

while it was bulged at the sulci by a clear serous fluid beneath. The ventricles were filled with a similar fluid, which existed also in considerable quantity at the base of the brain. On slicing the brain numerous red spots were visible, and when the surface of the cerebellum was exposed it was seen to be strongly injected in beautiful arborescent fashion. Had the examination been carried further into the minute structure by a competent microscopist, I doubt not that the ideational cells of the cortical layers would have been found to be clouded and troubled like as the arachnoid was. The visible morbid appearances at any rate were instructive and interesting, and afforded some compensation for the painful feeling of utter helplessness which one had had in face of the disease during life. An obvious speculation as to the cause of the disease could not fail to present itself: that an erysipelas disappearing from the surface of the body had selected for attack the arachnoid and other serous membranes. Though the issue was fatal in this case, it is not so in all cases of acute maniacal delirium; it is, however, a disease which should unquestionably be regarded seriously, both on account of its occasional intractability, and on account of the suddenness with which fatal exhaustion may supervene."

On the Treatment of a certain class of Destructive Patients. By
EDGAR SHEPPARD, M.D., Medical Superintendent of the Male
Department of Colney Hatch Asylum.*

INCIDENTS occasionally arise in the management of great asylums, which lead us to reflect how little the community at large are aware of the state to which a human being may be reduced by what we term insanity. We learn, too, how exacting, unreasonable, and uncharitable the outside world may become, in reference to the unavoidable condition of some who seek the shelter of those hospitals to which our specialty devotes itself.

It is within the experience of every medical superintendent how prone are the friends of patients to assume that ill-treatment and neglect are the order of the day. If a bruise shows itself upon a feeble and helpless lunatic, some attendant caused it. If a scratch is seen upon the face of one who is violent and aggressive, it is the work of some asylum officer. Bruises and scratches, quarrellings and fightings, personal encounters, seditious melées, are unknown in the big world without. There the leopard lies down with the kid, and a little child leads them. Why does not this happy state of

* Though dissenting ourselves from the opinions expressed by Dr. Sheppard in this paper, we trust that his appeal may elicit from some of our members the results of their great experience in the treatment of a very troublesome class of patients.—ED.

things obtain in lunatic asylums? It does not occur to the public mind that the patients we receive are brought to us *because* of their violence, *because* of their feebleness and consequent liability to injure themselves, *because* of their epileptic fits or other affections which render them particularly prone to the infliction upon others or to the reception in their own persons of external bruises or internal injuries.

To suppose that any sort of supervision, however vigilant, can protect patients of this kind from every chance of accidents, is to lay a most unreasonable exaction upon our superintendentship, and require a state of discipline which can never be attained. Considering the increased tendency of the maniacal to violence, of the paralysed to feebleness and unsteadiness of gait, of the epileptic to unavoidable wounds, it would be a matter of surprise to any reflecting and observant person if the results of such tendency could anywhere successfully and entirely be prevented. That they should be prevented in a large measure is certain; that they *are* prevented in a large measure is not less true. The elaborate machinery set at work in asylums is for this purpose. But machinery is not so perfect anywhere as to yield us no list of casualties, in spite of all our efforts to render it so.

It may be instructive to illustrate this position by actual experience.

Three years ago a patient was admitted into a large asylum, blind, paralysed, feeble, and greatly impaired in health. He was the subject of various delusions, and imagined that persons were pursuing him and trying to murder him. At night, in his fears and anxiety to escape his pursuers, he would keep trying to climb up the sides of the padded room in which he was placed for self-protection. After hours of ceaseless rubbing and clawing, he at last managed to get some kind of purchase for one foot, by which he was enabled to raise himself a considerable height towards a shuttered window. He slipped, however, and fell, bruising his nose and face considerably. This was at 2 o'clock in the morning. The medical superintendent was passing at the time, and hearing the fall, coupled with a loud cry of "murder," he opened the door, and found the patient bleeding at the nose, and crying for mercy. At 10 a.m. the patient's face was much swollen, and his eyes were discoloured. At 11 o'clock his wife saw him, it being one of the visiting days of the asylum. The patient told her that persons had been murdering him in the night; and the wife, horrified at his appearance, believed he had been brutally treated by the "keepers." It was with great difficulty that she was quieted, and led to credit in some manner the statement of the medical superintendent as to the cause of her husband's appearance. If this man had died within a few days, the wife would probably have demanded a coroner's inquest, and it would have been hard, looking at the personal disfiguration of the deceased,

and knowing the tendency of common-place minds suddenly charged with official dignity and responsibility, to assume *prima facie* violence, to convince a jury that death had not been caused, or at least hastened, by unfair usage.

Three days ago, in the same asylum, a patient was admitted paralysed and impaired, but supposed by his friends to be in good health. The night of his admission he had an epileptiform seizure, threw himself about in the padded room, and blackened both his eyes. If his friends should see him before he has resumed his natural appearance they will probably believe the man has been ill-used. If he should die suddenly (which is not improbable) before they see him, and before the bruises have disappeared, the matter will be still worse. No one saw the bruises inflicted, but to the eye of the medical superintendent there is evidence of a convulsion, during which they were unconsciously self-inflicted. If a coroner's jury is summoned they will probably share the suspicion and the indignation of the deceased's friends; and instead of "well and truly trying" the issue, they will prejudge it, constitute themselves the partisans of a supposed injured man, and in the absence of direct proof that death was caused by violence, append some qualifying and offensive remarks to their official finding of "Natural death."

These are typical and very instructive cases. At the hands, or rather in the minds and by the tongues, of all they receive a conventional treatment. Sympathy is manifested where it is not called for, and injustice is rendered where it is not deserved. It is of great importance, therefore, to bring such instances under the notice of the public, that they may be led to see, if possible, the liability of innocent persons to have guilt imputed to them, or, at all events, to be spoken about most uncharitably.

Being more helpless and less responsible than any other members of society, it is indeed no more than right that lunatics should have every sort of protection. That they are now largely protected is beyond a doubt, and that most cases of cruelty and neglect are brought to light is beyond a question. Nay, so widely are they shielded by the unrestricted humanities of modern treatment, by the supervisorship of commissioners, of magistrates, of guardians of the poor, and by the censorship of the press, that they are the most privileged subjects in the British dominions. Moreover, there is superadded to all this a yet securer protection, based upon the acquired knowledge on the part of those who have charge of them, that the ratio both of good discipline and of cure is the measure of kindness and judicious handling exercised towards the insane.

And yet the startling incidents which sometimes occur lead us to ask, if all these privileges and protections are not sometimes ensured at the expense of justice to those sane persons who have cast upon

them the responsibility of asylum administration. Is it not true that in every inquiry touching the general treatment of the insane the case is at once invested with suspicion by those whose duty it is to make such inquiry? Is there not a liability to prejudge the motives and the acts which have brought about any particular investigation? Is there not an inaptitude in the public mind, overfed by, and yet still craving for, the "sensational," to deliberate calmly upon doubtful circumstances, and reflect dispassionately upon matters which have the faintest semblance of wrong?

It may be doubted whether the public are so much to blame as the press, which often creates a morbid taste, ministers to it, and supplies it with baneful exaggerations. In the eager anxiety to anticipate his contemporaries—to be the first at promulgating a bit of "startling intelligence"—a journalist grasps at an *ex parte* statement, rattles off upon it a leading article, in which he over-colours all the facts which, if in fairness he would only wait, will be toned down, and have given to them a different complexion, by the *audi alteram partem* of to-morrow. What is justice to him? He has an expectant crowd waiting for his news and his lucubrations, and he cannot afford to postpone a sensational narrative and a slashing commentary upon it, which will increase the immediate sale of his paper, merely upon such very common pleas as those of truth and honesty.

In the large asylum from whose records the above-mentioned cases have been drawn, a circumstance has recently occurred which illustrates the taste and the tendency we are now discussing.

In the spring of 1866 some person (supposed to be an attendant discharged for dishonesty and ill-treatment of patients) wrote a letter to the Commissioners in Lunacy, complaining of the cruel treatment of the male patients in Colney Hatch Asylum—particularising two by name. It was stated that one named Harrison had been put into a room without any bedding or clothing for ten successive nights; and that another, named Hobbs, had been so immured for 140 nights in succession during the winter of 1864-5. Upon receiving this communication the Commissioners requested the medical superintendent of the male department to attend a meeting of their Board, which he did, and where he pointed out the inaccuracies and exaggerations of the charge, but admitted that for several nights these two patients had been in their rooms without bedding or clothing, in consequence of a persistent destructiveness, which there was no possibility of controlling but by the substitution of restraint—a measure of which he did not approve. The maximum of Hobbs' confinement in a nude state was four nights instead of 140, his residence in the asylum having only been sixty-seven days. Nor did the maximum of Harrison's similar confinement exceed four nights, at long intervals.

Yet in spite of this clear and explicit statement, to be read in the Asylum Report, all the newspapers have put forth the untruthful declaration of the complainant (whose animus is unmistakeable) as the real narrative of facts, and have grounded their remarks thereupon. Even one of the medical journals, in a spirit of recklessness which it is difficult to characterise in proper terms, has similarly misrepresented all the circumstances of the case, and written: "The statement made by Mr. Pownall, and admitted to be true by Dr. Sheppard, medical superintendent of the Colney Hatch Asylum, was to the effect that a patient named Harrison was put into a room upon bare boards, within brick walls, without either clothes or bedding; that Hobbs, another patient, was similarly immured for 140 nights during the winter," &c.

How difficult it is, you see, even for those who lay claim to the scientific conduct of a medical journal, to resist this tendency to overstatement, where such overstatement runs into the "sensational." To me it seems that unless a periodical is accurate in its reports, and careful about going to the fountain-head for its information, before it commits itself to the responsibility of censorship, it sinks itself to the level of those cheap newspapers whose chief duty seems to lie in pandering to the public taste for Lady Audley's and other such-like "secrets." To assume a certain position taken by another to be false—to hurl invectives at its indefensibility—to say that motives are beside the question, and to show by remarks that facts are beside the question likewise—these things are not calculated to elevate the science which we try to elucidate, or to make manifest that love for impartiality which should be held sacred by every writer.

Let me now enter upon the use of the first personal pronoun, and make a few observations in my capacity of medical superintendent of a large asylum, upon the general management of a certain class of destructive patients. If I advance anything new or startling, I do so in the interests of humanity, and with a view of ameliorating the condition of those in whom I am interested, and among whom I spend my time and my energies. For what I have to say I invite the careful consideration of other superintendents, and the judicial weighing of educated men, having in view the same object as myself.

Some drift of the position which I desire to take may be gathered from an extract of a letter published in our Annual Report, addressed by me to the visiting justices on the subject of the two cases above referred to.

"I have already explained to you (the visiting justices of the asylum), by word of mouth, that the patients in whom the destructive propensity usually manifests itself are, for the most part, of the class termed general paralytics; that their physical sensations and perceptions are impaired or annihilated; that they besmear them-

selves with their own filth ; that their skins are of an unnaturally high temperature ; that their delusions are of the grand and extravagant kind ; that they will stand or sit the whole of the night naked, with their bedding and clothes heaped in one corner of the room, singing, laughing, gesticulating, and giving every evidence of their own happiness. The only thing which robs them of their pleasurable sensations is restraint. This is why I do not practise it. I have gloved a patient at night to prevent destructiveness, but the result has never been satisfactory. The wrists have been galled by the ceaseless efforts of the patient to free himself, and if he has not destroyed his rugs, he has not used them. The lunatics of an earlier day were chained and manacled—not so much for their violence as their destructiveness. They had straw to lie upon ; and I believe that the playing with the straw was to them a source of infinite amusement—better for them to spend their uncontrollable energies upon than strong rugs and ticken frocks.

“The question, then, really is—How are these cases of destructiveness to be managed ? The worst subjects of this propensity will destroy padded rooms ; shirts 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. To gag the mouth, to fasten down the arms, to glove the hands, is at once to distress the patient, and substitute a restraint which is intensely irritating for a freedom which, though seeming to result in a state of things which shocks philanthropy, involves no sort of unhappiness or suffering. This is a conviction which has been forced upon my mind by visiting patients of the kind described at all hours of the night, and conversing with them upon those imaginary pleasures with which their minds are occupied, and by which they are happily blinded to a sense of their own physical degradation. And this is why I have occasionally sanctioned the withdrawal from a patient of his bedding and clothing at one of those periods when his destructiveness has reached its highest point. I have been unwilling to see the county property destroyed night after night, for no sort of purpose.

“In the interview which I had with the Commissioners in Lunacy on the 18th of June, I invited them to give me some suggestions as to the manner of treating such cases as those now under consideration. They say that for patients to be in rooms without bedding or clothing is unheard of in this philanthropic age, and that such circumstances admit of no sort of justification. But 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 and clothing into one corner of the room, or amused themselves by tearing it to pieces. They con-

dition for themselves, unconsciously, the very surroundings of only seeming discomfort, which have been very rarely and exceptionally ordered in cases of extreme destructiveness. The two states are absolutely identical."

It should be observed that there are two classes of destructive patients. In one there is a state of dermal anæsthesia—diminished, almost annihilated, sensibility—with little or no elevation of temperature. The sense of taste here is also not infrequently destroyed or perverted, as evidenced by patients besmearing themselves with and eating their own excrement. In another class there is heightened sensibility—dermal hyperæsthesia—with great elevation of temperature. In these cases the skin continuously exposed in a room of ordinary or even low temperature retains its elevation.

Experience leads me to the belief that there is a mode of treatment—of a passive but not on that account of an unadaptive kind—specially suited for these perplexing cases. Alluding to this mode, a writer in the 'Medical Times and Gazette' of this week says it was "probably humane, certainly not cruel or unjust. It would have been vastly more cruel to have increased the sufferings of the poor patients by covering them forcibly with clothing which their instincts rejected, and by the adoption of the only possible means of retaining it upon them, namely, bodily restraint. How often does each of ourselves, sane though we be, when restless and hot at night, throw off every article of clothing, except a night-shirt, before we attain the sensation of comfort essential to sleep! How many of us have not been guilty even of walking about our rooms naked as we came into the world, in order to attain the same object? Is a lunatic not to be permitted a similar gratification of a harmless, perhaps beneficial instinct?"

This question exactly expresses the truth and common-sense of this question. Wherever there is a hot hyperæsthetic skin, clothing of any kind is a distressing burden, and self-created nudity is the result, as being alone supportable. We have evidence of this even in recent cases of acute mania.

Eighteen months ago, I admitted into this asylum a young man, well educated and in prosperous circumstances, suffering from a severe attack of acute maniacal excitement. He was brought here in a strait-jacket, having been very violent and threatening. He had a warm bath immediately, with a cold douche to the head, and then took one drachm and a half of Battley's sedative in a pint of beef-tea. He was placed in a padded room, with a shirt on, a mattress on the floor, and ordinary clothing. He continued very noisy, and could be heard jumping about the room, and shouting to the Almighty to deliver him from the flames of hell (a not uncommon supplication where there is a hot hyperæsthetic skin). Upon opening the door, after the lapse of one hour, it was found

that he had torn his shirt to shreds, and heaped his bedding into one corner. His skin was intensely hot and burning, and he was in a state of great excitement. The bedding and clothing were now withdrawn, and a strong ticken shirt, fastening by lock at the back of the neck, was placed upon the patient. In another half hour he had nearly strangled himself in his efforts to draw the shirt over his head. This was now removed likewise, and he was left in a state of nudity. To him the world was not large enough for freedom, and the slightest hindrance to his movements by the contact of clothing was restraint. Three hours later this man was asleep, the first time for more than a week, his friends said, and he did not wake up for five hours. For several days he was in the padded room, but he refused to have any clothing. With his improvement, which began on the fourth day, the temperature and hyperæsthesia of skin diminished, and he had ordinary bedding and clothing. He made a rapid recovery, and left the asylum, expressing his gratitude for the kindness he had received from every one. I remember his speaking to me during his convalescence of his being naked, of the great relief it was to him, and of the terrible insupportableness of his clothes. I have seen cases of this kind over and over again. They are full of interest to those who will suffer themselves to be taught.

Now, if this patient had been seen sleeping in a state of nudity by his friends, or by any clamorous outside humanitarian, this passive treatment would not only have been called in question, but severely censured. We could not have convinced them that this nudity was the very condition which first ensured the sufferer's sleep.

If the perfection of treatment, however, 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. Yet this is not the principle acted upon by those who write with fine pens, in slippers and dressing-gown, that for a lunatic to be naked is barbarous, and that the permission—the official countenance—of such a thing is “inconsistent with the modern and more enlightened system of treating mental disease.”

But we have worse cases than the occasional destructiveness of acute mania to deal with. In some forms of general paralysis there is great and persistent destructiveness, with extravagant delusions, unwillingness to wear any sort of clothing, or to lie under any sort of covering. The expiring energies of life seem to be concentrated upon ripping and tearing everything that comes within reach. Some subjects of this sad disease will at certain times manage to destroy padded rooms, and it is then very difficult to know how to dispose of them. Medical treatment—digitalis, opium, the wet sheet—will not touch their malady. The hyperæsthesia and preternatural heat of skin are indications as plain as indications can be that the soft

and unirritating wrappings of the atmosphere are the most soothing and adaptive clothing; and the very destructiveness of the patient is confirmatory of this view. He is in the condition of one who enters the hot chamber of a Turkish bath, minus the relief afforded by perspiration, and, like him, is intolerant of clothing. There is another typical member of a great race of the human family to whom likewise he might be compared—"the naked negro panting at the line." To him also would clothing be insupportable misery. And surely if the processes of disease are such as to acutely heighten sensibility and temperature, and develop a condition analogous to that of one at the equator, or in a chamber heated artificially to 130° or 140°, it is obvious that these three states should be met by arrangements in some sense similar, and in every sense comforting. Can the existence of insanity affect the principle which equally underlies the three states alluded to?

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. This is very remarkable and confirmatory of the views advanced. The destructiveness is often commensurate with the need of nakedness. It is known also that in other cases sensibility is deadened, and the temperature of the skin is rather depressed than elevated: here warm shirts fastening behind are indicated, to protect the patient, as far as may be possible, from undue exposure. 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 patients as indicated by the thermometer applied to the skin. Such rooms, well ventilated, and of ample cubic space, would be admirably adapted to dirty and destructive general paralytics, never, in certain stages and types of the disease, in one position, never sleeping, standing up more than ten hours out of twelve. They would be at once the greatest security and the greatest comfort to the patient.

It is not pretended (to recur to the cases which have elicited these remarks) that I had such chambers as these for the patients Hobbs and Harrison. Unfortunately, I had not. And so, under the pressure of short supplies, caused by the coincidence in point of time of much destructiveness on the part of other patients, they were placed in rooms which had no lining to the walls and flooring.

With this only I reproach myself. Not that I believe one moment's suffering was caused to any one by it. I know, indeed, that the happiness of both patients was of the most assured though extravagant kind, and that on no morning after a night of exposure to the atmosphere was there any diminution in the temperature of their skins.

But what I did has given rise to comments which for obvious reasons I regret. It has created an unnecessary panic ; it has given a handle to reckless scribblers of which they have made the most. It has given pain also to all who are interested in the position of this asylum, and specially to the visiting committee, who have throughout this unfortunate business completely exonerated me from the charge of cruelty, and treated me with a kindness and sympathy of which I can never be unmindful.

And yet why do I say "unfortunate"? It will be otherwise, in my judgment, if this clamour should initiate in any asylums such a provision as that which I have above expounded. If the truth be spoken, there are, I suppose, in every county asylum patients of the class we are discussing. I have at this moment, in different stages of their fatal malady, nearly one hundred cases of general paralysis. Besides these there are a number of chronic maniacs, of destructive habits. So that at times the supplies will hardly keep pace with the exigencies of disease, as commonly viewed and regarded.

I repeat, however, that to me these exigencies are not of that material character known as strong rugs and ticken dresses. I have a preference for something which is more humane because unirritating ; more congenial to the feelings of the patients because it never can involve restraint. The most fitting dress is a warm or temperate atmosphere, unseen but yet appreciated, yielding, but ever in closest contact, which winds itself about the surfaces with a soothing tenderness, and permeates every pore with its gentle influences. It is easy to shut up a destructive lunatic at night, and satisfy the requirements of the public by giving him ordinary bedding and clothing. But what advantageth it him if he is left unnoticed till the morning, when he destroyed everything in the first hour of the night? Or how much the better is he if visited and resupplied merely for the same process to be renewed? What purpose is served by such a course? What can justify such unmeaning extravagance? Might not the money so squandered be applied to the provision of a suitable atmospheric clothing which will not tear, and of soft surroundings which cannot be destroyed?

This is what I desire to bring under the notice of my fellow-labourers, the medical superintendents of other asylums. The Commissioners in Lunacy, asked by me in full conclave to give some suggestions as to their views of treatment under these perplexing difficulties, advise me to consult my professional brethren, and are

content to put upon record their disapproval of my views. In this, the literary organ of our Association, therefore, I invite the dispassionate consideration of a subject about which I have been candid and outspoken, and of a treatment which recommends itself to me as above all things humane.

It may be sad, indeed (and the reflection must occur to every mind), to see those who are stamped with the Divine image, and are supposed to be destined for something higher and better in the untried future, reduced so low in the animal scale as to be insensible to all that men commonly regard as decent and proper. But we must be careful that we do not on that account let our sympathy blind us to their actual requirements. The standard of our healthy wants and wishes is not the standard of desires which are irreparably morbid, and of appetites which are hopelessly depraved.

There is a prevalent opinion that the administrative anxieties and responsibilities of medical superintendents of asylums render them specially obnoxious to general paralysis. By a righteous Nemesis (the generous journalists who decry us will say) we are ourselves visited by the very malady which sinks humanity lower than any other, and the worst stages of which we have failed to make less cruel and ungentle to the sufferer. Be it so. We must take our chance both for the disease itself which is to end our mortality, and for the hands which are to conduct us to the confines of the everlasting shore.

PART II.—REVIEWS.

Professor Griesinger's Treatise on Mental Pathology and Therapeutics.

Die Pathologie und Therapie der Psychischen Krankheiten für Aerzte und Studierende von Dr. W. Griesinger, Professor der Medicin und Director der medicinischen Klinik an der Universität Zürich, Zweite, umgearbeitete und sehr vermehrte Auflage. Stuttgart, 1861, pp. 538.

In our last number (January, 1867) we published an admirable translation of Professor Griesinger's latest contribution* to the

* "An Introductory Lecture read at the Opening of the Clinique for Nervous and Mental Diseases in the Royal Charité in Berlin, 1st May, 1866," by Professor W. Griesinger, M.D. Translated by John Sibbald, M.D. Edin., Medical Superintendent of the Argyll District Asylum. 'Journal of Mental Science,' January, 1867.