functions of the brain itself were also affected; and from this, we believe that the nature or immediate cause of the disease consists in this in most cases.

Sometimes nothing can be found, and in such cases, the condition is usually insanity—a disease of brain functions. This may arise either from revealed physical causes, from a long-lasting dysfunction in the brain's interaction with the chylopoietic viscera, or from an abnormal excitation of the mind's passions, especially in those uneducated or unaccustomed to resisting such disturbances. Various degrees of impaired function occur in the brain as well as in other organs, whose functions become disturbed (as seen in excretory organs where secretions are corrupted) and which cannot be detected by pulse or other obvious signs.

For our purposes, it will suffice to reduce the condition either to an excess or deficiency of function, or to a pathological deviation from the normal order of things, on which insanity most directly depends.

Regarding prognosis: The prognosis of this disease must be derived from a careful consideration of all accompanying symptoms during an episode, prior experience with similar episodes, repeated attacks in the same individual, or comparison with others in similar conditions; also from the duration and frequency of the episodes, the specific causes that trigger them, the patient's age, sex, bodily constitution and hereditary traits, general health status, and the nature of any other diseases present at the same time.

The prognosis for these illnesses, cases, or periods—two in number, on which a doctor is usually called to give an opinion—must be based on the duration of the actual paroxysm, or on the probable outcome, and on whether the condition will end favorably or fatally, or with a tendency toward dementia.

A favorable outcome is predicted in cases where the paroxysm is naturally variable, whether intense or melancholic, and is always noted for its varying force and progression rather than a single pattern. When the patient is sanguine in temperament, the outcome is likely to be much more favorable than if they appear leucophlegmatic or melancholic; or if the paroxysm seems to depend on a disturbed state of vital functions, or to originate from suppressed hemorrhoidal or purulent discharges, as is often the case. An unfavorable prognosis is made when the paroxysm is prolonged, or frequently and periodically recurs, or seems to arise primarily from mental impressions, or is entirely unrelated to physical ailments. The most desperate cases are those with a strong, hereditary predisposition, or where dementia follows periodic attacks of mania.

On Diagnosis.—

It is necessary to distinguish insanity from phrenitis, delirium, drunkenness, the effects of any medicine with stupifying power, hypochondriasis, and epilepsy.

Phrenitis and delirium are promptly distinguished by an increased rapidity and strength of the pulse, violent fever, headache, flushed face, intolerance to light and sound, and disturbances of other bodily functions. In mania, these signs are few, rarely present, and often absent.

Drunkenness can be distinguished by the onset and duration of the paroxysm, where the effects of alcohol subside; one who previously exhibited all the gestures and actions of a maniac becomes calm and rational after restful sleep.

Narcotic poisons often produce many cerebral effects resembling the signs of mania, but the context of the case usually directs us to certain symptoms, such as nausea and desire to sleep, which help us to form an accurate diagnosis.

It is much more difficult to distinguish hypochondriasis from any other disease because so many symptoms of melancholia and hypochondriasis overlap that we are led to believe one is merely a variation of the other. The esteemed Cullen demonstrated that dyspepsia is present in this disease and that it differentiates it from melancholia; however, it has been observed that impaired chylopoietic functions are almost constant symptoms of melancholia. False and depraved opinions, especially those arising from a healthy state, pertain to hypochondriacs, but the nature of the disease is completely altered if anything is done based on these opinions. Such hallucinations have often been revealed and described as something like

“False creations proceeding from the heat-oppressed brain,”

and if one places firm and complete trust in them and cannot discern that only perception is deceived, this belief, when considered physiologically, undoubtedly reveals the nature of the disease and therefore the person should not be considered of sound mind. It seems only a small step remains before hypochondriasis is classified as insanity, unless there is a greater or lesser predisposition in the brain to resist the depressing sensations produced by the disturbance of bodily functions.

Distinguishing between certain phantasms, reputations, and eccentricities of life, excessive inspiration of the divine, a healthy mind verging on weakness, and insanity is very difficult.

On the Method of Treatment. –

The opinion that insanity was solely a disease of the mind and incurable brought more calamity to these unfortunate individuals than can be imagined. Their condition was considered beyond the reach of medicine; both friends and physicians agreed to confine and restrain them, often before a temporary illness became permanent. They were confined in asylums where they were frequently treated cruelly and subjected to all kinds of deprivations and provocations, conditions that tended to worsen rather than alleviate their state. Fortunately, these practices are now only remembered as a terrible evil, one so great that laws were enacted to prevent them. Today, many public hospitals for the insane have been established, where the care of doctors and attendants is devoted entirely to their comfort.

It has been confirmed, by public testimony promulgated in A.D. 1826, that if this disease is properly managed, it is in some cases curable. In nine English counties where such hospitals were founded, out of 3,857 patients admitted, 1,550 were restored to health. Recent tables published by Dr. Burrows also provide further evidence in support of this.

The method of treatment can be divided into medical and moral approaches. Since the former is especially applicable at the onset of illness, we will first discuss the most common remedies, followed by moral management. Thus, in a manic paroxysm, the primary indication is to reduce any stimulus to the blood vessels and nerves, where there is clearly abnormal activity, and to restore the body's equilibrium; especially when the functions of individual organs are observed to be impaired, either closely connected to the brain or under its control.

An anti-inflammatory regimen should be applied with certain modifications. Bloodletting is most beneficial during the initial outburst, but it should not be used recklessly; the physician must be particularly careful to prevent the patient's strength from suddenly declining.

Section of the temporal artery, leeches or blood-sucking cucurbitulae applied to the head, are very effective for a median vein incision.

Cathartic medicines are generally of great value in almost no other type of disease, for we believe that persistent and long-lasting harmful secretions discharged into the primary passage are the main predisposing cause in most cases. Sometimes their moderate use should be continued for a time, and necessary attention must be given to the state of the bowels due to secretions arising from their action.

It has long been observed that there is a close connection between the brain and the hepatic system, and this cannot be explained by recent physicians as merely a lack of attention. Therefore, we select cathartics that have a particular effect on liver functions; namely, submersion of hydrargyrum combined with jalap or extract of colocynth or the compound Cambay pill, or in the evening submersion of hydrargyrum four or five grains, and the next morning administration of compound senna infusion two to three drachms.

The effects of these medications must be carefully observed, as the bowels are often found to be so sluggish in this disease that three or four times the usual doses are necessary to produce a bowel movement. When intestinal discharges are impaired, it is necessary to continue using milder laxatives along with gentler preparations of mercury until the secretions regain a healthier appearance.

Emetics.—

The use of vomiting has been highly praised by some physicians and equally criticized by others; however, experience most clearly shows their benefits, except in cases of inflammatory diathesis or increased blood flow to the head, where they are clearly contraindicated. Dr. Cox recommends their use in nearly every stage of the disease and repeated several times while the tainted material is being expelled from the stomach.

Dr. Ferriar also reports many cases in which their application was successful and notes that much benefit arises from prolonged nausea. The solution of tartarized antimony is rightly recognized as the best emetic remedy in these diseases, and doses should be repeated every half hour. Because patients who stubbornly refuse medication can more easily conceal it, this approach is practical. However, in mild and usual conditions of the disease, the use of emetics should be avoided recklessly and without consideration, especially if there is weakness of the stomach or the entire body.

Epispastics applied to the shaved head are generally avoided because they increase irritation; nevertheless, combined with other remedies, they should be used in certain cases. Occasionally, they are applied in the same manner as metastasis or excision on the inner calves. Blistering agents, moxa, and irritating frictions have also been tried, though the evidence is not very conclusive; however, in many instances, they prove beneficial.

Thermal baths. Hot baths play a primary role in our treatment of various such diseases. They are believed to be highly effective in reducing irritation, restoring the body's balance, and often, most importantly, promoting sleep. They are used much more frequently in France than here, both for cleanliness, luxury, and the treatment of illnesses.

At the Bicêtre and Salpêtrière hospitals, it is customary to immerse patients undergoing treatment three or four times a week in hot baths (ranging from 75 to 90° Fahrenheit), where they are kept for two to four hours, and sometimes even twelve or twenty-four hours.

There are many other ways to use both cold and hot water.

A cold bath, especially when weakness is caused by spinal tuberculosis and other conditions, is very effective if the reaction consistently appears; it is always applied according to the instructions of Dr. Currie, in his pamphlet on cold affusions. In some cases, the rain bath, or what is called the “douche,”has been found very beneficial, as it allows cold water to fall from various heights, starting at the top of the head, in one or multiple streams.

Cold lotions, or cloths dipped in water mixed with ether or alcohol and applied to a shaved head while the patient is in a hot bath or soaking their feet in a footbath, always moderate the paroxysm and often induce sleep. A footbath should be used at all times, and its benefit is greatly increased by adding mustard, vinegar, or soda salt. Few accounts are given regarding the use of medicated steam baths. Drinking plenty of cold water has been claimed to benefit some melancholic patients.

Narcotics. —

One of the most distressing symptoms of this disease is the almost constant absence of sleep, and unfortunately, the administration of narcotics has been found to worsen rather than alleviate this condition. Labor, exercise, and diet are the most effective remedies for it. Opium should not be used except to relieve specific irritation or pain and to help control diarrhea. Camphor and Digitalis have been much more praised than opium for mitigating excitation and promoting sleep. Dr. Duncan Jr., in his lectures, reports that large doses of camphor produce very strong effects on brain functions, particularly causing loss of memory and perception. Dr. Cox, Hill, and others have conducted various experiments combining it with vegetable acids and found it to be very effective. — Drs. Ferriar and Haslam do not recommend it as highly, and in France, it is hardly ever used.

Digitalis perhaps receives more praise as a narcotic remedy than it truly deserves; its diuretic effect and powerful influence on arterial and heart activity in reducing these functions are well established, and to the extent that these effects are beneficial, it will be helpful.

Musicaet (“Machina circumvolens,” by D'ARWIN), developed by Doctor Cox and Mr. Odier in Geneva, is highly praised, especially for its ability to reduce the severity of furious paroxysms and make patients more manageable.

Cinchona combined with Opium and Wine is very beneficial in cases where the illness takes on the form of intermittent fever or when there is severe weakness, a weak and small pulse, diminished appetite, and noticeable body emaciation. Preparations of Mercury and Iron, antispasmodics, and electricity have sometimes been recommended and, without a doubt, there are cases where each, when wisely applied according to its own method, has provided great benefit.

Patients suffering from insanity have not infrequently been completely cured, even when complicated by other diseases, accidental injuries, or head trauma. Febrile diseases such as exanthematous fever, intermittent fever, chronic eruptions, arthritis, rheumatism, and the onset of consumption are included among these. Childbirth and the reappearance of previously suppressed discharges have also removed manic paroxysms.

In this disease, it is always necessary for the physician to pay special attention to the intestines and urinary bladder, and to instruct the attendants to carefully observe that their evacuations are carried out at proper intervals. Patients have often been observed to retain these evacuations, not unconsciously, but rather deliberately and thoughtfully, which leads to significant bodily disturbances.

Moral management was greatly emphasized by the ancients, and many guidelines on the art of kindly, bravely, and skillfully managing the mentally ill have been handed down to us from them.

This will consist of selecting such rules as we consider best suited to the comfort, happiness, safety, and restoration of health of the patients. It is of utmost importance to establish a proper order and regimen according to exact standards. Patients are restrained without pain or injury; however, in extremely violent states, the hands and occasionally the feet must be bound if it cannot be avoided. A diet that is always easily digestible should be given at a fixed time, appropriate time must be allotted for exercise, and adherence to a prescribed schedule of rest and rising again in the morning is required. Although it is not denied that a gentler approach has been greatly advanced, it must be frankly acknowledged that many unfortunate difficulties remain, not easily overcome. The challenge of procuring attendants endowed with suitable qualities—namely, intelligence, kindness, and patience—is considerable, as these are essential for those who maintain continuous contact with these perverse and intractable patients, a task of no small importance.

An important part of a physician's duty is to teach, to regulate, and to closely observe these attendants, so that abuses of authority may be prevented—abuses to which they are frequently exposed due to continuous provocation. Nevertheless, it is absolutely necessary to acquire the highest degree of authority, exercised as gently as possible, as the first step toward managing any subsequent treatment. Without this capacity for control, I believe it is no wonder that it is so difficult to govern the insane at home; for they have become so accustomed to holding ultimate authority over their own domestic affairs that scarcely any authority can be maintained over them while they remain there, often leading to servants and other household members being forced to yield, which frequently becomes the source and cause of ongoing irritation.

In addition, the patient's mental state must be considered with careful examination of their former reputation, intellectual capacity, and mental equilibrium, as well as as much of their history as we can obtain, both prior to and approaching the onset of their acute condition.

To ensure recovery is strengthened and relapse prevented, we must prescribe an appropriate diet for the patient's condition for a certain period. Moral and physical causes that triggered the illness must be avoided; it is essential to protect the patient against excessive eating and drinking, overly intense mental exertion, and above all, sudden or strong nervous excitements. Experience has shown how frequently relapses occur when the patient is prematurely returned to their friends, allowing the original causes to resume their effect before the patient's mental state has stabilized enough to resist them.

"I have published what I could, not as I wished, but as the constraints of time compelled me."

CICERO.

THE END.