

CLINICAL CASES.

The Non-restraint System in the Treatment of a "certain class of Destructive Patients." By S. W. D. WILLIAMS, M.D., L.R.C.P.
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In the April number of the 'Journal of Mental Science,' the editors append a foot-note to a paper by Dr. Edgar Sheppard,* asking from some members of the Association the results of their experience in the treatment of the troublesome class of patients referred to in that paper, and at the same time recording their dissent from the opinions expressed by the author. Moreover, at the end of his paper Dr. Sheppard writes:—

"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 on 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."

As yet no answer has been given to these appeals. This is much to be regretted, as it might be inferred that the psychological branch of our profession endorses by its silence the views propounded in that paper. This I happen to know is anything but so—as the editors of this Journal have received many communications condemnatory of the treatment Dr. Sheppard advocates, and indeed I may add of the whole tone of his paper. I have therefore obtained permission of Dr. Robertson to publish the mode of treatment adopted towards such cases in the Asylum at Hayward's Heath, although I cannot but feel that the subject would have been much better handled by one of our experienced medical superintendents. Moreover, it is with considerable diffidence that I advance an opinion at all in opposition to one propounded by a physician holding such a position, and so experienced as the author of the above-named paper. As, however, Dr. Sheppard courts a "dispassionate con-

* "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.—'Journal of Mental Science,' April, 1867.

sideration" of the subject so openly, and as he truly adds, has been so "candid and outspoken" in writing respecting it, I am sure he will be the last to object to candour and plain speaking in another.

No one engaged in the treatment of the insane will easily forget the shock he experienced in reading Mr. Pownall's accusations, at the last Epiphany Middlesex Sessions, against Dr. Sheppard's management; accusations caught up and distorted by the daily press in so unwarrantable a manner, that never since the exposure at Bethlem Hospital in 1852 has the non-restraint system been so dragged through the mire as it was on that occasion. If Dr. Sheppard had contented himself with impugning the accuracy of Mr. Pownall's accusations by a statement of his own story, this unfortunate matter might probably have rested there; but on the contrary, he writes a paper justifying and advocating in very strong terms the mode of treatment he pursued, and holds 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, although, as he owns, the Commissioners in Lunacy had already told him "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."

It would indeed have been inexcusable to have allowed Dr. Sheppard thus to have offered himself unchallenged as the exponent before our continental brethren of the practice of the English non-restraint system; and although I do not presume to appear as an authorised exponent of this system, I am nevertheless encouraged to comply with the request of the editors of this Journal and to record here the experience I have learnt in the treatment of the destructive cases in question occurring alike in all large County Asylums. *Imprimis*, however, it would appear necessary to consider some of the arguments Dr. Sheppard advances in support of his theory.

The class of patients then which appear to have baffled Dr. Sheppard's energies and to have led him to substitute for treatment "their confinement by night in a nude state, the bedding and clothing alike withdrawn," were those suffering from the destructive mania accompanying general paralysis; and in his annual report to the Visiting Justices he thus describes them:—

"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 themselves with their own filth; that their skins are of an unnaturally high temperature; that their delusions are of the grand and ex-

travagant 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." In defence of his position he continues:—"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 (he truly asks) 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 re-supplied merely for the same process to be renewed?"

Had Dr. Sheppard substituted "a warm or temperate atmosphere, unseen, but yet appreciated," he might perhaps have correctly proclaimed his as *relatively* the true philanthropy. Yet we have means of cure as much beyond Dr. Sheppard's theories as they surpass in science and skill his rough primitive practice. Asked for suggestions how to treat this form of insanity, I proclaim that my experience differs entirely from that of Dr. Sheppard when he writes "Medical treatment—digitalis, opium, the wet sheet—will not touch this malady." I say digitalis, opium, morphia, the wet sheet, prolonged hot and cold baths, the mustard pack, hydrocyanic acid, do touch with their soothing powers the malady; careful watching by night as well as by day will prevent as effectually that marvellous destruction of property which Dr. Sheppard mourns over, as the withdrawal of the bedding and clothing. Judicious attention to dietetics and carefully regulated exercise will induce sleep as effectually as "the gentle influences" of a "warm or temperate atmosphere," and such I believe will be reduced to demonstration in the cases I am about to record in this paper.

Dr. Sheppard further defends his method of treatment by another startling statement. "It must," he says, "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." Surely this is a most gratuitous assertion. We must presume it is true of Colney Hatch, but is it true of any provincial County Asylums? In a leading article in the 'Daily Telegraph' the following sentence appears:—"If such horrors can occur at Colney Hatch under the rule of a gentleman whose character, both for skill and humanity, is excellent, who can say what still grosser infamies may not be perpetrated in asylums less conspicuous?" It would be interesting to know whether the writer had ever been in a position to compare Colney Hatch with our provincial Asylums.

I have now lived for seven years as medical officer in three large County Asylums, and had pass through my hands at least 2000

insane patients, but I emphatically deny any knowledge whatever of such a state of neglected misery. It has never in either of these asylums been the practice of the medical superintendent to sanction the existence of such a state of things. I have read of it in Dr. Conolly's eloquent denunciations of the old abuses at Bethlem and at Hanwell, but I have never learnt the necessity of such practice from those under whom I have studied this branch of my profession. The commissioners might well, as Dr. Sheppard naively tells us they did, be content to put upon record their disapproval of his views.

Furthermore, Dr. Sheppard has brought forward an ingenious physiological theory in justification of his plan of treatment; unfortunately his physiology when weighed in the balance appears to be as faulty as his treatment. As already stated, the class of patients under consideration were those suffering from the destructive mania of general paralysis. He states that there are two classes of destructive patients. In one there is, according to his view, a state of dermal anæsthesia, diminished, almost annihilated sensibility, little or no elevation of temperature. In the other class there is heightened sensibility, dermal hyperæsthesia, with great elevation of temperature. In these cases (he adds) the skin, continuously exposed in a room of ordinary or even of low temperature, retains its elevation. Now, argues Dr. Sheppard, 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; *ergo*, let a patient so suffering follow his bent; it would be cruel and inhuman to attempt by treatment to remove the cause of the evil or to break him of his bad habits; turn him nude into a room (it is true "lined with kamptulicon, linoleum, or india-rubber, or some other durable yet yielding substance," and "heated, when necessary, by a common apparatus, to a temperature varying with the season of the year"), devoid of all furniture or bedding, there to wander aimlessly about, left to contract what habits of filthiness he may choose, and to sleep, if he can, through the long hours of the night till morning, uncaring and uncared for.

It would thus seem that Dr. Sheppard places his plan of treatment entirely on this alleged dermal hyperæsthesia—this supposed great elevation of temperature. When Dr. Sheppard writes thus is it merely a theory he advances, or is it due to facts proved by experiments? If the latter, it is to be regretted that he should not more fully have recorded his observations on the continuous heightened temperature of skin in the patients whom he submitted to the method of treatment he would thus defend. During the last twelve months I have paid great attention to the use of the thermometer in insanity, and have carefully observed and recorded the variations of temperature occurring in all classes of mental disease, and the conclusions I have arrived at are so entirely at variance with Dr. Sheppard's

theory, that it was this difference in our experience which first led me to the idea of writing this paper, believing that could I but prove Dr. Sheppard's scientific deductions based on error, even setting aside all philanthropic considerations, the condemnation of his plan of treatment must perforce follow. Shortly, then, the result of my observations causes me most decidedly to doubt that in cases of general paralysis, however violent be the accompanying symptoms of destructive mania, there is dermal hyperæsthesia, or great elevation of temperature; on the contrary, I believe that in such cases the normal temperature of the body is uniformly, and at times even considerably reduced. There is only one condition of insanity in which we get an increase in temperature, and that is in phthisical insanity; in such cases the thermometer will at times mount up as high as 105°, in no other have I ever found anything but a reduction, not even in the most violent acute sthenic mania. So surely as the mind is diseased, so surely, unless the insanity is due to phthisis, will the temperature be reduced below the normal standard, and the lower the type of the disease the more marked is the departure from the average—so true is it that insanity is essentially a *disease of debility*.

Before I had any intention of writing this paper, or indeed knew of there being any occasion for it, I had compiled the following table for an article I was preparing on "The Use of the Thermometer in Insanity." It may be interesting to give it here. I took four as typical cases of the various forms of insanity as I could pick out in the Hayward's Heath Asylum, and endeavoured to obtain the normal temperature of each case under as nearly as possible the same existing circumstances, using a thermometer made by Casella, and verified by Dr. Aitken, placing it in the axilla, and allowing it to remain there six minutes in each case.

I may premise that I take the normal temperature of the human body to be 98°·4, that being the degree settled by Dr. Aitken. The results of my observations were that in

4 cases of acute mania	the highest temperature was	98°	the lowest	96°
4 " chronic mania	"	97°	"	95°·6
4 " melancholia	"	97°·4	"	96°
4 " dementia	"	96°·4	"	94°·6
4 " melancholia Attonita	"	96°	"	95°·6
General paralysis—				
2 cases of 1st stage	"	98°	"	97°·2
3 " 2nd stage	"	98°	"	96°·4
4 " 3rd stage	"	96°·4	"	95°
Epileptic mania	"	98°·6	"	96°
Phthisical mania	"	105°	"	99°

It will also be found that in the cases appended to this paper the temperatures of the destructive patients is from time to time recorded, but in none is there any elevation. Such being the case,

I cannot but think that Dr. Sheppard's theory falls to the ground, and that we must look to the cause of the symptoms so graphically described by him not at the periphery, but in the nerve centres. Towards these, then, should our plan of treatment be directed.

I have carefully selected the worst forms of destructive mania which have occurred in the practice of the Sussex Lunatic Asylum, since I have been attached to it. I venture to think that the simple record of the treatment pursued to mitigate these distressing symptoms, will do more to sustain the credit of the non-restraint system, than any further attempt on my part to discuss the startling theories and inaccurate observations in Dr. Sheppard's recent paper.

E. C., female, æt. 34.—*Recurrent Mania*.—Admitted 5th February, 1866. There is nothing exceptional about this patient beyond the fact that, as she has frequent attacks of recurrent excitement, during which she is noisy, violent, and destructive, and has a strong tendency to remove all her clothing, whilst in the intervals of her attacks she appears quite rational and sane and in fair bodily health, she seemed to me a good case to determine whether there was any rise in temperature during the periods of recurrent mania.

I therefore took the temperature and the number of beats of the pulse during a sane and an insane interval every morning at 10 and every evening at 7, and the following is the result of my observations:—

Oct. 1st.—Temp. 98°; pulse 70. Quiet and rational, so she remained until 30th.—Temp. 97°; pulse 60. Suddenly relapsed; has been noisy and emotional all the morning.

31st.—Temp. 97°·4; pulse 70. Quiet all night and more calm, but still a little strange.

Nov. 1st.—Temp. 97°·8; pulse 64. Much as yesterday.

2nd.—Temp. 97°·3; pulse 62. Still strange, but quiet.

3rd.—Temp. 96°; pulse 78. Noisy and destructive; incoherent.

5th.—Temp. 95°·8; pulse 64. Very excited; no sleep last night.

6th.—Temp. 97°·2; pulse 60, feeble. Excited at times.

7th.—Temp. 97°·2; pulse 68. Quiet, but emotional.

8th.—Temp. 95°·3; pulse 64. Incoherent; menstruating.

9th.—Temp. 97°·2; pulse 68. Calm, but slightly hysterical.

10th.—Temp. 95°·2; pulse 68. Very wild; destroys her bedclothes.

11th.—Temp. 96°·6; pulse 66. Looks feverish and flushed.

12th.—Temp. 96°; pulse 68. Much as yesterday.

13th.—Temp. 96°·2; pulse 56. Quiet but very languid.

14th.—Temp. 97°; pulse 60. Better in every respect.

17th.—Temp. 95°·2; pulse 60. Relapsed again; in the night was very noisy and destructive and had no sleep.

18th.—Temp. 97°; pulse 64. Quieter again.

19th.—Temp. 97°·4; pulse 68. A little changeable, but much less emotional and excitable.

20th.—Temp. 97°·2; pulse 68. Calm and rational.

E. B. F.—, æt. 40 —Admitted 2nd July, 1866.—Previously to her admission into Hayward's Heath Asylum, had been in Bethlem Hospital for eighteen months, and during the whole period of her confinement there she had been in a state of the most furious mania, and so violent that it always required five nurses to dress or undress her or feed her. Her removal from Bethlem

to Hayward's Heath was marked by one continual struggle, and men had to be hired on the road to assist in restraining her.

On her admission into the asylum at Hayward's Heath, she is stated in the case book to be "in a state of the most violent irrational mania, more closely resembling the cases we read of in old text-books than the insanity of these latter days. She is never quiet for one single moment, but is continually raving, shouting, gesticulating, biting, kicking, blaspheming, and destroying; and appears quite incapable of understanding anything that is said to her." Her physical condition also was bad; she was thin, weak, and feeble, and covered with bruises and small sores; her pulse was small, thready, and very frequent; her skin was dry and yellow, and emitted a sour smell; the lips were dry and parched; and the temperature as nearly as could be ascertained was scarcely 96°.

Here was one of the most trying cases I have ever witnessed, and for nearly a month she gave us more or less trouble and anxiety. She tore up her clothes; she was noisy and restless to a degree; refused all food; and it required such an unpleasant scene of struggling every time it was necessary to do anything with her, and it was so utterly impossible to give her any medicine, that Dr. Robertson, as a last resort, administered chloroform one day to her, and, whilst she was partially under its influence, gave her nearly a pint of essence of beef tea and one grain of morphia, after which she slept for some time. This was on the ninth day after her admission, and I should record that previously she had several times been packed in the wet sheets, and had douches and warm baths, with but little benefit. Subsequently she was placed under the influence of a mixture of ether and chloroform three or four times a day, and a grain of morphia was given her each time. Under this treatment she slowly improved; first beginning to sleep better and to tear up less clothes, then to take her food without trouble; and when we had arrived at this point the inhalation of the chloroform was omitted by degrees and ʒss of Tinct. of Digitalis inserted into her beer three times a day. She continued under this treatment for some weeks; at first with varying benefit, although she never quite relapsed into her former dreadful condition. Within three months, however, of her admission she had become much better, had lost all excitement; and violence, fed, dressed and undressed herself, and employed herself with fancy work, at which she is very skilful. Her mind appears, however, to have received, during the many months of her illness, too severe a shock ever completely to recover itself; and, although she is now in the enjoyment of extremely good physical health, her insanity has assumed a chronic form from which but little more can be hoped.

M. M.—, female, æt. 38 years, married.—*General Paralysis*.—Wife of a beershop keeper, assisted her husband in the business, and was a good worker in the shop, but always of a passionate disposition; has had six children; is said to have been of very intemperate habits lately. She is described in the case book on admission as having the appearance of a person labouring under delirium tremens, but the sequel of her case shows that it was in reality the mania of general paralysis. As she was reported on admission not to have slept for ten nights, and, although still very excited, was much exhausted, Liq. Morph. Acet. ʒss in one ounce of brandy was ordered every four hours. She did not sleep however, although this treatment was pushed for twenty-four hours. The next night one dose of Tinct. Digitalis ʒij was given, and she slept for nine hours, and awoke much calmer. This was continued with good results for some nights.

January 4th.—Not so well; menstruating much; pulse feeble. Omit Digitalis. To have a cold hip-bath for ten minutes, one pint of porter, two glasses of brandy, four eggs daily, and small doses of ether and opium.

January 20th.—Better physically, but noisy and destructive, symptoms of general paralysis coming on—*monomanie des grandeurs*—hesitation in speech, halting gait, &c. Tinct. Digitalis, ℥ xx, ter die.

After a month or so there was a marked amelioration in her condition and she became quite calm and very industrious, but retained her delusions of wealth, &c. On the 23rd of September following, however, she relapsed suddenly into a state of furious mania, and would tolerate nothing on her; was packed in the wet sheets, and the Digitalis, which had been omitted, returned to. This treatment was pursued for some days, and with benefit; but on her relapsing again it appeared to have lost its effect, and she gave us much trouble and anxiety for many hours, nothing apparently quieting her excitement. She was finally placed in a warm bath and retained there for upwards of an hour. This had the desired effect and she became calm. It was several times repeated, always with a good result, and she gradually became demented, and passed quietly through the various phases of her mortal disease to her death.

F. C., male, æt. 47.—*Dipsomania*.—Admitted 6th February, 1867. Was apprehended for indecently exposing himself in the streets of Brighton and taken before the police magistrate, who sent him here. He had just had a sum of money paid him, and had been drinking heavily for the last three days without eating much. On admission he is described as being in a state of most violent excitement, noisy, violent, and restless to a degree, quite irrational, and perfectly incapable of using his reasoning faculties to any right purpose. He was brought to the Asylum confined in a strait waistcoat, and held down in a van by four men, and appeared in a very low state of bodily health.

I now quote from the case-book:—

April 7th.—He was so violent on admission, and so obstinately bent on going about in a state of nature, that it was necessary to pack him in the wet sheets at once. On being taken out the second time he was perfectly calm and rational. He took a little beef tea and brandy, ℥ij, was put to bed and slept for several hours. Temp. 97°.

8th.—When visited by the attendant this morning he was standing up in his room quite naked, and all his things torn up. Immediately the attendant opened the door, he made a most savage attack on him, and continued so violent and excited that he was again ordered into the pack, and was kept in for ten hours, being taken out every hour and a half and a little whisky or brandy given.

He soon became calm, has progressed uninterruptedly towards recovery ever since, and ere these pages find a reader will be again working at home for his family. He never had a single dose of medicine during the whole time he was in the Asylum.

E. P., male, æt. 49.—*General Paralysis*.—Was admitted into the asylum at Hayward's Heath, on 23rd May, 1865, in a state of mania, with a threatening of general paralysis indicated by the *déire ambitieux* and the "modification of articulation," which Dr. Bucknill truly terms that slight but fatal shibboleth of incurable disease, which is "neither stammering nor hesitation of speech," but a modification of both. During the first few months after admission he improved considerably, and at one time his discharge was canvassed, nothing remaining of his disease but the hesitation in speech. So he remained for nearly twelve months; but the verdict had gone forth, and gradually his dreadful disease returned with all its vigour, and he became very demented, of dirty habits, and most destructive.

On the 12th April, 1867, the entry in the case-book is as follows:—"Has

been very noisy and destructive for the last two nights, and will not remain in bed, wandering about the room quite naked. Temp. 95°6'. ℞ Liq. Opii, Tinct. Digitalis aa ℥ xv every four hours.—14th. Has slept quietly for the last two nights, and is better to-day." Verily Dr. Robertson was right when he stated Digitalis to be almost specific in its action in general paralysis. 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.

B. H.—, male, æt. 34.—*General Paralysis*.—Admitted 17th May, 1867. Insanity in the family. He fell off a ladder whilst employed on his work as a plasterer about three years ago and injured his spine. He has never been able to return to his work since, and for some time has been in the Union Workhouse, but has latterly become so noisy and so destructive that his removal to an asylum was absolutely necessary.

On admission he was in a state of mania, very restless and destructive, constantly crawling about and pulling to pieces everything that he could lay his hands on, and never contented unless undressing himself; very dirty in his habits, and incapable of controlling himself in any way. If conversed with, he would give coherent answers for a minute or two, but soon became lost and confused, and although clearly remembering his accident and everything preceding it, he had but little memory for recent events, and, clearly, answered at random. The physical symptoms were marked by very decided want of co-ordination in muscular action; when about to speak the lips became extremely tremulous, and the tongue was protruded with indecision; when he attempted to walk, it was with difficulty he could stand even, and only with great effort he could struggle on a few paces; moreover, he had but partial power over the action of the sphincters; yet, withal, he was plump-looking and well nourished, and his limbs showed considerable muscular development, although the countenance displayed the round contour of feature and want of decision so frequent in general paralysis. There was also a decided want of excito-motory sensibility in the muscles, particularly of the lower extremities. The pulse was 70, full and firm; but although he appeared in such good general health, the thermometer in the axilla never read higher than 96°6', although left *in situ* for more than ten minutes, and recorded at all hours of the day.

On the first night of his admission he was placed in an ordinary bed in a single room. He never slept at all, but employed himself all night in tearing up his clothes and crawling naked about the room; he was also both wet and dirty. The next day his diet was specially regulated so as to be highly nutritious but at the same time totally free from stimulants, a very important point in general paralysis. For experience at Hayward's Heath has taught us that, whilst in acute mania you cannot well administer too much stimulant, in general paralysis, on the contrary, nothing is so hurtful, nothing so liable to give rise to noise, violence, and destructive habits. As evening approached he had ʒss of Tinct. of Digitalis and ℥ xx were repeated every four hours through the night, and, although he did not sleep much, he lay calmly in bed and gave the night attendant no trouble. So he has remained ever since, and although his disease is making rapid strides, and he is becoming daily more helpless and insane, the calming effect of the digitalis is such that since the first night he has not destroyed a single article.

H. F.—, male, æt. 34.—*Acute Mania passing into a chronic stage*.—Admitted 24th October, 1865. Hereditary Insanity. When admitted he was extremely wild and excited; talking in a loud voice, gesticulating freely, and

using obscene language. Had various delusions; offered his doctor three million pounds; declared that all his relations were poisoned, but that they were to be buried in St. Paul's Cathedral by his orders, &c. He was thin and emaciated, and looked pale and haggard. Pulse 100, full but easily compressed; tongue very dry, coated, and cracked; heart's action weak and laboured; slight consolidation at apex of right lung; small hydrocele.

For fully twelve months he remained mentally in the same state, noisy, destructive, and dirty, and quite the opprobrium of the asylum. 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, 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. During the whole of this time it was the sole duty of one attendant to look after him. At one time ℞ 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 ℥j of Liq. Opii every three hours, and from that moment he began to mend. He has now for the last three months been at work with the cabinet-maker, and is about to be discharged recovered. Of a surety 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.

W. B.—, male, æt. 42 years, married.—*Spinal Paralysis; Delusional Mania.*—Admitted 2nd November, 1865. Was an auctioneer's clerk; was in the accident in the Clayton Tunnel; injured his back; has never been so fit for work since, and has a slight but decided paralysis of locomotion in the lower extremities. On admission he was very incoherent in conversation, answered questions indeed, but immediately wandered from the subject; full of delusions; fancied himself Christ; stated that he and his family were going up to London to visit the Queen, that he is possessed of great wealth, &c. Body in fair condition; pulse 98, weak, fluttering; tongue covered with a white fur and tremulous. Has a mark on the lower part of the back, apparently caused by an abscess, as well as marks of having been cupped on the nape of the neck. He was very restless and excited. There were many symptoms in this case tempting one to diagnose general paralysis—such as the peculiarity of gait, the tremulous tongue, the monomanie des grandeurs—but this hypothesis was negatived on closer examination, and thus: the peculiarity of gait was not the quick shuffling motion of the general paralytic, who seems to be helping his progression with all the muscles in his body, but was caused by his walking in a straggling and flat-footed manner, with high action, and as if his foot did not belong to him, which Dr. Bucknill tells us is a sure symptom of spinal paralysis; moreover, the tremulous tongue was unaccompanied by any modification of articulation, and I take it the two are never uncombined in general paralysis.

Became much worse after admission, and had frequent recurrent attacks of violent excitement, and was full of the most extravagant illusions; thus, to quote from the note-book:

December 7th.—Very excited; says the water-tanks are poisoned; passed a very restless night, stripping himself naked. To have ℥ss doses of the Mist. Sed.* and half a glass of sherry every two hours until calm.

* ℞	Morph. Acet., gr. ʒ;	}	℥i Sedative mixture.
	Tct. Capsici, ℥v;		
	Acid Hydrocyan. dil., ℥v;		
	Æther Chlor., ℥xliv;		
	Treacle guttæ, v.		

10th.—Still a tendency to noise and violence, but is easily pacified. The sedative has a good effect. Continue \mathfrak{ss} ter in die.

August 24th.—Has been very excited for some days, and last night he became extremely noisy, destructive, and excited. He had secreted a piece of tobacco-pipe, and when visited by the night attendant, had scratched his left arm and neck very much with it, and had torn up all his clothes. This morning he is in a state of acute mania and full of strange illusions—that he is Christ, that his urine is full of diamonds, his fœces are gold, &c. Is to be packed in the wet sheets and changed every hour and a half all day, and to have \mathfrak{m} xx each of Liq. Opii and Tinct. Digitalis every three hours.

25th.—Became calm towards last evening, and passed a quiet night.

1867. January 16th.—Very deluded and excitable just at present. Believes himself to be the Saviour; that he can pardon sins, &c. \mathfrak{R} Tinct. Digitalis, Liq. Opii, aa \mathfrak{m} xx ter die S.

27th.—The digitalis stopped for two days; sedative instead, $\mathfrak{ʒj}$, every four hours. All the old symptoms returned—tearing his bedding, noisy, incoherent. Sometimes when under the digitalis he is apparently well, admitting his delusions for a short time, but always calm and pleasant. Renew the Digitalis \mathfrak{m} xx c. Liq. Opii, \mathfrak{m} xx.

28th.—Is better this morning and more collected.—Since the above date he has been kept under the influence of the digitalis, and from being noisy, destructive, and dirty—a torment to all around him, both sane and insane—he has become quite a pleasant patient, although as deluded as ever, and as little likely as ever to become fit to leave an asylum. That this change is due to the influence of the digitalis none who have watched the case can have a shadow of a doubt.

E. K.—female, æt. 30 years.—*General Paralysis*.—Admitted 29th December, 1866. Had been married for some years, and was in easy circumstances, but had never borne children. Always predisposed to melancholy and depression of spirits, which had been lately much exaggerated by constant physical debility. Mentally, on admission, she appeared to be in a state of acute dementia, had apparently but little memory, and but very limited volitional power, whilst her intellectual faculties were much paralysed, and she had considerable difficulty in collecting her ideas sufficiently to answer a question. Her speech was very hesitating and drawling, and she could scarcely pronounce certain words. She was noisy at times, fond of undressing herself and picking her clothes to pieces, but good-humoured and happy, and declared herself to be “quite well;” which was however belied by her pale, thin, and debilitated appearance, her hesitating gait, and the marked want of consentaneity in all her muscular actions. Her pulse was feeble and at times rapid; the pupils irregular, right dilated, left contracted. But the most peculiar feature in her case was the presence of tubercle in the lung and large cavities, the only time I can ever remember seeing phthisis and general paralysis conjoined. This, however, accounted for the high temperature, which was frequently over 100° .

January 2nd.—Restless and noisy, especially at night, will not remain in bed. Ordered nourishing diet. \mathfrak{R} Liq. Morph. A. Tinct. Digitalis aa \mathfrak{m} xv ter die.

6th.—Quieter, but very lost and helpless; breath very offensive; tongue white and coated. \mathfrak{R} Hyd. c. cretæ. gr. v.

7th.—Had a good night and remained in bed. Temp. $99^{\circ}2$.

24th.—Remains decidedly better, but is still at times restless and fretful. Continue the medicine in smaller doses.

26th.—Very noisy the greater part of last night, but became calm after a warm bath and an extra dose of medicine. Temp. 100° . This was her last

outbreak of excitement; she rapidly became more demented, and her health failing still more rapidly, she soon succumbed to her various ailments.

H. H—, male, æt. 46 years.—*Epileptic Mania*.—Admitted 24th January, 1861. Has been subject to attacks of epilepsy for the last fifteen years. They recur every six weeks or two months, and are supposed to have been originated by exposure to choke-damp when engaged at work in a railway tunnel. The attacks have lately gradually become more severe, and are accompanied by paroxysms of great violence and excitement, and when admitted he was in a state of the most extravagant excitement, and most dangerous to every person and thing around him, although quite incoherent and apparently unconscious of his actions. For about twelve months he remained the *bête noire* of the establishment. His fits would recur every month or so, and for about a week he would be perfectly unmanageable, and often require three or four strong men to be with him as no ordinary single room could contain him, so great was his strength and so violent were his efforts. Various plans of treatment were adopted and carried out, such as regular packing in the wet sheets, &c., but all to no purpose, and he seemed to be getting worse. About this time, however, Dr. Robertson was reintroducing the use of digitalis in mania, and H— was put on large doses. Since then he has gradually lost all his former violence and excitement, and although the fits of epilepsy were nearly as frequent as formerly, nevertheless, they were never again accompanied by the former excitement, so long as the digitalis was regularly given. His general health seemed to be very good, and he worked on the farm in the summer and in the tailor's shop in the winter up to a few months ago, when he died somewhat suddenly in an epileptic fit.

I trust this brief record of a few cases, selected as the most unfavorable we have had during my tenure of office here, will at least show Dr. Sheppard how greatly the experience and practice of this asylum differ from that pursued at Colney Hatch. It is not for me to determine which of the two more faithfully interprets the great principles of the non-restraint system on which the practice of both these asylums alike professes to be founded. Yet I trust that other observers may add the results of their experience in vindication of the humane treatment of the insane in the English County Asylums—a treatment so gravely, I must say, aspersed by Dr. Sheppard's ill-judged paper.