

shock on the right side, and with the left hand when he received a shock on that side. The interval between the shock and the signal was found to be 0·20 of a second when the subject of the experiment had been told beforehand on which side the shock would be given, and 0·27 of a second when he had not been told; 0·07 had therefore been employed in reflection.

M. Hirsch, again, has found that on an average two tenths of a second must elapse before an observer can mark by a signal his perception of a sudden noise or flash of light, and MM. Donders and De Jaager have varied their experiments thus—one of them pronounced a syllable, the other repeated it as soon as heard; when the syllable had been agreed upon beforehand, there was an average delay of two tenths of a second; when it had not been so agreed upon, of three tenths of a second. These are, however, only average results, and subject to considerable individual variations, of which the “personal equation” of different observers of a transit is an example well known to astronomers.

J. R. G.

CLINICAL CASES.

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 Asylum.

THE profession, that part of it, at least, which involves our specialty, is indebted to the assistant medical officer of a county asylum for obtaining permission from his chief to publish the mode of treatment adopted therein towards a “certain class of destructive patients.” Invited by me in general terms to a “dispassionate consideration” of an important subject, he puts himself individually forward, at “the request of the Editors of this Journal,” to propound a system of which, nevertheless, he adds, he is not “the authorised exponent.” He says that many communications have been received by the editors “condemnatory of the treatment Dr. Sheppard advocates, and, indeed, I may add, of the whole tone of his paper.”

But be it known that I, too, have received communications from superintendents and other members of our association, endorsing the

views which I have expressed, and commending me for a candour and bold outspokenness which are regarded as "ill-judged" in the county of Sussex, and are an "aspersion" upon the "humane treatment of the insane in the English county asylums."

Now, though I may doubt the "considerable diffidence" of the gentleman who has taken up the gauntlet which I have thrown down, I have no reason to suspect his intentions or question his capacity. But I have a right to complain, and I do complain, of his inaccuracy, and of his importation of the indignant element into a matter to which I invited the "careful consideration of other superintendents, and the judicial weighing of educated men."

I impugn the correctness of a statement which is to the effect that I "hold up as a pattern to be followed the lamentable want of judgment and skill which would reduce the great principle of non-restraint to four bare walls and a wooden floor." For what are the words which I did use, and upon which this most unfair interpretation has been placed? They are these:—

"But it seems to me that where this destructive propensity reaches such a pitch as to render it foolish to put a man in a padded room, or to give him any covering, there is only one course open to us which can be called humane, because it is not connected with restraint. A few single dormitories ranged side by side, and lined with kamptulicon, linoleum, india-rubber, or some other durable yet yielding substance, would constitute soft and pleasant surroundings for a naked patient. These chambers might be heated, when necessary, by a common apparatus, to a temperature varying with the season of the year and the individual requirements of the patient, as indicated by the thermometer applied to the skin. . . . They would be at once the greatest security and the greatest comfort to the patient."

Everywhere I speak of "soft surroundings" and "unirritating wrappings" as the requirements of the cases under discussion, and I specially refer to them as those in which "medical treatment, digitalis, opium, the wet sheet, will not touch the malady." "Four bare walls and a wooden floor" are *not* the appointments which I advocate; they are the very ones which I lament over and condemn. It is true, indeed, that the author of the paper to which this is in some sort a reply parenthetically qualifies, in one place, his previous declaration that "four bare walls and a wooden floor" constitute the treatment at Colney Hatch, in a certain class of cases which "have baffled Dr. Sheppard's energies." A sensational statement is at first postulated with indignation, only to be afterwards qualified in a parenthesis and with a sneer. This is not to consider a great question philosophically and dispassionately. The advocate of a case undertaken at "the request of the Editors of this Journal" has no right to import into it the element of exaggeration.

But my chief concern lies in making a few observations upon the treatment maintained and vaunted at the Sussex County Asylum in "a certain class of destructive patients," premising that I have nowhere said more than that there are "some cases" which digitalis, opium, and the wet sheet, will not touch. The usefulness of these remedies I have ever acknowledged, and my constant use of them is the best proof which I can offer of their unmistakable efficacy. But I am unwilling to admit that they are successful in all cases, or that their adoption is at all justifiable to the extent advocated—"proclaimed"—in the last number of this Journal. Look, for instance, at the case narrated on pages 184, 185, and see if it does not bear out my statement of the occasional futility of treatment. It is there on record that "H. F." was treated for twelve months for noisiness, destructiveness, and filthy habits. "Purgatives, morphia, warm baths, warm mustard baths, digitalis, packing in the cold sheets and in the mustard sheets, all were tried in turn, *but with little or no benefit* [the italics are mine], except that as the mania passed from the acute to the chronic stage he gradually regained his general health and became quite strong and hearty. At one time 10 doses of dilute hydrocyanic acid were given him every fifteen minutes daily (!) until the pulse was affected, *but all with no benefit*. Finally, in October last he was placed on ʒj of Liq. Opii every three hours, and from that moment he began to mend." "Of a surety [adds this persistent physician] this case points out how necessary it is to persevere in treatment, how slow we should be to come to the conclusion that the patient is incurable until all the means at our command have had a fair trial." Different judges may read this case differently. To me it is one of the most convincing proofs I have ever met with of the complete failure of medical treatment, and of the final triumph of nature in spite of a discipline so heroic as to make one tremble. More than this, it suggests that, considering the known power of opium, this unhappy martyr "H. F." might have been treated by the last prescription at an earlier period of his disease. Not that (as I think) it would have touched him then any more than it did at a more advanced stage. But in the catalogue of fertile resources at the disposal of the assistant medical officer of the Sussex County Asylum surely ʒj of Liq. Opii might sooner have found a place. There is, however, a certain point beyond which, as it seems to me, therapeutic treatment has no business to be pushed. It is impossible that any one can have been subjected to such a discipline as "H. F." for twelve months, without having incurred the greatest risks. The responsibility of scourging a man's vitals after this sort is tremendous, and deserving of every reprobation. But nature 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 skillful art.

There is another point, however, to which I am anxious to direct attention. My indignant critic is horrified by my "startling statement" that "it must be known to any commissioner who has been a superintendent of an asylum of any magnitude, that numberless patients are uncovered the whole night; that they will stand up naked or lie upon the bare floor, having heaped their bedding or clothing into one corner of the room or amused themselves by tearing it to pieces." "Surely (it is said) this is a most gratuitous assertion. We must presume it is true of Colney Hatch, but is it true of any provincial county asylum? . . . It would be interesting to know whether the writer has ever been in a position to compare Colney Hatch with our provincial asylums?" To which it is answered that the writer is in such a position. If his previous knowledge had not assured him that he had in no way overstated the case, his recent communication from superintendents and others engaged in our specialty would have been sufficient to make clear that he had not overdrawn the picture of facts, exaggerated their unavoidableness, or made any suggestions which are other than humane. Perhaps even such a lesson may be learned from the asylum blessed with the ministrations (though only in a subordinate capacity) of one who "emphatically denies any knowledge whatever of such a state of neglected misery." His illustrative cases do not bear out his accuracy, justify his indignation, or excuse his cynical reflection upon my "naiveté."

In one case I read of a patient "when visited by the attendant this morning, he was standing up in his room quite naked, and all his things torn up." In another it is written—"Has been noisy and destructive for the last two nights, and will not remain in bed, wandering about the room quite naked." Then it is added, "This poor man still lingers on in the last throes of his deadly disease, but as long as digitalis is judiciously administered to him, he will drift slowly but calmly to his determined end, without trouble either to himself or his neighbours." It is to be feared that in many instances this "judicious administration" (as it is termed) of so powerful a drug as digitalis is really meant to save trouble *with* the patient and *to* "his neighbours," and causes the recipients of it to "drift," not "slowly but calmly," but speedily and distressingly, to their appointed destiny. There is no remedy which produces a more deadly faintness and indescribable prostration than digitalis. Although I almost invariably administer it at meal times in the beer of the patients, there are some who, detecting it by the effect which it produces, regard all that is subsequently given them to drink with suspicion, and even positively refuse all fluids for some days, after one dose of this medicine has been surreptitiously exhibited. But

this therapeutic scourging with the most deadly poisons—this meddling interference in hopeless cases—is more humane in the eyes of young enthusiasts than “a warm or temperate atmosphere, unseen but yet appreciated; yielding, but ever in closest contact, which winds itself about the surface with a soothing tenderness, and permeates every pore with its gentle influences.”

Alas! for those who are submitted to the rigorous discipline of experimental physicians, whose chief care appears to be (at Hayward's Heath) to substitute the laboured throbbings of reduced vitality for the happy *délire ambitieux* of the hopelessly paralysed and insane. Such a treatment may be countenanced by some to whom “faulty physiology” is unknown, who never propound “startling theories,” make “inaccurate observations,” or write “ill-judged papers.” It may command the approval of constituted authorities; it may excite the interest and curiosity of the scientific; it may even earn the pseudonyme of “philanthropy,” that name which seems to cover and embrace a multitude of follies. But it is of a surety based upon a false conception of the wants and exigences of disease, and of a mistaken estimate of the appliances which that disease requires.

There is something within which tells me that nothing can justify this pushing of an heroic remedy to such an extreme as is advocated in the last number of our Journal. Something without gives me the same assurance. My own observation tells me that where the processes of disease cannot be lessened by violent drugs (as in general paralysis), and the fatal issue is clearly determined, there is no excuse for their extreme exhibition. For, indeed, there is no comparison which is not in favour of the first, between the happiness of such a subject, treated as I have proposed to treat him, and the same incessantly tormented by an officious physician and attendant clothing his outside with overheating garments, and his inside with depressing and nauseating medicine “in this philanthropic age.” Other eyes, too, see as I see, and other tongues inquire to what extent this “humane treatment (*is it humane?*) of insanity” is to be carried. Some of our associates at our late annual meeting expressed to me their astonishment at the unmeasured and immodest terms in which an assistant medical officer (laying claim to “considerable diffidence”) has branded with “condemnatory” my well-matured statement and avowed belief.

But what answer is given—what answer is attempted to be given—to the typical case of acute mania which I placed on record, the like of which I have seen “over and over again,” where the patient alludes in terms of gratitude to his permitted nudity—to the relief it was to him and to the remembered “terrible insupportableness of his clothes?” The fact is there is no legitimate answer to be given to it. My friend Dr. Davey spoke to me on this matter at our late annual meeting. He has practised our specialty in a tropical

climate, seen "the naked negro panting at the line," and would then as soon have thought of wrapping up a destructive lunatic in cobwebs (as he happily expressed it) as of fettering him with any sort of clothing. It is not permitted to us here to obey the sober teachings of nature, not even if we create the artificial surroundings of an elevated temperature. The hard, the tangible, the objective, must take precedence of the soft, the intangible, the subjective. How is this? It is so written in the books. A self-created and delusive standard of happiness is set up, and we must assimilate everything thereto. Anything else is inconsistent with "the modern treatment of the insane," "admits of no sort of justification." Nudity and "neglected misery" are identical terms. It is more charitable to ply a man for twelve months with drugs, digitalis, prussic acid, in $\frac{1}{10}$ doses every fifteen minutes, &c. &c.

"If the perfection of treatment (I repeat) is manifested by its adaptiveness, and by the relief which it affords to the patient as evidenced by its immediate results, and by his subsequent confession, surely he is a bold man who will question its theoretical and practical soundness."

But such a man is to be found in Sussex, pasturing upon the downs of that beautiful county. He writes of my "startling theories" and "inaccurate observations," and says that "my physiology when weighed in the balance appears to be as faulty as my treatment."

Is this really so? Let us see.

"I may premise (it is written by my censor and critic) that I take the normal temperature of the human body to be $98^{\circ} 4'$, that being the degree settled by Dr. Aitken." I do not say that it is not so. But the average axilla temperature of four healthy and robust men, taken by me about ten at night, on three separate occasions, was $96^{\circ} 7'$, the back or chest temperature being $94^{\circ} 3'$. The average axilla temperature of four patients, destructive and maniacal, taken in the same way and nearly at the same time on three separate occasions was $98^{\circ} 3'$, the back or chest temperature 97° . But, to speak truly, the thermometer is not really needed to indicate hyperæsthesia or the general requirements of an insane skin. The hand passed over it; the eye directed to the general condition of the patient, will tell an experienced physician what is needed, to what extent treatment is required, and to what lengths it may be pushed. But I am certain that where the thermometer is used an increase of temperature will be found to accompany an increase of maniacal excitement, and that hyperæsthesia also is a common attendant. Again, it is urged, "We must look to the cause of the symptoms, not at the periphery, but in the nerve-centres. Towards these, then, should our plan of treatment be directed." Indeed! Let me then in my simplicity inquire what is the use and

what is the mode of action of the wet sheet, the mustard bath, the Turkish bath, and those other external appliances which are commonly regarded as peripheral in their operation and influence?

And further, is there any direct proof that the hyperæsthesia of skin is in the ratio of its elevation of temperature? In most cases it would seem to be so. Discussing on the physiology and pathology of the central nervous system, Dr. Brown-Séguard alludes to the condition of animal heat in cases of alteration of the spinal cord and the encephalon, which certainly will include the "general paralysis of the insane."

His conclusions are—"1st. That usually anæsthesia is accompanied by a diminution of temperature. 2nd. That hyperæsthesia almost always coexists with an increased temperature. 3rd. That in paralysis, without either a notable hyperæsthesia or anæsthesia, the temperature is nearly normal."

And he gives his reasons for these conclusions: "In anæsthetic parts the blood-vessels are usually contracted, and, therefore, there is less blood in them, and also a lower temperature. In hyperæsthetic parts the reverse exists."*

This exactly bears out the opinion which I expressed in my first paper. I am content that my "faulty physiology" should assimilate in some sense to that of a physician of world-wide reputation whose name is Brown-Séguard, though, of course, I deeply regret that it does not meet the approval of one whose name is prefixed to the article which calls for this reply.

It is only necessary for me to add that I see no reason from what has occurred and what has been written to alter my views upon the "treatment of a certain class of destructive patients." What I have advocated cannot be carried out as long as men are slaves to "conventional thinkings," toy with subjective philanthropy, and turn with shuddering indignation from the objective teachings of a large experience.

If men situated as I am would have the courage to come forward and say what they think, and claim the right to practise what they believe, it would free the specialty from a dictatorial thralldom to which another branch of the profession is exposed, and which is most injurious to the moral well-being of medical superintendents of asylums. For myself, though the law may place it out of my power to practise, I will never cease to declare what I believe to be true and humane respecting the treatment of those unhappy persons in whom I am so deeply interested, and to ameliorate whose condition I am devoting the best energies of my life.

* 'Course of Lectures on the Physiology and Pathology of the Central Nervous System,' p. 202.