sionally be looked for; but disappointment need not be experienced, as the practical physician knows that nature will often baffle his art, and not unfrequently appear to hold him up to the ridicule of the ignorant.

It must be understood that the above is not intended as the plan of treatment I would pursue where this destructiveness is a symptom of "General Paresis," as in these cases I would warn the physician against the use of stimulants, as tending to aggravate rather than ameliorate the symptoms, but to pursue the treatment by combining half a drachm of Tinct. Digitalis with ten minims of Tinct. Opii. three times daily in the place of the brandy.

Without in the slightest degree casting censure on the Medical Superintendent of Colney Hatch, who complains of the "sensation" articles in the newspapers, may not the cause for them be traced to the large number of patients placed under his care, and the consequent prevention of his paying that thought and attention which are demanded in these difficult cases. No one, I am sure, would wish to stigmatise his treatment as "cruel," but I think he must admit that there are other plans more rational, and certainly more "humane," than the placing a patient for a night in a padded room unheeded till the morning.

I trust, although very brief, I have said enough to convince the unbiassed that, after all, there need not be any fear of retrogression, but that the enlightened treatment of the insane, as instituted by Pinel, will go on progressing, till this most distressing of all diseases will be treated with that sympathy and watchfulness which its nature demands.

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*A Few Words in Answer to Dr. Edgar Sheppard.* By S. W. D. Williams, M.D., &c. &c.

I am very loth again to take up the time of the readers of this Journal on the subject of the "treatment of a certain class of destructive patients," but Dr. Sheppard, in the last number,* has in many places so misunderstood my meaning, and consequently so misrepresented my facts, that I cannot allow his paper to pass without endeavouring briefly to rectify some of the more glaring discrepancies.

* "Some further Observations in reply to Certain Strictures upon the Treatment of a certain class of Destructive Patients." By Edgar Sheppard, M.D., Medical Superintendent of the Male Department of Colney Hatch.

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The points I would thus call attention to are :—

I. *Dr. Sheppard's assertion that I was specially requested by the Editors of the 'Journal of Mental Science' to write my article in the July number.*
II. *His complaint of my inaccuracy—whether it is correct.*
III. *His misrepresentation of certain points in the treatment I advocate.*
IV. *His remarks on the too energetic use of certain powerful medicines in insanity.*
V. *His experiments and conclusions on temperature in destructive and maniacal patients.*
VI. *His attempt to prove that my physiology is opposed to that held by Dr. Brown-Séquard.*
VII. *His complaint that an assistant medical officer should have written calling in question his views.*
VIII. *Various extracts from foreign scientific journals, showing the injury Dr. Sheppard's paper has already done.*

I. Within the first two pages of his article, Dr. Sheppard twice refers to myself as an advocate especially retained by the Editors of the 'Journal of Mental Science' to publish a system of treatment contrary to, and therefore condemnatory of, the novel one he has himself propounded; and in one passage he sneeringly puts in antithesis two sentences of mine, without the least reference to the context, and which consequently appear to contradict one another. He writes—"Invited by me in general terms to a dispassionate consideration of an important subject, he puts himself individually forwards, at 'the request of the Editors of this Journal,' to propound a system of which, nevertheless, he adds, he is not 'the authorised exponent.'" By so writing, Dr. Sheppard has entirely perverted my meaning, and lays himself open to the charge of inaccuracy which he has so indignantly urged against myself. I must deny, and indeed never attempted to make it appear, that I was specially requested by the Editors of this Journal to write my paper, and, as must appear to all in reading it, in stating that I wrote "at the request of the Editors of this Journal," I simply referred to their foot note to the article Dr. Sheppard wrote in the number for last April, in which they "ask from some members of the association the results of their experience in the treatment of the troublesome class of patients referred to in Dr. Sheppard's paper." This may appear, and is in truth but a trifling matter; nevertheless it at least illustrates the inaccuracy I complain of.

II. Dr. Sheppard considers he has "a right to complain" of *my* "inaccuracy," because I base my disapproval of his treatment on the method as it was really carried out by his orders at Colney

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Hatch, and not on a hypothetical *ex post facto* system of treatment which he expounded after the Commissioners in Lunacy had had their attention drawn to the real treatment adopted, and with which he cleverly attempts to draw off attention from the question at issue. Well, let us humour Dr. Sheppard for once; he complains of my picture of the four bare walls and the wooden floor as being unfortunate for the patients entrusted to his care, although the fact is yet much too matter of fact, and with all a poet's licence he paints a glowing picture of "soft surroundings," and "unirritating wrappings," and of "a few single dormitories ranged side by side, and lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance," which "would constitute soft and pleasant surroundings for a naked patient." Truly may we exclaim, in the words of Cicero:—"Nihil tam incredible est, quod non dicendo fiat probabile; nihil tam horridum, tam incultum, quod non splendescat oratione, et tanquam excolatur." But does Dr. Sheppard really believe in all this, or is he only laughing at our beards. Let us recal his sensational and startling picture of the destructive patients he would place in these delightful rooms. He writes—"*The worst subjects . . . will destroy padded rooms, sheets and blankets and strong rugs they rip to shreds,* and have only their full measure of satisfaction when they have reduced themselves to a state of complete nudity," &c. &c. And these are the people we are told to put naked in rooms "lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance." Does Dr. Sheppard mean, in sober earnest, to affirm that the patients just described, who tear down padded rooms, &c., with so marvellous a facility, would respect such tempting substances as kamptulicon or india-rubber? I trow not; and I ask any one conversant with the ways and habits of the insane whether, if a destructive patient were placed naked in such a room, he would not immediately begin to work with his nails and teeth on the "durable yet yielding substance," until he had worked a hole, when the total destruction of the "soft surrounding" would very quickly follow?

If I remember correctly, it was on the score of expense that the four bare walls and the wooden floor system was first inaugurated. I fancy that the destruction of such expensively-fitted dormitories as the above, would cover in the way of expense the tearing up of very many sheets and rugs.

III. Another point I complain of is the manner in which my clinical record of treatment has been misrepresented.

In my report of the case of H. F—, appears the following sentence:—"At one time ♏x doses of dilute hydrocyanic acid were given him every fifteen minutes daily (!) until the pulse was affected, *but all with no benefit.*" (The note of admiration and the italics are

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Dr. Sheppard's.) I am willing to allow that this sentence may, at first sight, appear a little involved, but I think I have a right to complain at its being so distorted as it is by Dr. Sheppard's additions. "Nihil est quin male narrando possit deprivari." He evidently wishes to make it appear that this poor man had ♏x of dilute hydrocyanic acid every fifteen minutes throughout each day, and he totally ignores my limit "until the pulse is affected." Now, he must know that if such a course had been pursued, the patient would, long ere this, have been a fit subject for a coroner's inquiry. All who have thus prescribed hydrocyanic acid must be aware that four, or at the most, six doses at such intervals would have had the desired effect ("the influence on the pulse").

It may be remembered by the readers of this Journal that the hydrocyanic acid treatment was first brought to the notice of the profession by Dr. Kenneth McLeod, in some admirable papers published by him in the 'Medical Times and Gazette,' about four years ago, and reprinted in this Journal.

Criticising the same case, Dr. Sheppard talks of this "unhappy martyr, H. F—," of the "great risks" he was subjected to by such "heroic treatment," and of the wonder he lived through it, and finally he is pleased to make merry at my expense. "Nature," writes Dr. Sheppard, "is wonderfully kind and restorative to some of us, and baffles the well-meant but mistaken energies of the most enthusiastic physician, while he is playfully and illogically regarding her triumphs as the result of his skilful art." But let those laugh that win. This man is now as sane as ever he was in his life. When he was admitted into this asylum he weighed 9st. 10lbs.; when the medicine was omitted, twelve months afterwards, he weighed 13st. 10½lbs. This does not look as though he had been brought through any very severe ordeal in the interim. Moreover, these desirable results were brought about without its being considered necessary to turn him into an empty room, without bedding or clothing.

IV. "There is something within," writes Dr. Sheppard, "which tells me that nothing can justify the pushing of an heroic remedy to such an extreme as is advocated in the last number of our Journal," for "there is no remedy that produces a more deadly faintness and indescribable prostration than digitalis." There is something within which tells me that if I prescribed medicines with so little judgment and care as to constantly produce "such deadly faintness and indescribable prostration," I would, to say the least, be very loth to publish my incapacity to the world. But although this effect of digitalis is all very true, if the digitalis be given in sufficiently large and powerful doses, yet the whole gist of my argument went to prove that, if given in mania judiciously and in carefully-regulated doses, and

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always providing that there is a skilled person at hand with time and opportunity to watch its effects, it produces the very opposite results, and the patient becomes calm and grows fat on it, as I have already shown in the case of H. F.

Furthermore, my experience differs very materially from Dr. Sheppard's in many of his descriptions of cases. Thus, he says, general paralytics prefer nudity. I have always found them peculiarly sensitive to cold; they huddle themselves up together, crowd round the fires, and at night, when sleeping, almost invariably cover their heads over with the clothing. When they are destructive, is it not due rather to the laboured promptings of their diseased brains than to any special desire for nudity? Often when they have amused themselves by tearing up everything, they place the chamber utensil on their heads, and employ the weary hours of their solitude in tying and twisting the shreds of their clothing all around their persons. And as to a patient "alluding in terms of gratitude to his permitted nudity," who, I ask, can seriously fancy the dreadful cases referred to by Dr. Sheppard having sufficient command over their ideas to make any such speech.

Dr. Sheppard says that Dr. Davey, who has practised our specialty in a tropical climate, has "seen the naked negro panting at the line," whatever that may mean, "and would as soon have thought of wrapping up a destructive lunatic in cobwebs as of fettering him with any sort of clothing." I totally fail to perceive in what way this can bear on our subject. Because in a tropical climate a mad negro is allowed to go naked, that being, it must be remembered also, his natural condition when sane, therefore, in our temperate zone and variable climate, a destructive patient, who when sane was accustomed to the clothing civilisation dictates, is also to go naked! Dr. Sheppard accuses me of being illogical, but I might, if disposed, retort on him as being more illogical still.

But what is the end, what is the conclusion at which Dr. Sheppard wishes us to arrive, after a careful perusal of his paper? It appears to me that there is but one conclusion, and all his arguments would tend to point to it. It is that we must surrender our high and honourable office of healing insanity, of ministering medically to the mind diseased, and descend simply to superintending it. The title of medical superintendent will become a misnomer, and must for the future be given up; the prefix medical must be dropped, and the word superintendent or governor adopted. The actions of medicines are uncertain and imperfectly understood; they are liable to abuse, therefore they must be abandonned. The *vis medicatrix naturæ*, which seems to be to the new school of psychiatrie their sole pharmacopœia and the god of their idolatry, is to be the only allowable therapeutic agent, although the vivid imaginations of this new school of prophets have not as yet been

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able to propound what this remedy is to effect in the deadly disease of general paralysis. Dr. Sheppard declares that he is not alone in his views, and that they are shared by others of our associates. But when skilful physicians, men learned and experienced, thus declare their incapacity to grapple with their enemy, surely this is an argument in favour of increased labour and experimentation, rather than for quietly folding our hands before us and blindly trusting to Providence.

V. Dr. Sheppard's conclusions on temperature in insanity are founded on so admittedly limited an experience that they scarcely require refutation. He examines four healthy men on three different occasions, and from these few observations fixes the normal temperature of the healthy human body at 96°·7. I, however, with all due deference, prefer still to adhere to the standard as fixed by Dr. Aitken, in his work on 'The Science and Practice of Medicine,' viz., 98°·4. And as Dr. Sheppard owns himself that the average temperature of four destructive and maniacal patients whom he examined thermometrically, was 98°·3, which is but very slightly above what I set it in my paper, I still adhere to my statement that there is no appreciable elevation of temperature beyond the normal standard in such patients.

VI. At the end of his paper, Dr. Sheppard has endeavoured to hold me up to ridicule, as attempting to propound an opinion on a physiological point opposed to Dr. Brown-Séquard's expressed views. That "anæsthesia is accompanied by a diminution of temperature, and hyperæsthesia by an increase," are truisms I never attempted to disprove; and I am at a loss to imagine in what portion of my paper Dr. Sheppard finds I endeavoured to do so.

VII. The whole tone of the paper under consideration renders it so evident that those who run may read, that great soreness is felt by its author that an assistant medical officer should have had the temerity to call in question the "well-matured statements and avowed belief" of a metropolitan medical superintendent. But I would ask, who acts in the most "unmeasured and immodest manner," the medical man who objects to the treatment of another medical man, with whom he is totally unconnected, and expresses his reason for so doing, or the medical superintendent who, in the face of the recorded opinion of the visiting justices, whose servant he is, and of the Commissioners in Lunacy, to say nothing of nearly the whole medical press, persists in parading and defending, before the eyes of the public, a plan of treatment which has been almost unanimously condemned, and which he has been forbidden to practice in his asylum, on the ground of its being "inconsistent with modern civilisation, and unwarrantable in this philanthropic age?"

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I should be the last to defend an assistant medical officer who attacked his own immediate superior; but that no assistant medical officer is to express views opposed to those held by any medical superintendent, is a postulate no unbiassed person can hold, and besides is eminently detrimental to the progress of science.

It would not be considered "unmeasured and immodest" for an assistant physician of one of the London hospitals to express different views from those already published by the senior physician to another hospital; and why Dr. Sheppard should make such a grievance of my publishing a plan of treatment opposed to his own I cannot understand, especially as I am careful not to vaunt the system as my own, but as the plan I have seen adopted at the Sussex Asylum—although, if it came to a matter of experience between us, I think I may consider mine as the greater, as, *even officially*, I have been connected with asylums longer than Dr. Sheppard, and can, moreover, lay claim to having superintended the whole of a large asylum for more than twelve months, an experience more varied and instructive than the medical charge of one side of an overgrown metropolitan asylum, and that, moreover, the male department, which is always the least troublesome side of an institution for the insane.

VIII. In my paper already referred to I stated that one of my reasons for writing it was a great unwillingness that Dr. Sheppard should "offer himself unchallenged as the exponent, before our Continental brethren, of the practice of the English non-restraint system," being fearful of the handle they would make of his paper to attack it. This fear, as the following extracts will show, has, I am sorry to say, been fulfilled.

*From the 'Archiv für Psychiatrie und Nervenkrankheiten.' Edited by Dr. W. Griesinger, Dr. L. Meyer, and Dr. C. Westphal.*

"*An Excrescence on the Non-restraint System.*—In the April number of the 'Journal of Mental Science' for this year, Dr. Sheppard, the medical superintendent of the male department of Colney Hatch, has published a paper in which he enunciates original views on the treatment of a certain class of excited patients who constantly undress themselves or tear their clothing and bedding. He bases these on the theory that the skin of those patients is hyperæsthetic, and the temperature abnormally high, that hence the clothes are an annoyance, and that we are wrong in preventing those patients from undressing themselves. Acting on this theory he leaves them naked, locked up in padded rooms, and he is evidently

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of opinion that physicians and patients, as well as the property of the asylum, are thus alike best considered.

"In consequence of information given by an attendant, Dr. Sheppard had his treatment called in question by the commissioners and the committee of visitors. His practice was entirely condemned, and the committee of visitors gave him positive instructions in accordance therewith.

"In the beginning of July I visited Colney Hatch, and was accompanied round the asylum by Dr. Sheppard's assistant, he, unfortunately being engaged. Despite the instructions of the committee I saw several maniacal patients, some stark naked, shut in the padded room, others—these being quiet general paralytics—lying under a coverlid without a shirt. The assistant-physician accompanying me neither found fault with the attendants, nor gave instructions that the patients should be clothed, as I thought the position of affairs required; on the contrary, he appeared to view the occurrence as in the natural course of events. My companion, indeed, willingly listened to my remarks, but I did not succeed in convincing him of the error of such treatment, imbued as he evidently was with the Sheppardic theories. How, then, does it happen, I must ask, that an asylum physician like Dr. Sheppard, who admittedly devotes himself with the greatest zeal to the care of his patients, and whose honourable character is acknowledged by all, should have arrived at such a delusive theory? The explanation lies simply in Colney Hatch itself. An asylum with more than 2000 patients and only two directing physicians, one for the male, the other for the female department, each with only one assistant physician, and, excluding head attendant, one attendant for twelve patients is indeed an impossibility, and impracticable with or without restraint.

"In either case, neglect of the patients must follow such a colossal numerical concentration. In practice he who can read the sign sees clearly, as regards the patients, this failure written up on the whole asylum. *Yet it must result that the opponents of the non-restraint system will quote Dr. Sheppard's practice in support of restraint.* See, they will say, whither this lauded non-restraint system leads us. Instead of methodically restraining the patient, it prefers to leave him naked, knocking himself about in his cell. Against such arguments I would desire boldly to defend the supporters of the non-restraint system.

"Non-restraint, understanding by the term not merely the disuse of the straight-jacket, but rather in the spirit of Conolly's teaching, the constant and unwearied care for the patient, so that all appeal to force is avoided, such realisation of the non-restraint system is not known in Colney Hatch, and cannot be so, so long as the numerical relations I have above referred to remain, except indeed under the



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rarest accident and through the exertions of some singularly gifted physician. Practice such as I have referred to is not an argument against the non-restraint system, but only against asylums of the enormous size of Colney Hatch, which indeed resembles anything rather than a hospital.

"Dr. Sheppard has further had the unhappy inspiration to defend his practice on scientific and theoretical grounds. I may, however, spare myself the trouble of refuting his arguments, inasmuch as they have with one voice been rejected in England, where they have received a spirited exposure by Dr. Williams ('Journal of Mental Science,' July, 1867).

"It would, moreover, appear that Dr. Sheppard has only had a limited experience in the treatment of the insane, in which he has been entirely self-taught. If I am not wrongly informed, he was appointed to his important charge at Colney Hatch before he had an opportunity of becoming practically acquainted with the treatment of mental disease.

"I would not have mentioned Dr. Sheppard's name in this notice —knowing him to be one of the most esteemed superintendents in England—were it not that in Germany many intentional, as well as unintentional, misrepresentations of the form of treatment with which his name is connected will occur.

"I would guard against the opinion being held of any question herein depending of the inefficiency, or indeed injurious influence of the non-restraint system, and still more of such things being common events in the English asylums. So far from these practices witnessing against the non-restraint system, they merely show in what that system does not consist, and the merit of the many English asylums in which that system truly and in spirit is adopted, only stands out the brighter by the contrast."—*I Heft.* 1868.

This notice bears the initial of Dr. C. Westphal, Privat-Docenten an der Universität Berlin, one of Professor Griesinger's co-editors.*

* Since the above translation went to press, the following annotation appeared in the 'British Medical Journal;' a paper which is always in advance in information concerning insanity.

"THE TREATMENT OF LUNATICS AT COLNEY HATCH ASYLUM.

"The following statement occurs in the first number of Professor Griesinger's new and excellent journal, 'Archiv für Psychiatrie und Nervenkrankheiten.' It is signed 'W.'

"'When I visited Colney Hatch early in July last, I was conducted through the asylum by Dr. Sheppard's assistant, he himself being unfortunately prevented from accompanying me. Notwithstanding the instructions of the committee, I saw several patients, some of whom (maniacal) were shut up in cells perfectly naked, while others (quiet paralytics) lay in bed without shirts. The gentleman who accompanied me neither blamed the attendant nor gave any directions for clothing the patients: the practice seemed to be the usual one. He readily entered into my arguments against it, but evidently shared Dr. Sheppard's views; and I did not succeed in convincing him by the discussion of the impropriety of such a procedure. . . . The adversaries of non-restraint will not fail to claim the case of Dr. Sheppard in the interest of restraint. 'See,' it will be said, 'what your boasted

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*From the 'Vierteljahrsschrift für Psychiatrie,' herausgegeben von Professor Dr. Max Leidesdorf, und Docent Dr. Theodor Meynert.*

In the first number of the New Vienna Quarterly Journal on Psychiatrie, edited by Professor Leidesdorf, an analysis is given of Dr. Sheppard's original paper, and to this Dr. Leidesdorf appends the following observations:—

"The Editors of the 'Journal of Mental Science,'" he writes, "add in a note that they cannot accept Dr. Sheppard's views, and they ask illustrations from their confrères as to how such cases of destructive mania are best dealt with. At any rate it appears to us, from a consideration of this paper, that the English non-restraint system, of which Dr. Sheppard asserts himself to be a strenuous supporter, strangely contradicts itself when brought to the test in these trying cases."—*I Heft.* 1867.

*From the 'American Journal of Insanity'* for July, 1867.

"This affair has called forth a letter from Dr. Edgar Sheppard, medical superintendent of the male department of the Colney Hatch Asylum, in which he comments with great force and justice upon the reckless greed of newspaper conductors for sensational stories, without regard to consequences, and upon the extravagant expectations of the public in regard to the care of the insane. He says, truly, that there are patients whom no possible means can prevent from denuding themselves, from destroying their clothing, and smearing their persons with their own filth. It seems to us, too, that his explanations fully meet the charges of neglect and abuse made against his institution. The letter contains, however, certain theories in regard to the destructive propensity in mental disease which we cannot fully accept. They do not lack plausibility, and are set forth with much skill, but give us, notwithstanding, the impression of having been framed to meet the practical difficulties of the doctrine of non-restraint. How, then, are patients, who will destroy padded rooms and tear the strongest rugs and blankets into shreds, to be managed? There is no other way, in the disuse of restraint, but that of turning them naked into rooms bare of everything that can serve for clothing or protection. Such an alternative, the Commissioners say, 'is unheard of in this philanthropic age, and

non-restraint leads to! Instead of properly restraining the patient, you prefer letting him rave naked in his cell!'

"The writer goes on to point out that his experience at Colney Hatch was quite exceptional, and attributes what he saw there to the impossibility of properly managing so vast an asylum with its present staff of medical officers. Nevertheless, he heads his paper, 'The Fruits of Non-restraint.'"—*British Medical Journal, November* 30.

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such circumstances admit of no sort of justification.' We do not wonder that Dr. Sheppard feels compelled to find some other plea for refusing to employ sufficient restraint in such cases than that it would 'rob the patients of their pleasurable sensations.'

"As we have said, Dr. Sheppard's arguments are not a little ingenious, and we may now and then find a case like the one described by the writer which may be cited in their support. But it seems to us impossible, for one who has had any considerable experience of acute mania, to suppose that the propensity to destroy clothing has more to do with the temperature or sensibility of the skin than that to destroy windows or to overturn whatever comes in the way. Maniacal fury is connected with delusions just as various as the cases in which it occurs, and the nature of these delusions has no constant relation to anything in the mental experience or the external circumstances of the patient, so far as has yet been ascertained.

"Of the paretic class of destructive patients, he says that 'the expiring energies of life seem to be concentrated upon ripping and tearing everything that comes within reach.' That is, the tendency to destroy is general, as we stated it to be, usually, in mania: This agrees with our experience of this class, and we see nothing in this destructiveness to prove that 'the soft and unirritating wrappings of the atmosphere' are indicated as the appropriate clothing.

"Dr. Sheppard also finds confirmation of his views in the fact that 'in some cases of general paralysis this dermal hyperæsthesia and elevation of temperature are not continuous, but liable to fluctuation; the destructive mania then commonly fluctuates with it.' We cannot think it very remarkable that the dermal sensations should be heightened in the same ratio as the cerebral excitement, or that a maniacal paroxysm should be accompanied with increased heat of skin.

"But it is hardly necessary to pursue this subject. No one can perceive more clearly than we do the evils which flow from the use of restraint in the treatment of the insane, and all who endeavour to control those evils have our hearty sympathy. Use, however, is not necessarily abuse, and those who can see no other way of preventing the latter than by advocating the entire abolition of restraint, must expect to meet with numerous practical and logical difficulties." —*American Journal of Insanity, July*, 1867.

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