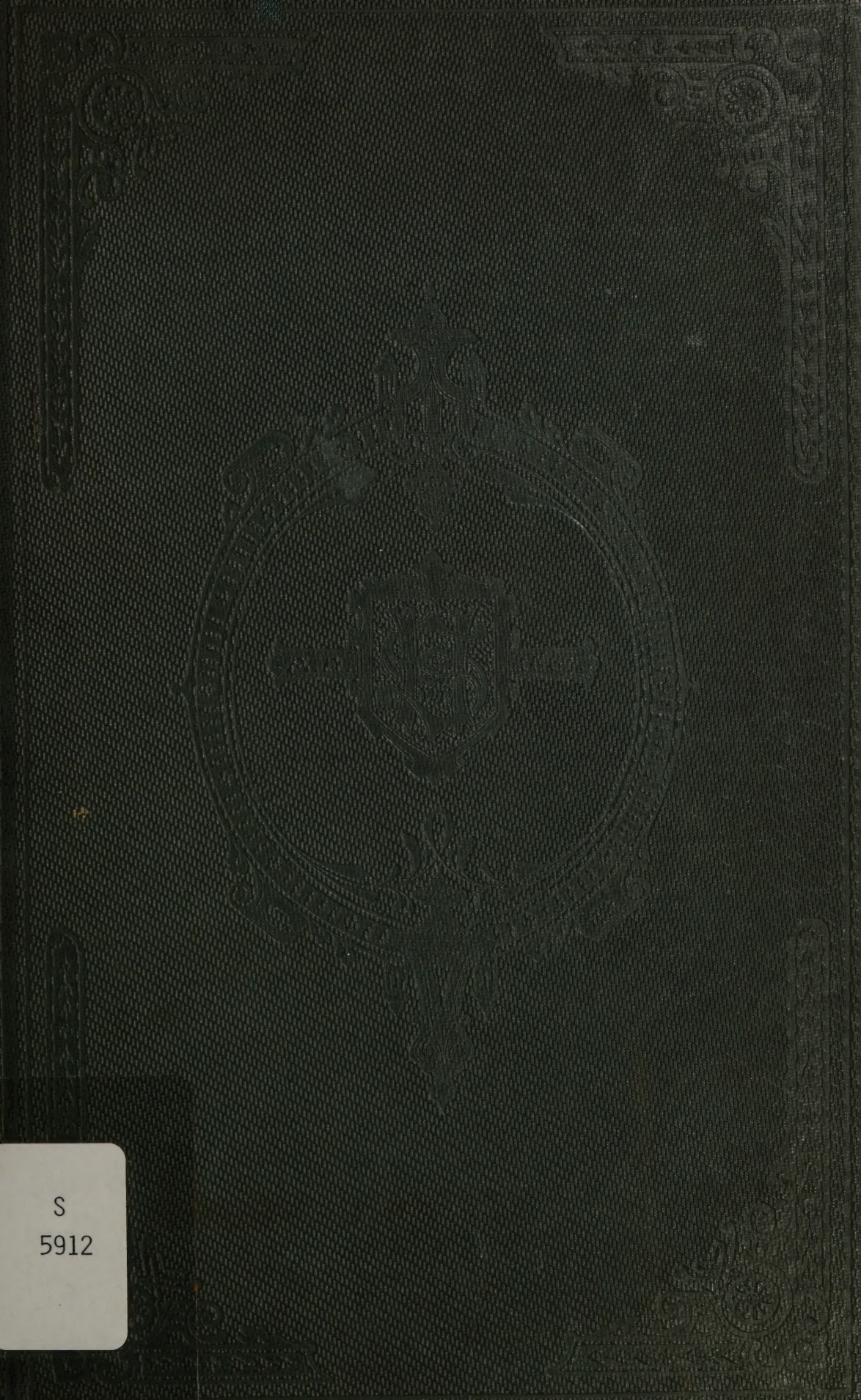

THE ASYLUM JOURNAL.

THE

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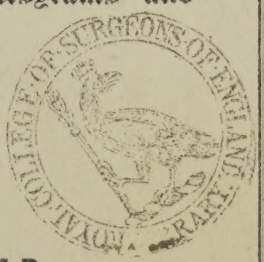
OF

MENTAL SCIENCE,

Published by Authority of

The Association of Medical Officers of Asylums and Hospitals for the Insane;



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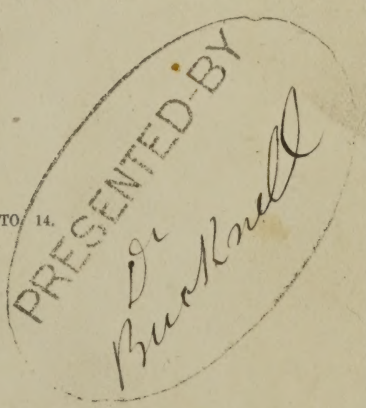

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INDEX.

" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

THE ASYLUM JOURNAL,

Published by Authority of

The Association of Medical Officers of Asylums and Hospitals for the Insane.

SECOND EDITION.

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CONTENTS.

PROSPECTUS.

From the time when Pinel obtained the permission of Couthon to try the humane experiment of releasing from fetters some of the insane citizens chained to the dungeon walls of the Bicêtre, to the date when Conolly announced, that in the vast Asylum over which he presided, mechanical restraint in the treatment of the insane had been entirely abandoned, and superseded by moral influence, a new school of special medicine has been gradually forming.

That period which is marked in the annals of France as the Reign of Terror, saw the star of hope arise over the living sepulchre of the lunatic. Pinel vindicated the rights of science against the usurpations of superstition and brutality; and rescued the victims of cerebro-mental disease from the exorcist and the gaoler. But the victory was not gained in one battle; the struggle was carried on with undulating success, until in this country the good work was definitely consummated by the labors of Conolly.

The Physician is now the responsible guardian of the lunatic, and must ever remain so, unless by some calamitous reverse the progress of the world in civilization should be arrested and turned back in the direction of practical barbarism. Since the public in all civilized countries have recognized the fact, that insanity lies strictly within the domain of medical science, new responsiblities and new duties have devolved upon those who have devoted themsevles to its investigation and treatment. Many circumstances have tended, not indeed to isolate cerebro-mental disease from the mainland of general pathology, but to render prominent its characteristics and to stamp it as a specialty.

When *The Citizen of the World* exclaimed, " Is the animal machine less complicated than a brass pin? Not less than ten different hands are required to make a pin, and shall the body be set right by one single operator?" he forgot that " the physician who pretends to cure disorders in the lump," does not pretend to *make* the animal machine, but only to set it to rights when it may be somewhat out of repair. The division, however, of medical science into the numerous specialties at present existing, may in some respect be expedient, but in others cannot fail to be disadvantageous. The

exclusive study of a specialty may enable the practitioner to become more adroit, but will at the same time almost compel him to become less profound. Exclusive devotion to one disease or set of diseases, may produce marvellous accuracy of diagnosis, but will infallibly retard the study of general pathology and therapeutics. Under an impartial estimate, reasonable doubts may therefore be entertained to which side the balance of good or evil results will incline.

But the treatment of insanity has not alone become a distinct branch of medical science, in the same manner as other specialties have done so; namely on account of the greater convenience and practical address attainable by division of labour. In parts of the country thinly inhabited and unable to maintain any other special division of medical practice, the specialty of lunacy treatment is strictly maintained. Laws, therefore, affecting the treatment of insanity must be in operation more general and imperative than those which in great cities divide the profession into coalescing sections. These laws appear to be twofold, as they relate to the physician himself, and to the means needful for successfully treating the malady.

Concerning the first, the profound Feuchtersleiben makes the following judicious remarks. "Since in the so-called psychical mode of cure, one personality has to act upon another, and since in this case the vehicle, as it were, in which the medicine is exhibited is the person of the administering physician himself, this is the first point to be considered. His circumstances (*i. e.* those of the psychiatric physician) must be such as to allow him to devote himself more or less exclusively to this branch of medicine; that is, to give it the greater portion of his time, which is more necessary in this than in other branches, because the treatment in most instances demands a *second education.* He must be able by his personal demeanour to obtain influence over the minds of other men, which, though in fact an essential part of a physician's mode of cure, is a gift that nature often refuses to the most distinguished men, and yet without which mental diseases, however thoroughly understood, cannot be successfully treated."

The necessity of such exclusive devotion to the study of insanity, of such a second education, would by itself of necessity constitute diseases of the mind into a strict specialty: and it would be difficult to instance any physician, who has ever become celebrated in the treatment of mental disease, or has written any work of standard authority thereon, who has not previously separated himself from the wide field of general medicine.

Another potent reason for the constitution of cerebro-mental diseases into a strict specialty, exists in the demand they make for separate and peculiar institutions for their treatment.

A general hospital will admit cases of all other forms of disease to which mankind are liable. Patients suffering from mental disease are obviously inadmissible, and were it otherwise could not there be successfully treated. The distraction produced in the wards of a general hospital by one of the patients becoming insane under treatment, is greater than can readily be imagined by those who have not witnessed such occurrences. Distinct hospitals for the insane are not less a medical than a social necessity of the times. The State absolutely forbids the detention and treatment of pauper lunatics out of asylums; therefore, as insanity pauperizes all except the positively wealthy, the strong arm of the law accumulates such patients in special institutions, and interferes to mark the disease as a medical specialty. If the public has any right to expect from the physicians and surgeons attached to the great general hospitals, such efforts to promote the advancement of medical science, as their advantageous position enables them to make; still more has it a right to expect such efforts from the medical officers of lunatic asylums; seeing that the diseases to be found in general hospitals are to be met with and studied elsewhere, whereas the diseases of the mind cannot to any extent or with any facility be studied, except in the public institutions devoted to their treatment.

The medical officers of lunatic asylums have not only a right to speak with authority on the subjects of their vast and privileged experience, but the public have a right to expect that they shall so speak. They do the public, not less than themselves, injustice, if they stand by in silent disdain, whilst in medical societies and ephemeral books, crude theories of insanity, founded on the observation of a few isolated cases, are propounded with all the positiveness of inexperience.

Their own especial interests, not less than those of humanity, would eventually suffer from such silence. If it has to any extent existed, the causes of it may not be very hard to discover.

The medical officers of asylums are daily engaged in active and engrossing duties; their occupations of governing large establishments, and of bringing themselves beneficially "*en rapport*" with many diseased minds are greatly antagonistic to literary habits. Daily work like theirs, while quickening the perception and strengthening the judgment, can scarcely fail to take off the edge of the theorizing, or even

that of the recording faculty. The rector of a populous parish conscientiously discharging the duties of his cure, has seldom either time or taste for polemical divinity. If the polemics of psychiatric medicine were of no greater value, than those which render the simple questions of loving one's God and one's neighbour subjects of recondite disputation, it might, perhaps, be well to imitate the silent teaching of those who adopt the short road of example, rather than the long one of precept. But this cannot for one moment be admitted. The All-wise Ruler Who has not left the paths of godliness uncertain, even to the most simple enquirer, has enveloped the nature of cerebro-mental disease in so much obscurity, that through all past ages it has been completely misunderstood; and not until a recent period has the gloom been penetrated by some beams of truth from the lamp of science.

The nature of insanity is a subject of abstruse enquiry; and upon the proper answer to this enquiry, depends the application of a right and wrong method of treatment. The Canons of the Church of England recognized the priestly exorcism of devils from the insane; if the evil spirits would not come out, can we be surprised at any amount of hard usage to which a body possessed by the enemy of mankind should have been subjected? These theories are now practically exploded, and their terrible results are in this country unknown.

Perhaps another efficient reason for the literary inactivity of asylum superintendents is to be found in the fact that they are *beneficed*. Our position is for the most part taken, and our ambition lies within the boundaries of the particular institutions over which we preside. Our rivalry with each other depends upon the comparative degrees of excellence to which these institutions can be brought. Having no private asylums to fill, and no private fees to attract, we have no personal motives to obtrude ourselves on the notice of the public by any literary announcement for the purposes of individual gain.

Such briefly appear to be the most obvious of the impediments to the advancement of psychiatric literature by the official psychiatrists of this country. In other countries, where it is not the custom strictly to debar the medical officers of public institutions for the insane from private practice, these impediments are not found to exist.

We do not stop to enquire into the relative merits of the different arrangements for the medical care and treatment of the insane, but merely indicate the influence of the one prevailing in England in the advancement of mental pathology.

It must not be understood, that the medical officers of lunatic asylums have overlooked the importance of these institutions as the true school of mental pathology in this country, or their own responsibilities as workers, if not as teachers in this field of science.

The establishment of the Association of Medical Officers of Asylums and Hospitals for the Insane in the year 1841, was a practical announcement of opinion on this subject.

The periodical meetings for the interchange of experience and opinion, and the discussion of disputed points, which formed one main object of the Association, have fallen into disuse. The exigeant duties of the members, and the system which prevails in this country of vesting in the medical superintendent the entire management of an asylum and the treatment of the patients, have rendered it impossible that any large proportion of these officers should ever leave home at the same time.

In France and America, where it is the custom to attach several physicians to one asylum, and not unfrequently to restrict their duties to the medical treatment of the patients, similar associations have maintained their periodical meetings, simply because the members find that occasional absence from their duties is neither difficult nor disadvantageous.

Soon after the English Association was founded, the publication of papers written by the members was commenced, and the establishment of a Journal was strongly advocated, and only postponed because at that time no one could be induced to assume the responsibilities of editor.

This proposition has from time to time been again mooted; because the necessity of an organ of opinion could not fail to impress itself upon the minds of all who were desirous of seeing the Association something more than a list of members, and of feeling that to belong to it was something more than a nominal affair without honour and without usefulness.

A scientific association, the members of which are precluded by their duties from periodical meetings at any reasonable intervals, has but one mode of activity left open to it, namely, that of the pen.

Opinions and discussions which cannot be spoken, may be printed and circulated with this advantage, that at such discussion all the members will be present.

In associations where personal meetings of the members are possible, knowledge may be communicated and science advanced by discussion alone; though even under such circumstances the publication of transactions is not the least useful and important result of

combination. But when the members of an association cannot meet, if no attempt is made to substitute the power of the printing press for that of the assembly, such an association cannot even claim an existence of decrepitude, it must be in a state of complete and absolute palsy; if it continues to hold together, it will do so from very want of the powers of decomposition.

Several of the most earnest friends of the Asylum Medical Association, who were impressed with the above views, corresponded with many of the members during the spring and summer of last year, on the absolute necessity of establishing an Asylum Journal, not only as being in itself a most desirable object, but as affording the only chance of rescuing the association from complete inanition.

By such correspondence it was ascertained that the great majority of asylum medical officers earnestly desired the establishment of such a Journal, and that two of them were willing to undertake the duties of editor.

These communications and enquiries of course took place before the meeting at Oxford: we apprehend that such preliminaries are not only usual, but essential to the discharge of business at all public meetings.

They have since been objected to by the editor of a Journal, of whom we desire to speak with all possible respect, and whose experience and calmer judgment must inform him, that the unremunerated labors of an editor are not of a nature to be hastily and without forethought undertaken at a public meeting, or indeed at any time without serious deliberation and self-sacrifice.

At the Oxford Meeting, owing to the combined attraction of the Provincial Medical Association, and the public spirit of W. Ley, Esq., the Superintendent of the Oxfordshire Asylum, (who not only exerted himself to bring the members together, but entertained them most hospitably afterwards,) the attendance of asylum officers was numerous and influential.

The following members of the association were present: Drs. Conolly, Davy, Dymond, Hitchman, Kirkman, Thurnham, Winslow, Williams, Wintle, Wood, and Bucknill; Messrs. Ley, Caleb Williams, Metcalfe, and Rice.

A long and interesting discussion on the best mode of establishing an Asylum Journal took place. One member alone thought that some portion of an existing journal might be made subservient to the wants of the Association. The other members expressed their conviction that a special Asylum Journal was urgently needed; that the magnitude of the interests at stake, the difficulties of asylum management and lunacy treatment, the residence of those engaged in overcoming these difficulties far from each other, the impediments of personal intercourse arising from their duties, the peculiarity of those duties, and of their professional experience, all made painfully evident the want of a medium of intercommunication, and a means of record for matters of practical importance in their department of science.

Dr. Conolly added the weight of his great authority, and spoke with much emphasis of the *treasures hitherto hidden in asylum case books*, likely to become known and useful to mankind through the intervention of such a Journal.

The Association came to an affirmative decision *nemine contradicente*, not only on the main question of establishing an Asylum Journal, but also on the secondary one of confiding the editorial labors and responsibilities to Dr. Bucknill.

The intervention of other duties postponed the immediate commencement of the enterprize, and in the meantime some doubts were felt, respecting the amount of literary support which could reasonably be expected from men so preoccupied as the medical officers of asylums.

To resolve these doubts, and to ascertain as accurately as possible the feeling of all the superintendents of asylums, on the propriety of carrying out the resolutions of the Association meeting, the Editor addressed to them during the past summer, a circular letter of enquiry, "for the purpose of ascertaining as accurately as possible, the amount of support likely to be rendered by the members of the Association."

The following paragraphs are extracted from the replies received from the medical superintendents of county asylums, and from the physicians and medical officers of hospitals for the insane.

1. "The proposed Journal has my best wishes for its success."

2. "No one can more ardently desire success to such an object than myself. I should have much pleasure in being an occasional volunteer in the good cause, though I could not undertake to be a regular and punctual correspondent."

3. "I should be very glad to see the Journal you refer to started, and if in my power I would most willingly aid in the undertaking."

4. "I wish the Journal success that I may profit by it. Should I find myself in a position to become an occasional contributor, I should be most happy and should feel bound to do so."

5. "With ardent wishes for the success of such an undertaking, and with a strong in-

clination to participate in its efforts, I have not the leisure, &c. . . . . Should the work proceed you will find me, if no a fellow labourer, a cordial well wisher."

6. "I think it would be the means of diffusing much valuable information, which, for the want of such a medium, is now locked up in the minds of individual superintendents. I shall be most happy to subscribe to the Journal, which I sincerely hope may be established."

7. "I am glad to find that you have undertaken the duties of Editor to the Journal; I wish you every success, and shall be glad to become a subscriber."

8. "Although I most cordially wish you success in the undertaking which you are about to embark, I fear it will not be in my power to offer you any efficient aid; nevertheless I am so much interested in the success of the Journal, that I will try to do a little towards promoting it."

9. That a Journal would be useful I have no doubt, I wish one could be founded. It is many years since I submitted the subject to a gentleman, who has always taken a warm interest in the advancement of science as applied to the insane."

10. "Should any practical or interesting case arise here, I shall be only too happy to place you in possession of the same."

11. I quite agree with you that such a Journal is much required by this particular branch of the profession. If I can in any way assist you, either by the contribution of occasional cases of interest, or by any other means, I shall be very happy to do so."

12. "I shall most gladly do what may lay in my power, to promote so desirable an object as that which you have in view."

13. "I will most readily cooperate in the working of the proposed Journal, and will contribute as much as I can. I sincerely wish you success."

14. "I shall be most happy to do my best in promoting the usefulness of the proposed Journal, which to be useful must be practical. When you want a page or two let me know."

15. "I should be glad not only to see the existence of a Journal such as that you mention, but also to contribute to the same."

16. "If found practicable, I am satisfied that the Journal would prove *the remedy* of the Association. From the anxieties I have had, I feel sure that the juniors of the profession would derive great benefit (from the Journal), and would probably return enthusiastic support.

17. "I will do all I can to help you, and I enclose an article."

18. "I wish you every success."

19. "If I can be of any service in assisting you I shall be most happy. I am convinced of the very great want of such a Journal."

20. "Your plan of it (the Journal) seems excellent, and I should certainly rejoice to see an independent Journal devoted to psychology."

21. "I approve most cordially of the establishment of the Journal. I shall be most happy to send any papers I may have for publication."

22. "I should not withhold my humble support from any periodical of which you were the Editor."

23. "I most cordially wish that it (the Journal) may be established and may succeed. In regard to my ability to contribute to it, I should be glad occasionally to send a short communication."

24. "I am very much pleased that the Society of Superintendents wish to establish a Journal. I hope the matter will not drop, as I think a great deal of useful knowledge may be brought forward on the treatment of insanity, by men more experienced on that subject than others possibly can be. I shall be most happy to forward cases, and to do all in my power towards the success of the work."

25. "I have always thought that a Journal of contributions from medical superintendents of county and other asylums should be attempted, and am glad to hear that you are willing to undertake the duties of Editor."

26. "If time and opportunity allow, I shall be happy to give my mite in aid."

27. "I trust that the proposed Journal may succeed."

28. "In reply to your circular I beg to say, that I fully intended to prepare a paper for your proposed Journal, and had already commenced one."

29. "I shall have much pleasure in contributing to your proposed Journal."

Three superintendents who did not send written replies to the circular, have given the Editor verbal promises of support; and four others whose appointments were very recent, were unfortunately overlooked in sending the circular.

The above passages—with one exception from the superintendent of a large private asylum—are extracted from the letters of men who have distinguished themselves as the superintendents and physicians of our county asylums and of the largest public hospitals for the insane. With the exception of one or two gentlemen exclusively engaged in private practice, they were received "*from all the members of any influence or status in the Association.*"

With this double call to the work, first at Oxford, and next in the replies to the circular, we cordially undertake the establishment and

conduct of the Journal, feeling assured that the enterprise possesses the best wishes of our psychiatric brethren, and that we may safely depend upon them for an amount of literary assistance amply sufficient to maintain the useful and practical character of this publication.

The aims and objects of the Asylum Journal will be, to afford a medium of intercommunication between men engaged in the construction and management of asylums, in the treatment of the insane, and in all subsidiary operations; it will therefore embrace topics, not only interesting to medical men, but to visiting justices, asylum architects, and chaplains; nothing will be excluded which is not foreign to the modern system of the care and treatment of the insane. It will be a record of improvements and experiments in psychotherapeutics; whether in medicine, hygiene, diet, employment, and recreation; or in the construction, fittings, organization, and management of asylums. It will notice new opinions in the physiology of the nervous system, and the neurological observations and discoveries of every kind.

It will be conducted with a studious regard to the principles of justice and fair play, in assigning to every labourer in its pages the credit due to his work.

"Palmam qui meruit ferat."

For this purpose, and for the satisfaction of the reader, all papers, except when an especial wish is expressed to the contrary, will have the names of the authors attached to them. By this warranty all statements of fact will be authenticated, and opinions be estimated.

It is hoped that it will afford a means of conveying to Visiting Justices and others, in whose hands is vested the ultimate authority in the government of asylums, much valuable information respecting their own duties, which has not hitherto reached them through any other channel.

That the governing bodies of lunatic asylums and hospitals are much in need of some instruction respecting the principles on which their duties should be discharged, is sufficiently evident, from the imperfect arrangements both of accommodation and management still to be found in many asylums; from the excessive expenditure which has often been permitted in the architectural department, and the contrasting, but not counteracting, parsimony in matters more immediately affecting the welfare of the patients; from their not unfrequently converting that which should be a hospital, even for patients incapable of perfect cure, into a great almshouse; from their forgetfulness that insanity is a disease, and their consequent want of the due appreciation of medical science in its treatment.

These allegations are indeed only true of a certain number of our governing bodies; we readily admit that, for the most part, they discharge their duties in a spirit of benevolence, justice, and sound discretion; and that they repose much confidence in, and are much guided by, their medical officers. The exceptions, however, are sufficiently numerous; and even in the most favoured instances, the opinions of a single superintendent expressed in the Board-room must possess much less weight than after having been communicated in a publication like the Asylum Journal, and tested by the examinations of his professional brethren in other counties.

An object of the Journal of much utility, though of minor importance to those above stated, will be that of making known throughout all asylums the want of any one of them; of supplying a medium for asylum advertisements.

The want of such an advertising medium has been pointed out to the Editor by several superintendents, by whom it has been much felt. The advertisements referred to were not those which are inserted as a matter of course in the weekly medical periodicals, but were those for fittings, clothing, servants, and the thousand little matters, in which the information of one superintendent may be of great economical service to others.

The Editor hopes that the superintendents of asylums will make use of the Journal for this purpose to the fullest extent in their power. He also trusts they will feel no disappointment at the unassuming garb in which the work is introduced to them. That it will not provoke the remark

"Amphora cœpit
Institui, currente rotâ, cur urceus exit?"

The Editor, remembering that *amphoric resonance* is often symptomatic of decay, has indeed thought it right in the commencement of his undertaking to begin almost from the gallipot; he however begs to remind his readers, not only that real utility dignifies all things, but also that should occasion require, and prosperity justify the use of a more pretentious vessel, such a change can always readily be made.

The issue of the Journal will at first take place once in six weeks, or at the semiquarterly periods; a less frequent issue having been thought incompatible with its mission as a means of intercommunication between asylum officers. Should it be found upon trial that this interval is too great, it will readily be shortened.

The Journal will be supplied to members of the Association through their booksellers, or on the receipt of sixteen pence in stamps for

postage it will be supplied to them for one year by post; to other persons each number will be charged sixpence, or by post eightpence.

We have now only to beg the kind support of our brother officers; to promise a conscientious discharge of the responsible duties we have undertaken, and to begin.

Statistics of Land attached to the County Asylums of England, by JOHN THURNAM, M.D., *Medical Superintendent of the Wiltshire County Asylum.*

Having had occasion to enquire into the amount and appropriation of the land attached to the several County Asylums of England, and having, during the course of the past summer, had "Returns" from nearly the whole of these institutions obligingly communicated to me, I have been induced to throw them into a tabular form, and communicate the whole to the *Asylum Journal of Insanity*, in the pages of which they may perhaps prove useful to the committees of visitors and superintendents of such establishments. A few remarks are perhaps called for in illustration of the table.

It will hardly be contested, that with regard to the quantity of land, which it is desirable to attach to asylums for the insane, in different localities and for different classess of society, we are not in a position to insist on any fixed or determinate standard. This, indeed, should vary with the varying circumstances of districts and communities; and a diversity of provisions must itself be deemed useful, as promotive of experiment and enquiry, as to the development of agricultural as well as of other modes of employment. In this, as in all other respects, may the public asylums of this country be long spared the infliction of the *dicta* of an assumed optimism, which must be destructive of all individual efforts at advance, and must tend to reduce all to the common level of a self-satisfied mediocrity.

If we confine our attention to the circumstances of county asylums for the insane poor, it would be rash to assume any certain proportion of land as alike suitable in every instance. In their report for 1847, the Commissioners in Lunacy recommend that, in pauper asylums the proportion of land "should, as far as possible, be in the *ratio* of at least one acre to ten patients."* This, it may be presumed, is a *minimum* quantity; for in agricultural districts, there can be no doubt that a much larger proportion is really desirable.

I will now turn to the table itself, which comprises thirty-four asylums in England and Wales, being all the county asylums, together with the Borough Asylum for Birmingham, and the General Asylum at Northampton, which seem naturally to fall under the same head.

Of the nineteen asylums in existence, when the Commission of Lunacy assumed its functions, about two-thirds of the number fell below, and some very much below, the standard recommended: and only two of the number (15 and 28, *Leicester and Suffolk*) at all exceeded it.

The converse however obtains with thirteen asylums established since 1847, the date of this report of the Commissioners. In seven of these (Nos. 7, 16, 19, 26, 30, 31, and 33,) the proportion of land is higher, in six (Nos. 7, 16, 26, 31, 32, and 33,) very much higher, than that prescribed; in five (Nos. 3, 6, 13, 14, and 25,) is about that recommended; and in two instances only (Nos. 2 and 17,) falls below the required amount. There can be no doubt that it is to the judicious exercise of their functions by the Commissioners in Lunacy, that we owe the general recognition, which is here apparent, of the necessity for a sufficient amount of land being provided in connection with every pauper asylum. The inadequacy of the original provision in the case of many of the older asylums is the more to be regretted, as, in the majority of such instances, it appears hardly possible to remedy this defect, in consequence of the land in the immediate neighbourhood not being purchasable; or if so, only at the most extravagant prices. The superintendent of one asylum complains, that he has space only for a few piggeries; another, that he has but just garden ground enough to find the establishment in vegetables; and several lament the utter inadequacy of their farms for the proper development of the industrial system among the patients.

In all cases it appears desirable, in an economic point of view, that the ground should be sufficient for the production of all the vegetables (including that most important vegetable, the potato), milk, and at least part of the butter, which would be required for the use of the establishment; for it is assumed, that it can hardly ever be other than more costly to purchase these necessary articles of consumption, than to produce them; to say nothing of the advantage and satisfact of securing the supply of fresh vegetables and unadulterated milk.

But the labour which an asylum can command from the male patients, ought to provide more than this, at least in agricultural districts, where some profit should be derived from the sale of farm produce, not required for the use of the establishment.

Whether it is expedient that corn should be grown for the consumption of the inmates, or for sale, must be regarded as an open question; and it is one which will probably divide the opinions both of experienced economists and farmers on the one hand, and of medical superintendents on the other. To be carried out advantageously, a much larger farm is of course implied, than that hitherto recommended by the Commissioners: but I am not prepared to say, that where opportunities exist for it, the plan is not worthy of a fair trial. One can hardly see why a profit should not be made; and I am sure, that by affording opportunities for agricultural pursuits on a more varied and extended scale, it would be beneficial and gratifying to many of the patients. When the tillage is not confined to spade labour, and when the plough and the harrow are brought into requisition, there is more scope for drawing out the capabilities of individual patients, and the pleasure connected with these various operations, and those of the stack-yard and barn floor, is not to be slighted as a beneficial agent. With the

* Commissioners' Report, p. 323.

steam-power existing in many asylums, there can be no difficulty as to converting the corn into flour; and provision for doing this has actually been made at the Wilts County Asylum.

Similar arguments may be employed in favour of the introduction of grazing, and the production of the whole or part of the meat required for the use of the establishment. I will not, however, pursue this subject further, but will merely observe, that in order for the system to answer in an economic point of view, it supposes the employment of able and conscientious officers, and the surveillance of an active and intelligent committee.*

Though out-door pursuits must be admitted as being in all respects more salutary than those of a sedentary and mechanical nature, yet there can be no doubt that in manufacturing districts, it is desirable to provide for the occupation of the inmates of an asylum, by the erection of looms and workshops, which to some extent at least may obviate the necessity for the provision of so large a farm. This, however, is a question which must be dealt with on its own merits in each individual case.

ASYLUM.	No. of Beds	Acres of Land in: Buildgs., Airing Grounds, &c.	Grass	Spade Husbandry	Under Plough	Total	Remarks of Superintendents
		a r p	*a r p*	*a r p*	*a r p*	*a r p*	
1 Bedford, Herts, & Hunts	270	5 0 0	. .	14 2 0	. .	19 2 0	An approximative estimate. B.F.Matthews
2 Birmingham Borough .	300	6 1 0	7 1 18*	6 3 27	1 3 0	22 1 5	*3 *a* 2 *r* 29 *p* are occupied by farm buildings and ornamental grounds. The purchase of 6 additional acres is contemplated. T.Green
3 Buckingham . .	200	7 2 26	. .	12 1 14	. .	20 0 0	Including roads and outbuildings. J.M.Miller
4 Chester . . .	240	6 0 0	. .	4 0 0	. .	10 0 0	Difficult to procure more land in the neighbourhood. A.E.Slater
5 Cornwall . . .	263	9 0 0	. .	6 0 0†	6 0 0	21 0 0	† 6 *a* purchased June 1852. D.F.Tyerman
6 Denbigh, &c. . .	200	3 0 0	7 0 0‡	10 0 0	. .	20 0 0	‡Chiefly occupied for walks & grounds. G.T.Jones
7 Derby	300	. .	14 0 0	. .	30 0 0	76 0 0	Appropriation not finally determined. J.Hitchman
8 Devon	450	10 0 0	. .	14 0 0	. .	24 0 0	More land felt to be desirable. J.C.Bucknill
9 Dorset	165	1 1 1	1 3 26	14 3 8	. .	17 3 35	Of the whole, 12 *a* obtained on lease within the last three years. J.H.B.Sandon
10 Gloucester . . .	320	8 2 0	. .	15 2 0	. .	24 0 0	Difficult to procure more land from vicinity to city. W.W.Williams
11 Kent	650	8 2 0	20 1 4	9 1 14	22 0 0	60 0 18	25 *a* added about 4 years since. J.E.Huxley
12 Lancashire, North (Lancaster)	700	10 0 0	16 0 0*	20 0 0	4 0 0	50 0 0	* Of these about 4 are occupied by plantations & reservoir. 33*a* purchased in '44. J.Broadhurst
13 .. East (Prestwich)	586	. .	. .	15 0 0	. .	43 0 0	7th Ann. Report of Commissioners in Lunacy
14 .. West (Rainhill)	400	15 0 0	6 0 0	8 0 0	20 0 0	49 0 0	T. Eccleston
15 Leicester and Rutland .	260	10 0 0	18 0 0	2 0 0	. .	30 0 0	H. F. Prosser
16 Lincoln . . .	266	6 1 26	20 0 0	10 0 0	8 0 0	44 3 13	As proposed. Exact appropriation not yet decided. E.Palmer
17 Middlesex, East (Colney Hatch)	1238	19 2 33½	. .	. .	. .	118 3 35	The appropriation not yet determined. An additional purchase since May. W.C.Hood
18 .. West (Hanwell)	964	26 2 35	6 0 0	50 2 24	. .	83 1 19	30 *a* purchased in 1845-6. W.Denne
19 Monmouth, Hereford, &c. (Abergavenny)	210	4 2 0	24 0 0	6 2 0	. .	37 0 9	This will probably be modified. J.S.Allen
20 Norfolk . . .	300	6 3 0	. .	4 1 0	. .	11 0 0	Of these 6*a* formed a second purchase. E.Owen
21 Northampton . .	285	3 1 1	3 0 0	20 0 0	. .	36 0 0	About 9 *a* not occupied. P.R.Nesbit
22 Nottingham . . .	236	8 1 0	9 0 0	3 3 0	. .	21 0 0	About 12 *a* purchased this year. J.S.Alderson
23 Oxford and Berks . .	370	8 0 0	. .	13 0 0	. .	21 0 0	A few of these were a second purchase. W.Ley
24 Salop and Montgomery .	240	4 0 29	4 0 0	7 0 0	. .	15 0 29	R. Oliver
25 Somerset . . .	400	8 0 0	16 0 0	13 2 0	9 0 0	47 0 0	Appropriation not entirely determined. R.Boyd
26 Southampton. . .	400	11 0 0	80 0 0*	3 0 0	20 0 0	114 0 0	Approximative. *58 *a* in wood, &c. F.J.Ferguson
27 Stafford . . .	400	6 0 0	29 0 0	9 0 0	. .	44 0 0	J. Wilkes
28 Suffolk	250	5 0 0	18 2 22	6 3 23	. .	30 2 5	J. Kirkman
29 Surrey	900	12 0 0	63 0 0†	16 0 0	6 0 0	97 0 0	†7*a* of these orchard, shrubbery, &c. W.H.Diamond
30 Warwick . . .	350	6 0 20	. .	. .	. .	42 0 0	Appropriation not yet determined. W.H.Parsey
31 Wilts	286	5 3 31	8 3 17‡	31 2 11	. .	45 1 19	‡Of this quantity 3 *a* 3 *r* are in wood, plantation, &c. J.Thurnam.
32 Worcester . . .	188	. .	. .	10 0 0	. .	45 3 3	7th Ann. Report of Commissioners in Lunacy
33 York, N. & E.Rid. (York)	314	4 0 0	55 0 0	29 0 0	. .	88 0 0	Of these 43*a* 0*r* 2*p* were added this year. S.T.Hill
34 .. W.Rid. (Wakefield)	700	12 2 0	11 0 0	23 0 0	. .	46 2 0	C. C. Corsellis

[The above Returns were obtained before the publication of the Commissioners' Seventh Report, which does not supersede their utility, inasmuch as the latter document records the total acreage and the quantity of garden ground only and does not notice the acreage applied to agricultural purposes.]

On Monomania, in a Psychological and Legal Point of View, by DR. DELASIAUVE, *Physician of the Bicêtre. Abridged from the Annales Medico-Psychologiques, July, 1853, by* J. T. ARLIDGE, ESQ., M.B., *Lond, late Medical Officer to St. Luke's.*

The mental aberration, known as monomania, was recognised by the ancient Greek and Roman writers, and described under the general appellation of melancholy. Pinel also included it in his class Melancholia, as a variety of "mania without delirium." We owe to Esquirol its separation as a distinct morbid condition, and the term monomania; which, however, was not intended to imply a single delusion, a madness restricted to one erroneous impression, but to represent a condition corresponding to a passion, to a sentiment, or to a conviction susceptible of infinite manifestations. A singleness or simplicity might, indeed, sometimes characterise the onset of the affection, but, in course of time, there would be a disorder of the other feelings, caused by the influence of the diseased sentiment, and

* See some valuable remarks on this subject by Mr. Tuke, in his editorial notes to Dr. Jacobi's *Construction and Management of Hospitals for the Insane*, 1841, p. 187.

by their own deficient exercise. In this way may be explained the frequent change of complex sentiments, the question of priority and succession in which cannot often be determined, and owing to which, some writers, as M. Falret, have thought it necessary to introduce classes of oligomania and polymania; Esquirol's term not answering, from the isolation it implies, to express the succession of facts.

The term lypomania is, moreover, open to objection. More expressive than melancholia, for which Esquirol substituted it, its characters are still not sufficiently precise; so that even some of Esquirol's cases of monomania might equally well be classed with lypomania. The mental depression made use of to characterize this state is not a pathognomonic sign of an alteration constantly identical; but, on the contrary, the expression often of the result of the most varied and dissimilar causes. The term lypomania does not, therefore, represent an actual fact, that is to say, an exact notion of a disease. It stands in the same category with the word asthma, which formerly represented any disorder attended with difficult breathing.

A fundamental distinction should be made between the intellectual and the moral and instinctive faculties; such are the feelings (sentiments), passions, inclinations, internal senses, aptitudes, etc. To the former—the intellectual—belongs, so to speak, the monopoly of the formation of thought. It is the understanding alone that conceives ideas, aggregates them, evolves inductions and resolutions, and dictates actions therefrom. On the contrary, the moral and instinctive forces are but promoters and auxiliaries to the intellectual; they furnish the elements of action and the opportunities of exhibiting them.

This distinction seems to elucidate the subject. Supposing either of these divisions separately attacked, is it not presumable that the lesion must not only vary in symtomatic accidental conditions, but contrast also in the essence and in the form of the delirium? If, for example, the lesion affects the understanding, the functional irregularity will be displayed incessantly, both as to the feelings and on all subjects; the delirium will be *general*, by reason of the setting loose of the ideas. If, on the other hand, the change is seated in one or several of the other faculties, the logical act (reasoning) may still be accomplished, the attention be fixed, the judgment operative, voluntary determinations practicable, and coherent conversation continued. Then, as in excessive passion, vicious appreciations will be manifested, false convictions, ridiculous notions, and chimerical fears take root; irresistible impulses, extravagant, outrageous, and destructive actions be indulged in: the patient will behave as a madman, though he, at the same time, preserve the power of reasoning. The delirium, lastly, may be more or less circumscribed or partial, including in itself impressions and ideas associated (*afferent*) with the affected sentiment.

Daily observation confirms all this, presenting to us two definite groups of the insane, according as their malady has an intellectual or sentimental (emotional) origin: the former characterized by general aberration, or more or less absolute impotence of thought; the latter, by the domination of exclusive preconceptions, which blind the judgment without destroying it, and sometimes without even injuring it, with regard to any matters foreign to the delusion entertained.

Hence it is evident that each sentiment may be the agent of a special aberration. The division of Esquirol cannot, therefore, except for practical purposes, be retained; but we must, with M. Ferrus, admit two great orders, general and partial mania.

Partial insanity is not necessarily restricted to a single sentiment, several moral or instinctive lesions may concur, and it is susceptible of intermediate shades. It does not assume, as an exclusive feature, either sadness or hilarity; and its varieties are numberless.

The questions arise, how far is the understanding to be valued in its exercise and manifestations? and, how far is the general mental state affected, through the reciprocal relations between the faculties, by the disordered sentiment?

Every mental result implies the concurrence of all the intellectual powers; and every partial irregularity entails an irregularity of the whole. With the instincts, however, the same law does not exist: the independence of their action is a distinctive feature. If the action diverges, and, by the exercise of one feeling, others are evoked, this correlation has always its limits. The same law applies to the moral feelings. One sentiment does not necessarily entail another, but, on the contrary often precludes it. Opposite emotions will follow one another rapidly; under the influence of powerful emotion or abstraction, the sharpest pains are forgotten; and the most overbearing passion has its intermissions and paroxysms.

The morbid state cannot entirely destroy this functional individualism. When the lesion, extended and strengthened by time, has multiplied false impressions, it is easily conceivable that it may bring about, by its ceaseless oppression of the mind, inertia, or apparent incoherence of thought. Such a mastery of one emotion is often seen as a physiological result; thus, in the case of fear, or of jealousy, where the reason becomes clouded, and the mind a prey to numerous chimeras, giving rise to inconsistent and extravagant conduct.

What, then, is confirmed partial insanity, but a more or less permanent image of such a transitory state? Daily subjugated more powerfully to the influence of his ever expanding insane convictions, the patient, if not absorbed in his world of fancies, becomes sensitive on every point; his attention can rarely be fixed on any subject; the settled delusion will not admit an association with any topic raised in conversation, exposing its fallacy; not, however, that the mind cannot act on right impressions, but it is prevented so doing, just as a violin cannot produce harmony, if a broken string, instead of being altogether removed, strikes against the rest.

If such be the course of confirmed aberration, the reverse is that of restrained disorder, which most cases are instances of at their origin. The period of incubation is especially long in emotional (*sentimentale*) insanity. The evident outbreak oftentimes does not reveal itself until after years of internal conflict. The delirium, isolated, as yet feeble and not rooted, without enlarged conviction, and without permanence, does not preclude all energy, all sustained will, all regular oc-

cupation. Society includes numerous monomaniacs, who, in spite of the isolated disorder of their emotional faculties, do not neglect their social duties, who watch their interests, and even hold the mastery over their inclinations, who are discoverable to the attentive observer, only from involuntary distractions. Numerous examples of such individuals could be collected; as also of others, themselves conscious of the error of their imaginations.

It has been said, that the judgment in monomanias is perverted. If by this be intended that the integrity of the moral powers is compromised, that the boundaries of good sense are decreased, the limits of healthy appreciation more restricted, the proposition may forthwith be admitted; for such concession does not imply, as to the lesion, a unity (*solidarité*) between the two orders of the mental powers. But as the word judgment has various acceptations, the statement is obscure; and, on giving that faculty the signification before indicated, viewing it as an abstract power, and as one form of intellectual operation, the conclusion actually becomes false. In a word, the product has been confounded with the machine, the work with the instrument.

The opponents of our doctrine assume that monomaniacs do not recognise the error of their delusions; and that, if they did, they would not be madmen. But, besides excluding many mental aberrations from the list, this opinion is untenable on its own hypothetical grounds. Physiologically, the man under the influence of violent and continued passion, rarely has a clear notion of its morality or effects: the thought only of a bitter enemy will kindle a blind hatred, uncontrolled by reflection or calculation. Pathologically, on the contrary, among the morally insane, how many of them do we not reckon in whom the pernicious conviction is not at all times predominant, who do not shew themselves ready (however transient may be the impression) to deny their errors, while under what they conceive to be hostile observation.

Their tenacity against arguments is otherwise very explicable; when the circle of false ideas is enlarged, no argument is possible without involving them and so exposing them, that, far from eradicating them, their activity is only thereby augmented.

We may conclude, therefore, that monomania—or better, emotional madness—may be compatible with the exercise of the intellectual functions.

This brings us to the discussion of the subject in its legal bearings.

On the Prevention of Dysenteric Diarrhœa in Asylums, by F. D. Walsh, Esq. m.r.c.s., *Medical Superintendent of the Lincoln Hospital for the Insane.*

The diarrhœa which occasionally prevails in asylums is of two kinds: one may be called, and is simple diarrhœa (D. Crapulosa); there are no constitutional or febrile symptoms; this form is generally cured with ease by some astringent, by small quantities of opium, or some other simple remedy. The other kind is attended with febrile symptoms, yeasty and fawn-colored stools; but the most peculiar symptom of all is a red and peculiar looking tongue; this form of diarrhœa is of a dysenteric character, and requires quite a different treatment to the other; all astringents and opiates, though seeming to relieve for a time, really do harm; the symptoms return with greater violence, and often wear out the patient. We were once in the Lincoln Hospital for the insane, infested with this diarrhœa to a great extent; our physicians and board took the matter into consideration; it was attributed partly to vegetables and fruit; the vegetables were ordered to be rooted up from the garden, and fruit was forbidden; but the disease became worse and more fatal than before. I had been much at sea, and had observed this disease in connection with scurvy on shipboard. It always broke out in connection with scurvy; the same kind of tongue existed with scurvy, and the latter disease often terminated fatally with this kind of diarrhœa. In port, diarrhœa and scurvy ceased at the same time: the two diseases appeared to be produced and to be cured by the same means.

From these facts I concluded that dysenteric diarrhœa frequently made its appearance, in consequence of the diet being deficient in fresh vegetables and fruits, and in vegetable aroma. I am of opinion that vegetable aroma is necessary to health. In the cases of scurvy, pure citric acid has no effect, but the aroma of the lime appears to be an important adjuvant.

The investigations of Dr. Garrod prove the importance of potash in the prevention and cure of scurvy; but, from many facts which have come to my knowledge, I am convinced that vegetable aroma is also of much importance. Dr. Christison suggested the idea many years ago. I had heard, but before I saw it myself, I could not believe that sailors recovered of scurvy when they lay near shore, although their diet was not altered. Four cases of scurvy under my own care, got well in the Hooghly, although they did not change their diet. I do not see why the smell of the shore, so grateful to an animal function, should not also be grateful to a vital one: or why, if bad effluvia can produce disease, air loaded with aromatics should not be conducive to health. All nations take aromatics in some shape or other, and it appears probable that these luxuries, so bountifully provided by a kind Providence, are not merely intended for the gratification of our appetites, but are intended to serve also in the preservation of our health.

There are aromatics in daily use, almost as efficient as that of the lime: as tea and coffee, the hop used in beer, and, above all, wine. In ships where these articles of diet are freely used, there is no scurvy or dysenteric diarrhœa.

In returning to England with invalided soldiers from Chusan, we never had scurvy in the cuddy; among the men, however, we had it all through. From St. Helena to home, though they were fed entirely on fresh meat, the scurvy and diarrhœa, with a red tongue, continued to prevail, and men died daily. From this experience, and also from some observations I had made in Scotland, where we never had this diarrhœa in an asylum where the patients partook plentifully every day of a food they call kail, made up of all the vegetables in the garden, with a very little meat, I was convinced that the dysenteric diarrhœa

prevalent in the Lincoln asylum might be owing to deficiency of fresh vegetable food in the dietary. Therefore I proposed, that instead of destroying the garden vegetables, the patients should have some every day without fail, and that ripe fruit should be given once a week at least; as the disease was confined to the pauper patients, who did not get tea or coffee, and did not occur amongst the better class, who took them, with fruit and vegetables every day, I also proposed that every pauper should take either tea or coffee every day. The Board and physicians agreed to this proposal, and copied my report, with the proposed alteration in the dietary, on the minutes. Since that time, which is four years ago, we have had no dysenteric diarrhœa; occasionally our patients have had relaxed bowels, but not of the inflammatory kind; it has been cured by the usual simple remedies, by leaving off vegetables, and giving a few astringents or chalk mixture. Since the period referred to, there has been a report of the Sanatory Commissioners advocating the use of fresh vegetables and fruit.

The native practitioners in India often cure dysentery (chronic) where the European practitioners fail. They give no medicine, but keep the patients entirely on cooked fruits. These native apothecaries themselves eat bannanas or plantains every morning, to protect themselves against dysentery, and to keep the bowels regular. They never eat fruit late in the day: I give my patients fruit before 11, A.M., after dinner I think it is injurious. Celsus gives the same remedy for the same disease. "Si vero medicamentis utendum est aptissimum est id quod *ex pomis fit.*" He then recommends a great many kinds of fruit to be boiled together. I did not, however, give fruit for the cure of the disease, but for the prevention of it. I had an instructive case from the dispensary (attending for a friend); a female had diarrhœa for eight months, she had taken every remedy, her paper was filled with prescriptions of all kinds; she was forbid all fruits and vegetables, she had a quick pulse, her tongue red and almost blistered, she had great thirst. I gave her no medicine, but forbade meat, and told her to live principally on ripe fruits. The diarrhœa ceased in a few days, in a fortnight she was quite well. It is evident that astringents and opiates do harm in such cases, making the tongue foul and red, and exciting thirst; purgatives are better, for the purging produced by the disease is merely an effort of nature to carry it off. One remedy I used in India,

Pil Hydr., gr. ii.
Pulv. Ipecac., gr. ii.
Extract Gentian, gr. ii.

given in a pill morning, mid-day, and evening. The next morning half an ounce of castor oil, with twenty drops of laudanum. This I have often known to cure the disease. As a preventive, however, the diet mentioned above has been most effectual. At this place, when good ripe fruit cannot be obtained, some pecks of apples slowly roasted in an oven, are used by the patients instead. Raw apples require more mastication than they are likely to obtain.

[The opinions expressed in the above article receive confirmation from a clever letter on this subject addressed to the *Times*, on the 3rd instant. The writer (a physician) cites the deterioration which took place in the health of his own children, from discontinuing the use of fruit, on a change of residence from the country to town. "On first removing my family to town, the usual supply (*i. e.* of fruit) being cut off, two or three of the younger ones became affected with obstinate diarrhœa and dysentery, which resisted all the ordinary modes of medical treatment. My opinion on the subject afterwards induced me to give them a good proportion of fruit every day, as grapes, oranges, ripe apples, when all the symptoms presently subsided, and they have never since been troubled with bowel complaints or skin eruptions to any noticeable extent."—ED.

On the Headdress of Pauper Lunatic Men, by the EDITOR.

If this question were one of taste alone, and if the head-covering were merely an ornamental finish to the dress, it might readily enough be answered by a plurality of proverbs indicating that each man's was the best for himself.

Nothing determines the character of a man's appearance more than the garment which he wears upon his head; on this account a gentleman will always, if possible, possess himself of a good and a becoming hat. A lady is in nothing so particular as in the exact shape and material of her bonnet; the Mussleman adjusts the folds of his turban with discriminating skill; and even the 'Chactaw' does not believe himself to be the perfect type of a hero, unless the eagle feathers are arranged from os frontis to occiput in precise and symmetrical regularity.

What in architecture the capital is to the pillar, in the habiliments of man the headdress is to the costume.

The superintendent of a pauper lunatic asylum, however, though his functions are indeed most diversified, is not often called upon to act in any matters as *arbiter elegantiarum.* He must seek for principles to direct his choice, which, if not hostile to the rules of taste and lines of beauty, are at least independent thereof, and recommended to him by more substantial and utilitarian advantages.

In this, as in many other matters, his guiding principles must be sought for in the laws which promote health and conduce to comfort and economy.

On the score of health it will be readily granted, that the best headdress is that which will best protect the head from extremes of temperature, whether from the winter cold or from the fierce rays of the July sun, productive of congestive headache and frequent epilepsy, sometimes even in this country more than suggestive of *coup de soleil.*

The man of business and of pleasure, who regards his health and comfort, and possesses the requisite means, provides himself with various head-coverings. Besides the regulation pot, as the Mussleman calls the Frankish hat, he has his yatching oilskin, his cricketing straw, his travelling cap, to say nothing of his gossamer, gibus, and crush. He finds it as necessary to the most ordinary comfort to adapt his head-clothing to circumstances, season, and weather, as to modify

for the same reasons the covering for his feet. He would as soon think of plunging gun in hand into wet turnips in a pair of patent leather Wellingtons, or of making his way into a box of the Italian Opera in well clouted high-lows, as of neglecting to avail himself on all possible occasions of the most appropriate, that is, of the most comfortable headdress.

But with the poor man it is different. If he be one of those who have been miscalled nature's aristocracy, namely, a wild and unkempt savage, his head will be well protected by the author of the patent of his nobility: within the tropics a dense casque of wool will present a most imperfect conductor to the vertical rays of the sun, and to his Numidian noddle an efficient safeguard. In the inhospitable regions of the north his headpiece will be covered with a "thick fell of natural hair," densely matted together, thick enough to afford warmth, devoid of frizzy texture so useful to his black-skinned brother, but lying like thatch on a penthouse roof to shoot off rain from eyes and ears and neck.

Civilization crops his mane, and after years of cropping it becomes a very degenerate affair. When this has taken place, substitutes become necessary. If possible, the substitute should be varied with varying circumstances, but if restrained by poverty or economy one substitute must be made to do duty at all times. A freeborn Englishman in the possession of his liberty may wear what he likes upon his head; he may even sport a steeple crowned hat above a red neckcloth, without fear of police : a privilege not accorded at the present time to all Europeans.

But when this liberty is lost, and disease brings him to the condition of the *well-governed* peoples of Europe, with others to choose for him in most matters, freaks and whims of taste must be avoided. A good choice is the more necessary when the habiliment is to cover a head containing a brain morbidly diseased, liable to any noxious influence, and, on account of blunted sensation or perception, often incapable of recognizing such influence.

The greater then becomes the necessity that all possible good qualities should meet and combine in it. These qualities are the power of protecting from heat and cold, lightness, ventilation, cleanliness, a convenient shape, cheapness, and durability.

The first quality will depend to some degree on texture, but still more on color, or rather, as we shall find, on want of color.

White substances least radiate heat and absorb it with less facility, than colored or black substances. White habiliments, therefore, keep in the heat of the body, and keep out the rays of the sun better than others. (See Count Rumford's experiments on this point.) The difference between the warmth-preserving qualities of a black and of a white hat worn in winter may not be very remarkable ; but the difference between their heat-repelling qualities in summer is great and important. The European officer on Indian service must continue to wear his regulation shako, but finds himself compelled to slip a snow white covering over it. When he seeks amusement in pigsticking or other sport, he must convert his hunting or sporting cap into the similitude of a degenerate turban, by enveloping it in folds of white linen. If, in the pursuit of business or pleasure, he mounts a hat, it must be a white or light colored one, for he well knows, that of a black hat he would be compelled to say, it is "darkness which may be *felt.*"

Even in the temperate climate of this country, many a headache would be spared to its inhabitants by the adoption of white or light colored hats during the summer season. And we can state from somewhat extensive observation, that a white head-covering in hot sunny weather affords much comfort to the insane.

Little need be said of texture in relation to temperature ; because, if a space be left between the head and its covering, the interposed air affords the best of all non-conductors. To provide such a space is of much importance. In caps for the insane it may be maintained either by making the sides of stiff material, or by keeping the crown tense and flat by means of a ring of cane in its circumference. A flat crown can only rest upon the head on one spot, around which the desired space is maintained between the two. A hat is now made for Indian wear, the excellence of which depends upon the head being surrounded and surmounted by such a layer of air. It is, in fact, a double hat, and acts on the principle of a double window to a house ; with this difference, however, that in the one case the layer of air impedes the transmission of heat from within outwards, and in the other case from without inwards. No skull cap can possibly be a cool and efficient head covering; and, on this account, the felt caps, known as jim-crows and wide-awakes, are in our opinion objectionable for the use of the insane.

Lightness also is a matter of much weight—or, perhaps one ought to say, of much consequence. We most of us know from personal experience the discomfort of a heavy headdress; and the use of a heavier hat than usual is, with most people, a sure recipe for a headache. Soldiers, it is true, are often compelled to wear enormous loads of leather or metal; but this is accounted for on the princip'e, that with them the protection of the skull is of much greater importance than the protection of the brain.

Some years ago, stout good looking felt hats were in fashion at Hanwell; from which place their use was adopted by ourselves. Our patients, however, complained of their weight, and they were discarded.

The same objection of weight applies to straw hats of rustic plait, made with entire straw; and these are the only kind of straw hats which will bear the rough usage of gardeners or labourers. Hats of split straw are soon knocked to pieces.

Ventilation. The escape of moist and heated air can scarcely be interrupted from any head-covering made of textile fabric. Felt caps and hats, however, are impermeable to air, which fact constitutes against them another objection. Should they be worn, a few small holes punched in them will render them much more comfortable.

As for *cleanliness*, it may be preserved with any variety of clothing: a pigstye may be kept clean with a little trouble. Cleanliness, however, *announces* itself most distinctly from a white surface.

Cost. This crowning article of male attire is usually so durable, that the question of cost cannot be con-

sidered a very important one. A stout felt hat or a Scotch bonnet would last, barring accidents, for the best part of a generation. Flimsy articles of split straw and the like may prove expensive, but well made substantial head gear of whatever variety will last long enough to satisfy the most economical conscience.

In summing up our opinions, and in shewing upon what grounds they are founded, we may state that we have given fair trial to several forms of headdress for the insane.

Eight years ago all our male patients wore stout felt hats, their price was 2*s* 4½*d*, their weight 13 oz.; while new, their appearance was satisfactory. In wear, however, they were found to be heavy, hot, and even distressing in summer; they did not pack well, occupying much space, whether hung upon pegs or deposited upon tables for that purpose; some patients were apt to use them as depositories for rubbish of various kinds; when dilapidated by accident or design they were incapable of repair, and looked undeniably shabby. A hat with a fraction of a crown, and less than a fraction of a brim, may be a picturesque object in an Irish interior, but is little suggestive of discipline or comfort. These disadvantages were thought to be decisive, and the hat was abolished.

The substitutes introduced were the Scotch Lowland bonnet for winter, and a light linen cap for summer use. The change was satisfactory. The Lowland bonnet is undoubtedly a most comfortable and efficient head-covering in cold and inclement weather; it also is not heavy, ventilates well, will bear washing and repair, and occupies little space. We have recently observed it in use in the new County Asylum for Warwickshire. We thought it, however, too hot for the use of insane patients in weather not decidedly cold. We endeavoured to obviate this objection by substituting linen caps during the summer months, but the change and storage of clothing is in itself an evil, and in this uncertain climate no one can tell when the weather will be hot, and when cold, or fix arbitrarily the proper season for change of clothing. We often have a second winter in May and a second summer in October. A pound of worsted on one's head may be more welcome in June than in April, and any one who tries to fix the proper time to leave it off may find himself worsted in the attempt. An attempt therefore was made to discover some habiliment which would meet the emergencies of all seasons, be cool enough in the summer solstice, and warm enough in the winter one. A cap made of fustian or of light coloured cloth, appears to fulfil these conditions. In shape it is like the forage cap used by officers in the army; the sides are cut deep and stiffened, so that the crown is maintained at a little distance from the vertex. At first this fustian is drab or stone colour, it soon, however, undergoes the fate of fustian of all kinds, in being washed out. When it becomes white the appearance is perhaps a little odd, but it is smart and cleanly looking: a patent leather poke affords good protection to the eyes. Its weight is 4½ oz., its cost, home made, 7*d*. After some years of trial, we can strongly recommend this white cap as peculiarly well suited for the use of the insane.

We have for many years employed a cap for a special purpose, which we have not seen in use elsewhere. It serves to save epileptics from cuts and contusions on the head, received in sudden falls. The old-fashioned epileptic ring has somewhat strangely gone out of use, seeing that it was undoubtedly serviceable for the above purpose. It certainly had a somewhat uncouth appearance, and suggested ideas of the belt of Saturn or the halo of a Saint; but the objection urged against it, that by keeping the head hot, it caused fits to be more frequent, was probably fanciful and unfounded. We are convinced that this ring, modified and disguised as we employ it, has not the slightest effect in increasing the frequency or severity of fits.

A ring is made of chamois leather to surround the head; it is then stuffed with best curled horsehair, which is secured into it in such a manner, that the ring is flattened, somewhat into the shape of a narrow quoit, the long diameter of the stuffed part being about two inches and a half, the short one about an inch less, the whole is covered with gray serge, which passes over the vertex, and converts the affair into a by no means ill-looking cap. It is secured in its place by a strap under the lower jaw, and sometimes by a second under the occiput. The weight varies from 8 to 10 oz. according to size. In making and fitting the cap, strict regard must not only be had to the shape of the head, but to the manner in which the patient is apt to fall; epileptics generally fall forwards; we had, however, a female patient who repeatedly cut open the scalp over the occiput by falls, until a bonnet with a padded crown was fixed upon her and its constant use insisted on.

Men, with more theory than experience, may say that it is the duty of attendants to prevent epileptic patients injuring themselves by falls. No doubt it is the attendant's duty to do so, as far as he is able; and, if every epileptic patient had the exclusive services of an attendant, and reserve attendants were kept to relieve guard during meal times and other necessary absences, no doubt injuries from epileptic falls could be entirely prevented. These arrangements, however, are reserved for the Utopia of lunatics.

That heavy falls from epilepsy are expected at Hanwell, and elsewhere, is shown by the care which has been taken to provide soft places for the poor people to fall upon. For this purpose court-yards have been paved with a very soft substance with a very hard name, of which the principle ingredients are cork and caoutchouc, upon which the epileptic may tumble without much hurting himself; that is, if the day happens to be warm, and he does not happen to fall upon a shady place, for, unfortunately, this substance when cold as a stone is almost as hard as a stone, and only becomes softish under the genial influence of warmth.

The caps above described really do save many a black eye, and many a laceration of the scalp; and we strongly and confidently recommend their use.

We have endeavoured to substitute for the horsehair, a tube of vulcanized india rubber; but find that nothing is saved in weight, and that nothing is gained except a most disagreeable smell and a great increase of cost.

Circular of the Commissioners in Lunacy suggesting Precautions against Cholera.

The Commissioners in Lunacy have recently circulated among the superintendents and medical officers of asylums, a "series of observations and suggestions, with a view to guard against the inroads of cholera." We do not reprint them, because they must already be in the hands of most of our readers.

The great experience which Mr. Commissioner Gaskell obtained in the management of the Manchester cholera hospital, during the first invasion of this country by the epidemic, conjoined with his intimate and practical knowledge of asylum matters, render any remarks on cholera, which have his sanction, peculiarly valuable to us. The observations and suggestions do, indeed, bear upon them the stamp of that authority which arises from exact and positive information. One and only one of them, we think could be beneficially modified.

"The Commissioners further recommend, that in every asylum, one or more rooms, according to the capacity and requirements of the institution, be set apart as a probationary ward; and that wherever there is reason to believe that patients have been brought to the asylum from houses or districts where cholera is prevalent, they be placed, in the first instance, for some days in this probationary ward, and there attended by separate nurses."

Whatever opinion may be entertained of the contagiousness of the disease, when once it has obtained a footing in any locality, we are convinced that the only vehicle for the conveyance of cholera between distant places is the human body. The first case or two in a district or institution can always be traced, but the clue is soon lost; either the subtile poison radiates in every direction to a certain distance, and impregnates all the susceptible; or like chlorine gas, it hangs together, and for a time is wafted about without diffusion. All experience proves, that although cholera may be shut out from the city, it cannot be shut out from the house; though it may be excluded from an institution, it cannot be confined to a ward. The terrible experience of the West Riding asylum should not be lost upon us. In the Report for 1851, it is stated: "When in the year 1832, the town and neighbourhood of Wakefield, together with the House of Correction, in common with almost all parts of the country, were visited by Asiatic cholera, the Visiting Justices held a meeting, and as a precautionary measure made a resolution, that no patient should be received from an infected home or district. The asylum then escaped without a solitary case, and the patients watched from the windows the numerous funerals of victims removed for interment, from the neighbouring suburbs of the town called East Moor." "The disease appeared in the neighbouring House of Correction in February, 1849, when sixteen prisoners died; and in the months of July and August, many severe cases were reported in the town of Wakefield and its suburbs. The inmates of the asylum continued in their ordinary state of health until the 17th of September, when E. F. was brought from the Morley Union Workhouse, the relieving officer who came with her, bringing the intelligence that cholera was spreading among the inmates of the workhouse, and that two persons had died from it that morning." That night E. F. was attacked with cholera. On the 22nd September, the 2nd, 6th, and 8th of October, four other patients were attacked by cholera, all in the same ward in which E. F. had been attacked by the disease; but after the 15th October, "no rule or bound seemed to afford any limit to the spread of the disease. Now here, now there, in the wards, or the offices; first one, then another, seemed, to use their own expressive term, 'death struck.'" The total number of deaths was, according to Dr. Corsellis, 98; according to Dr. Wright, the visiting physician, 108.

The above facts, and many others which corroborate the teaching they afford, impress us with the belief, that a probationary ward, to be of any real service in guarding against the inroads of cholera, should be placed *without the walls, and at some distance from an asylum.*

Should it be thought to be inexpedient to imitate the successful determination of the Wakefield Visitors in 1832, and exclude patients "from an infected home or district," we believe that the only feasible precaution against the admission of cholera into lunatic asylums will be the establishment of a probationary house, not less than a quarter of a mile from the walls of the institution. Two or three ordinary cottages, or a detached house of moderate size, could without much difficulty be made to answer the purpose. We have always thought that the Visiting Justices of county asylums could expend four or five hundred pounds very judiciously, in building two or three cottages, which they could let at moderate rentals to their own artizans or married attendants, on condition that such buildings should be at their service whenever required to be made use of as an auxiliary ward. Besides cholera, there are other diseases, as small pox, dysentery, scarlet fever, which might make such an auxiliary house of the utmost utility, either as a probationary, or a hospital ward. In the position and construction of such buildings, the double purpose would require to be kept in view.—Ed.

On the condition of the Grey Substance of the Brain after excessive mental exertion, by Dr. Albers.

In allusion to a statement made in the *Psychological Journal*, by Dr. F. Winslow, in an article entitled, "The Over-worked Mind," that the grey substance undergoes softening, as a consequence of excessive mental exertion, Albers states, that he has dissected the brains of several persons, who have, for many years, undergone great mental labour, and that, in all of these, he has found the cerebral substance unusually firm, the grey substance, as well as the convolutions, being remarkably developed. In several of these instances, a settled melancholia had taken possession of the mind during the later period of life. He believes, therefore, that, to produce a softened condition, some additional influence, beyond the mere over-exertion, is required.

Softening of the cortical substance is a frequent consequence of apoplexy of the convolutions, which

gives rise to numerous small depositions of blood, especially at the convex portions of the brain, being accompanied also by an atheromatous degeneration of the small arteries.

In this latter condition, the quantity of fat is not only accumulated in the arteries, but also in the cerebral substance itself. This degeneration is oftenest seen in gouty subjects, in whom it certainly is not attributable to excess of mental exertion. Several such cases, too, have been met with in rustic labourers.—*Froriep's Tagesberichte*, No. 696, *from the British and Foreign Review.*

On the Treatment of Incipient Mental Disease; from the Lectures of GEORGE JOHNSON, M.D., *Assistant Physician to King's College Hospital.*

A course of lectures delivered before the Royal College of Physicians, by George Johnson, M.D., London, and published in the recent numbers of the *Medical Times and Gazette*, contain many observations and opinions deeply interesting to the psychopathist. Dr. Johnson states his chief object to be, a description of those slighter derangements of the nervous system, out of which, in a certain proportion of cases, the more formidable diseases of the mind are gradually developed.

His field of observation was extensive hospital and dispensary practice, amongst the London poor, affording abundant opportunities for observing their habits and habitations, and for obtaining a knowledge and a record of many of their family histories. The results at which he arrives are,

1st. That in a large proportion of cases, the more formidable derangements of the nervous system have their origin in some form of mental shock or anxiety.

2nd. When the nature and the origin of these nervous disorders are detected sufficiently early, the more serious forms of disease may often be prevented, and the slighter derangements entirely recovered from.

3rd. The method of treatment best adapted for the prevention and cure of the diseases in question, admits of some variation in different cases, according to the nature and the cause of the symptoms; but there is one remedy, which, when given in the mode and with the precautions indicated, is more efficacious than all others combined. *That remedy is opium.*

The first case he relates is one in which great nervous disorder—sleep disturbed by frightful dreams and spectral visions, a painful sense of pressure on the vertex, and other symptoms of impending insanity, brought on by the drunkenness, failure in business, and death of a husband — were cured by five grain doses of compound soap pill at bed time, and daily exercise in the open air. The explanation of the cure being, that ten nights of sound sleep had sufficed to remove the wearing effects of many months of anxiety and restlessness.

The third case is that of a shoemaker, who, together with his wife and five children, had had typhus fever ten months before. They all recovered; but, at the same time, and of the same disease he lost his brother, his mother, and his wife's father. Since this accumulation of illness and anxiety, he "has been unable to rally himself," has felt melancholy, has had pain and noise in the head, dizziness, dimness of sight, shocking dreams, dread of sudden death, etc. Was ordered Pil. saponis co., gr. v., h. s., and a mixture of rhubarb and carbonate of ammonia, to counteract the constipating effect of the opium. Was quite well in a month. "The opiate pill taken for about eighteen nights in succession procured sound sleep, unbroken by the horrid dreams which had distressed him for the previous ten months; he was refreshed by this sleep, and quickly regained his usual state of health."

Three other interesting cases are recorded, illustrating the symptoms resulting from the influence of mental shock or anxiety, before they have passed into decided insanity or epilepsy.

The lecturer dwells npon the practical importance of noticing the different effects upon mind and body, which are produced by grief for past and present calamities, and by the dreadful anticipation of future evil: the last mentioned influence being the most frequent and the most powerful. He also remarks, that "the effects of over work and anxiety upon persons of strictly temperate, or even of abstemious habits, are sometimes quite identical with the well known symptoms of delirium tremens. One of my patients, whose habits had for several years been temperate, was suffering, when he came under my observation, from anxiety consequent upon the loss of money, and he assured me that his dreams and spectral visions were then precisely similar to those which he had formerly experienced, when he had delirium tremens from intemperance. He was quickly cured, too, by the treatment which would have been appropriate for delirium tremens." This similarity of symptoms arising from contrasting causes, he attributes to the existence of mental anxiety in both classes of cases, and he points out the essential importance of recognizing the fact, that in a large proportion of cases of delirium, there is a mental as well as a bodily element. Whether in a man suffering from the effects of immoderate intellectual exertion, or in the overworked tailor or needlewoman, the mental anxiety will increase in a rapid ratio, as the gradual exhaustion of mind and body renders the attainment of the object so eagerly sought for, more difficult and doubtful. The lecturer states, that he has indicated these less obvious degrees of mental affection, in the spirit of the following suggestion made by Dr. Latham: "Prior to diseases, to their diagnosis, their history, and their treatment, prior to them and beyond them, there lies a large field for medical observation. It is not enough to begin with their beginning. There are things earlier than their beginning which deserve to be known. The habits, the necessities, the misfortunes, the vices of men in society, contain materials for the enquiry, and for the statistical systematizing study of physicians: fuller, far fuller of promise for the good of mankind, than pathology itself."

To the officers of asylums, who can rarely observe the early developement of mental disease (since, before their observation commences, the existence of insanity must have been sufficiently pronounced, to have been certified to by others), the remarks of Dr. Johnson will be peculiarly interesting, if not novel. The prophylaxis of insanity is a great subject, and requires more

serious and scientific consideration than it has yet received, notwithstanding the "little book on a great subject," in which Mr. Barlow endeavours to shew, that diseases of the mind are, or ought to be, under the control of the intelligent will.

"Professor Albers, of Bonn, says of the so-called *non-restraint* system, that it may be beneficial in slight cases of insanity, but in the severe is useless, or actually prejudicial, by increasing, rendering more violent, and prolonging the malady, besides the harm it does to the existing cerebral disease. That circumstances of provocation and irritation must be increased by it. He has seen patients held by the hands of attendants for ten hours, without becoming quiet, who, in the jacket in a cell, became tranquil in from one to two hours. Injuries from bites, scratches, and blows, are common to attendants; and not seldom the patients will partake in the injuries; and, of necessity, struggling will take place between the two; and, what is very important, aversions arise in the patient against the attendant, and *vice versâ*."—*Froriep's Tagesberichte*, No. 623.

[Many things which are not only possible, but are, as it were, naturalized in this country, appear to be impracticable on the continent. The total and beneficial abolition of restraint is one of them. Is this system, like constitutional government, suited to the Anglo-Saxon race alone? In Germany the power of moral influence is not understood, either in Asylums or out of them. Physical force pervades the country; and it would, indeed, be folly to expect that the merits of the non-restraint system should be recognized where even the sane portion of the community are drilled into order by soldiery and the police.—Ed.]

After twenty-three years' service, as the Medical Superintendent to the Asylum for the West Riding of Yorkshire, Dr. Corsellis has retired, in consequence of declining health. He takes with him the best wishes of his brother superintendents for his speedy and complete recovery.

J. S. Alderson, Esq., M. R. C. S., Medical Superintendent of the Asylum for Notts, has been appointed to succeed Dr. Corsellis. Mr. Alderson has had long experience in the duties of a Superintendent, having held that appointment in the York Asylum from 1841 to 1845; and, subsequently, the one at Nottingham, which he resigns for Wakefield. Previous to 1841, he was the Resident Surgeon to the Wakefield Dispensary.

T. Morrison, Esq., M. R. C. S., Superintendent of the Montrose Lunatic Asylum, has been elected to succeed Mr. Alderson, at the Nottingham County Asylum.

The new Asylum Act which has come into operation this month, is of course in the hands of all the medical officers of asylums. The provisions of the Act, however, as they modify the form of the medical certificates in the admission papers, are yet for the most part unknown to general practitioners, to relieving officers, and to overseers. Patients are consequently still brought for admission under the old forms, which are obsolete. It would appear desirable to have a notice of the change of form inserted in the local papers of each county.

Professor Simpson, to whom mankind owe the discovery of the anæsthetic powers of chloroform, has related at a meeting of the Obstetrical Society, three cases which had come under his observation, in which in previous confinements, when chloroform had not been used, symptoms of puerperal mania had supervened; the last parturitions, however, which had been undergone under the influence of the anæsthetic, had been distinguished by entire freedom from any threatening of mental symptoms.

All communications for the forthcoming Number should be addressed to the Editor, Dr. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 15th day of December next.*

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" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

THE ASYLUM JOURNAL,

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CONTENTS.

THE LUNATIC ASYLUMS ACT, 1853, CONDENSED.

New Enactments are printed in *italics*.

16 & 17 Victoria, cap. xcvii. An Act to Consolidate and Amend the Laws for the Provision and Regulation of Lunatic Asylums for Counties and Boroughs, and for the Maintenance and Care of Pauper Lunatics in England. (20th August, 1853.)

I. 8 *and* 9 *Vict., c.* 126, 9 *and* 10 *Vict., c.* 84, *and* 10 *and* 11 *Vict., c.* 43, *repealed, but not to affect appointments, salaries, annuities, agreements, contracts, prosecutions, etc., entered into or made before the commencement of this Act.*

As to the providing Asylums and appointment of Committee of Visitors.

II. The Justices of every County and Borough, not having a Lunatic Asylum, to provide one; and the Justices of the County, or Recorder of the Borough, to give notice, *on or before the Sessions next after the 20th December*, 1853, of the intention to appoint a Committee for that purpose. (ss. 2 and 3 of the old Asylum Act.)

III. Justices to appoint a Committee to superintend the providing an asylum, or to treat for uniting with some county, etc., or to effect one or other of such purposes. (s. 4, old Act.)

IV. Subscribers to any hospital for the insane empowered to appoint a Committee to treat for uniting with any county or borough. (s. 5, old Act.)

V. Committee of Visitors of existing asylum may enter into agreement to unite with any other county or borough, or subscribers to any hospital. (s. 9, old Act.)

VI. *Where Committee is already appointed, or proceedings for the appointment of a Committee have been commenced, it shall not be necessary to proceed afresh.*

VII. *Justices of Boroughs may contract with Committees of Visitors for the reception of the pauper lunatics of the borough, in consideration of a payment in gross or an annual or periodical payment. And the Justices of such Borough shall appoint a Committee from their number to visit the lunatics received into an asylum under such contract. Two members at least of such Committee to visit such lunatics once at least in every six months, and report thereon. The Justices during such visit to be accompanied, if they see fit, by some Physician, Surgeon, or Apothecary, not being the Medical Officer of the asylum, to be appointed by them and paid by Treasurer of Borough. The reports of such visits to be entered in the records of Sessions of the borough, and be open to inspection of Commissioners in Lunacy. While under such contract the borough not required to provide an asylum for itself.*

VIII. Boroughs now contributing to a county asylum, deemed to have an asylum, but can separate from a county upon giving six months' notice. (s. 10, old Act.)

IX. Every borough, not having six Justices besides the Recorder, to be annexed to the county, in which it is situate, for the purposes of this Act. The Recorder to appoint two Justices to be members of the Committee of Visitors. The contribution of such

borough towards expences of erecting, providing, and maintaining the asylum to be fixed according to the comparative populations of such borough and county, *by the Justices of the county, in the General or Quarter Sessions.* (The old Act left this duty to the Committee. s. 4.)

X. *Boroughs neglecting to provide an asylum, or to contract as above for the care of their pauper lunatics, may, one year after the passing of this Act, on report of Commissioners in Lunacy, be annexed by Secretary of State to the asylum for the county in which it is situate, with the consent of the Visitors of the asylum; and the Justices of the borough so annexed shall appoint two Justices of their number to be members of the Committee of Visitors.*

XI. Powers of Committees may be enlarged and additional members appointed by Justices of county or borough. (9 and 10 Vict., c. 84, s. 3.)

XII. Where Committees have ceased to exist, without carrying into effect the purposes of this Act, new Committees to be appointed, in the same manner and with the same discretion and authority as the original Committee. (Ibid, s. 2.)

XIII. Notice for the appointment of a Committee, given at a time subsequent to that required by this Act, and the appointment of such Committee, to be valid. (Ibid.)

XIV. Committees uniting, to enter into agreement in the form of Schedule A, to be signed by major part of each Committee, and to specify the proportions of expenses of counties and boroughs, calculated on their respective populations; and also to fix the proportion paid by subscribers to a hospital. (s. 6, old Act.)

XV. Additional stipulations and conditions may be inserted in agreement, but not so as to subject acts of Visitors to the control of General or Quarter Sessions. (10 and 11 Vict., c. 43, s. 10.)

XVI. With consent of majority of Visitors of each county or borough, or subscribers to hospital, and of Secretary of State, stipulations or conditions of such agreement may be repealed. (Ibid, s. 11.)

XVII. Proportions of expenses and of Visitors may be varied on any further union being effected. (10 and 11 Vict., c. 43, s. 4.)

XVIII. Money paid towards prior expenses, or becoming repayable under agreement for further union, to be paid to Treasurer of county or borough in liquidation *pro tanto* of monies raised for purposes of Act. (Old Act, s. 9; 10 and 11 Vict., c. 43, s. 5.)

XIX. Committees of Justices to report agreement to Quarter Sessions, and the original to be delivered to Clerk of the Peace of the county or borough in which the asylum is situate, and a copy to Clerk of the Peace of each other county or borough. (Old Act, s. 7.)

XX. After agreement for uniting is reported, Visitors to be elected for carrying the same into effect, in proper quotas, by Justices of county at Quarter Sessions; by Justices of borough and subscribers to hospital at special meetings for that purpose. (9 and 10 Vict., c. 84, s. 5.)

XXI. Committee authorized to superintend the erection of asylum, to be deemed Committee of Visitors until election of Committee of Visitors. (Ibid, s. 4.)

XXII. Committee of Visitors to be elected annually by Justices of a county at Quarter Sessions next after 20th of December, by Justices of borough at a special meeting within twenty days after 20th December, and by subscribers to hospital at a meeting in the month of January, in the numbers provided by the agreement, if the asylum is provided by a union. If asylum is for sole use of county or borough, Visitors are not to be less than seven. (Old Act, s. 12.)

XXIII. Where a county or borough has more than one asylum, separate Committees must be appointed for each; but one of H. M. Secretaries of State can approve the same Committee to act for two or more asylums. (9 and 10 Vict., c. 84, s. 7.)

XXIV. Committee of Visitors to meet within one month after their election, according to notice by two or more of them, or by the clerk, *given to each personally, or left at abode of each, or sent by post seven days before*; may, from time to time, adjourn; to elect chairman; three members to be quorum. Questions to be decided by equality of votes; if these be equal, chairman to give casting vote. (Old Act, s. 14.)

XXV. The clerk shall, on requisition of chairman, or of two visitors, *or superintendent of asylum*, or the chairman may, convene meetings by notice as aforesaid. (Old Act, s. 15.)

XXVI. Visitors to appoint a clerk. (Old Act, s. 14.)

XXVII. Committee of Visitors to continue until first meeting of new Committee; and, in default of election of new Committee, to continue as if re-elected. (Old Act, ss. 11 and 13.)

XXVIII. Vacancies in Committee, caused by death, resignation, or incapability of any members, to be filled up at *any* Quarter Sessions, or at any special meeting of Justices of Borough, or body of subscribers, or by Recorder. Continuing members may act notwithstanding such vacancy. (s. 13 of Old Act extended.)

XXIX. At the expiration of one year from the commencement of Act, Secretary of State may require any county or borough, not having an asylum, to provide one. (Old Act, s. 2, extended.)

XXX. Where accommodation of existing asylum is inadequate, additional asylum to be provided, or existing asylum to be enlarged, by authority of Justices of county or borough. On report of Commissioners in Lunacy, Secretary of State may require Justices to build new asylum, or to enlarge or improve existing asylum, and may require additional accommodation to be provided for as many pauper lunatics as, on such report, he may think fit. These provisions to extend to enlargement of offices, outbuildings, courts, land, etc. (Old Act, s. 8, greatly extended.)

XXXI. When an asylum, or additional asylum, or additional accommodation is required, the Visitors to procure and determine on plans and estimates, and to contract for the purchase of land and buildings, and for erecting, etc., the necessary buildings, and *for providing the clothing for patients, and everything necessary for the opening of such asylum.* Contractors are to give security, and contracts and orders to be entered in a book open to inspection of ratepayers; a copy to be kept at asylum. Visitors to report, from time to time, to sessions, on the plans, estimates, contracts, and expenses, which are to be subject to approbation of sessions, save where they do not exceed amount previously

fixed upon. (Old Act, s. 17; 9 and 10 Vict., c. 84, s. 10, extended.)

XXXII. Power of Visitors to purchase land or buildings, in consideration of rent reserved. (Old Act, s. 18.)

XXXIII. Power of Visitors to take a lease of land or buildings, for term not less than sixty years, at annual rent (Old Act, s. 19); *and to rent any land by the year for the purpose of employing patients.*

XXXIV. Asylum may be erected beyond limits of county or borough, and Justices of such county or borough may notwithstanding act therein. (Old Act, s. 39.)

XXXV. Lands or buildings not to be assessed to any *county, parochial, or other local rates*, at higher value than before purchase. (In old Act, s. 25, the exemption was from rates, taxes and levies, and from window tax.)

XXXVI. *Certain provisions of Lands Clauses Consolidation Act, 1845, incorporated and extended to authorize exchanges with parties having limited interests or prevented from treating, etc.*

XXXVII. *When land purchased is vested in less than three trustees, three or more of Committee of Visitors may appoint new trustees. Such appointment to be deposited in records of county or borough. Interest to be vested in trustees so appointed without any conveyance or assignment for that purpose.*

(S. 37, empowering Visitors to take land compulsorily for enlarging asylum, removed in House of Commons.)

XXXVIII. Visitors to order all ordinary repairs, *and any additions, alterations, and improvements*, provided the expense of such additions, alterations, and improvements do not exceed £400 in one year. Such expenses to be paid by order on Treasurer of county or borough, in same proportion as they have contributed to erection of asylum, and to be recoverable from Treasurer of county or borough by Treasurer or Clerk of asylum in H. M. Courts at Westminster. No order for payment, exceeding £100 (old Act, £400), to be made, unless due notice has been given of the meeting at which the same shall be ordered. (Old Act, s. 20.) *Any such expense, otherwise than for ordinary repairs, to be reported at next Sessions.*

XXXIX. Power of Visitors, with consent of Secretary of State, to dissolve unions, to divide and allot lands and buildings, or take a fixed sum or yearly rent in lieu thereof. (Old Act, s. 30.)

XL. Power of Visitors to sell lands or buildings, or give them in exchange for others. The money from sale to be applied in carrying into execution purposes of this Act, or paid to Treasurer of county or borough, as Justices in Session shall determine. (Old Act, s. 31.)

XLI. *Visitors may, with consent of Secretary of State, get released from contracts for purchase or exchange of lands, in consideration of a sum of money.*

XLII. A Committee of Visitors may contract with the Visitors of any asylum, the subscribers to a hospital, or the proprietor of a licensed house, for the reception of the whole or a portion of the pauper lunatics of a county or borough, or for the use, wholly or in part, of a hospital or licensed house, in consideration of a sum of money, either paid in gross or periodically. Such contract not to be made for a period longer than five years, and not to exempt from obligation of erecting or enlarging an asylum under notice of Secretary of State to that effect. Money payable under such contract, beyond the sum charged for maintenance, etc., charged in asylum for county to which lunatics belong, to be paid by county or borough out of monies applicable for repairs, etc. of asylum. Any hospital or licensed house under such contract liable to visitation of the members of Committee. (Old Act, s. 29.)

XLIII. *When asylum can accommodate more than the lunatics of the county or borough, Visitors may advertize for and admit pauper lunatics of other counties or boroughs, or lunatics who are not paupers. Guardians or overseers, or persons signing order of admission for non-paupers, to sign undertaking for payment of maintenance or burial, or to remove within six days after notice. Lunatics so admitted, not being paupers, shall have the same accommodation in all respects as the pauper lunatics.*

XLIV. No Visitor to have any interest in contract or agreement, nor receive any benefit nor emolument from funds of asylum. *This enactment not to extend to interest of Visitors in joint stock companies.* (Old Act, s. 32.)

XLV. Agreements, contracts, plans for building or enlarging, purchase of lands, etc., to be submitted to Secretary of State, and not carried into effect until approved under his hand. (Old Act, s. 28.)

How Monies to be raised for providing Asylums.

XLVI. Monies to be raised for the purposes of this Act by county and borough rates. (Old Act, s. 33.)

XLVII. Justices of Counties and Councils of Boroughs to raise money on mortgage of the rates, at interest not exceeding five per cent. (Old limit of £500 minimum for each bond omitted.) Instrument Schedule B executed by chairman for county, by affixing common seal for borough. Mortgages transferable, etc. (Old Act, s. 34, much altered in form.)

XLVIII. Public Works' Loan Commissioners to lend money for purposes of this Act on security of such mortgages. (Old Act, s. 36.)

XLIX. Interest on mortgages and not less than one thirtieth part of principal to be paid in each year, on one or more fixed days. Account to be kept of receipts and payments in books, to be adjusted and settled up and delivered annually to Court of Session, or to Council of Borough. (Old Act, s. 36.)

L. Principal of money borrowed to be repaid and discharged within a limited time not exceeding thirty years. (Old Act, s. 37.)

LI. *Persons lending money on mortgage of rates not bound to give proof that provisions of Act have been duly complied with; and, if not, validity of rates and mortgages not therefore to be questioned.*

LII. Money may be raised to pay off sums already borrowed, with the consent of parties to whom it is owing. (Old Act, s. 38.)

Regulation and Management of Asylum, and Appointment of Officers.

LIII. Within twelve months of passing of Act, or of

completion of asylum, Visitors to submit general rules for government of asylum to Secretary of State for approval. Alterations of rules to have same approval. Committee to make regulations and orders not inconsistent with such general rules; also to determine diet of patients. (Old Act, s. 40.) *Also to direct any number of beds they may think fit to be reserved for certain cases. Asylum still to be deemed full, though these beds are vacant, but Visitors may fill reserved beds, if deemed expedient. Committee may exclude from asylum persons afflicted with any disease or malady deemed contagious, or persons coming from any district or place where such malady is prevalent.*

LIV. Visitors to fix weekly rate to be paid for maintenance of each lunatic, and a higher sum, if they think fit for lunatics not settled in parish of county or borough to which asylum belongs; but in no case to exceed 14*s*. per week. If 14*s*. be found insufficient, Justices in Quarter Sessions may increase it. (Old Act, ss. 40 and 41.)

LV. Visitors to appoint a Chaplain in priest's orders; licensed by Bishop, and license revocable by the same. Service of Church to be celebrated every Sunday, Christmas day and Good Friday, and at such other times as Visitors direct. Patients, not of Established Church, allowed the visits of any minister of their own persuasion, with consent of Medical Officer. Visitors to appoint a resident Medical Officer, who shall not be the Clerk *or Treasurer*; also a Clerk and Treasurer, and such other officers and servants as they may think fit; and shall have power to remove officers and servants, and fill up vacancies; and, if they think fit, to appoint a Visiting Physician or Surgeon; and shall fix salaries and wages (old Act, s. 42); *and shall appoint the Medical Officer, or one of them, if there be two, to be the Superintendent of the Asylum, who shall be resident in the asylum; but, with sanction of Secretary of State, may appoint any person other than Medical Officer to be Superintendent. Superintendents, not being Medical Officers on 10th February, 1853, may continue to be such.*

LVI. *Clerk of asylum to transmit, within one week, to Commissioners in Lunacy, information of dismissal of attendants and cause thereof; under penalty of sum not exceeding ten pounds.*

LVII. *Visitors of asylum* may grant superannuations to any officer or servant of any asylum not exceeding two-thirds of their salaries, on account of confirmed sickness, age, or infirmity; *or service of twenty years; the recipient being not less than fifty years old.* Superannuations payable from rates applicable to building and repairs of asylum, and *not to be granted unless due notice of meeting, and intention to determine such superannuation thereat, have been given; nor unless three visitors concur and sign the order.* (Old Act, s. 43, left this power in the hands of Justices in Session, or Justices of Borough.)

LVIII. Clerk of asylum to keep account of monies paid and received, and to send *abstract* (old Act, *copy*) thereof annually to Secretary of State and Commissioners in Lunacy; the latter to place the same before Houses of Parliament. (Old Act, s. 44.)

LIX. *Treasurer to keep accounts of all monies received and paid by him.*

LX. *Visitors annually to audit accounts of Treasurer and Clerk before March, and report to next Sessions or to Council of Borough.*

LXI. *Two* Visitors at least to visit every *two* months at least every part of asylum, and see every patient, new orders of admission, and general books, and make remarks on condition and management of asylum and of lunatics in Visitors' book. (Old Act, s. 45 enacted, three Visitors to visit every three months.)

LXII. Visitors to make annual report to Quarter Sessions. or Justices of Borough, on condition, management, and accommodation of asylum, and conduct of officers and servants; *and, within twenty-one days, Clerk to Committee to transmit copy of report to Commissioners in Lunacy, under penalty for neglect not exceeding ten pounds.*

LXIII. *Clerk of Asylum* (Medical Officer, old Act) on 1st of January and 1st of July annually to prepare list of pauper patients in asylum, according to form Schedule C, No. 1, to lay before Visitors, and transmit copies to Clerks of Peace and Commissioners in Lunacy; and send lists of private patients to Commissioners in Lunacy, and to Clerk of Peace a certificate of number of private patients. (Old Act, s. 46.)

LXIV. Clerks of Boards of Guardians, and Overseers where no Guardians, to make annual returns of pauper lunatics chargeable, in form Schedule D, and send a copy of list to Visitors of asylum, Clerk of Peace, Commissioners in Lunacy, and Poor Law Board, under penalty for neglect not exceeding twenty pounds. (Old Act, s. 47.)

LXV. Medical persons appointed by Guardians and Overseers, and Guardians and Overseers empowered to visit pauper patients chargeable in unions or parishes. Medical Officer of asylum, being of opinion that such visit would be injurious to any patient, may refuse it, by giving reasons and statement in writing. (Old Act, s. 32.)

Provisions concerning Visitation, Confinement, Discharge, and Removal of Lunatics.

LXVI. Every pauper lunatic not in asylum, registered hospital, or licensed house, to be visited once every quarter by medical officer of parish or union district, in which such lunatic is resident. *Medical Officer to be paid 2s 6d for such visit to each pauper not in workhouse,* and to prepare quarterly lists in form, Schedule E., stating whether lunatics are properly taken care of, and may properly remain out of asylum. Lists to be sent to Clerks of Guardians, and forms to be supplied by Clerks of Guardians to Medical Officers; Clerks to transmit the lists to Commissioners in Lunacy, and a copy of the same to Visitors of asylum. *Penalities for neglect, not above* £20 *nor under* £2. (Old Act, s. 55, extended.)

LXVII. Every Medical Officer of parish or union, having knowledge of pauper *resident* (Old Act *chargeable*) deemed to be lunatic, *and a proper person to be sent to an asylum,* to give notice thereof within three days to Relieving Officer or Overseer, who shall within three days give notice to a Justice, who shall order pauper to be brought before him within three days, having called in assistance of medical man (former exclusion of Union Medical Officers omitted), and Justice and

Medical Man shall sign certificate, and order Schedule F., No. 1 and 3, for removal to asylum, and Relieving Officer shall immediately convey lunatic to asylum. Justice may examine lunatic at his own abode or elsewhere. If on account of health (query, ill health), or other cause, lunatic cannot be examined by Justice, he may be examined and order of removal to asylum signed by officiating Clergyman of parish and Relieving Officer or Overseer. If medical man examining, certify that pauper is not in fit state to be removed, his removal shall be suspended until Medical Man shall certify he is in a fit state. *If certificate, Schedule F., No.* 3., *be signed by Medical Officer of union, and also by another Medical Man, called to assistance of Justice, such joint certificate shall be received as conclusive evidence that pauper is lunatic, and a proper person to be detained under care and treatment, and order for removal to asylum shall be signed accordingly.* (Old Act, s. 48, modified and extended.)

LXVIII. Every Constable, Relieving Officer, or Overseer, shall apprehend and take before a Justice, any lunatic not a pauper, wandering at large; and any Justice on information on oath that any lunatic is wandering at large, shall order Constable, Relieving Officer, or Overseer, to apprehend and bring before him such lunatic. And any Constable, Relieving Officer, or Overseer, having knowledge that any lunatic, not a pauper, is not under proper care and control, or is cruelly treated or neglected by any relative or person having charge of him, shall within three days give information on oath to Justice, and Justice may either visit and examine such person, and make enquiries himself, or order medical man to do so and report. And Justice may then order such lunatic to be brought before two Justices, who having called assistance of medical man, who certifies to insanity, &c., in form Schedule F., No. 3, may order lunatic to be removed to asylum, hospital, or licensed house. *Justices may suspend execution of order for removal for period not exceeding fourteen days; meantime making arrangements for proper care of lunatic.*

Removal may be suspended on certificate of examining medical man, that lunatic is not in fit state to be removed, until certificate can be given that he is in fit state. Relative or friend not to be prevented from taking care of lunatic, if Justices be satisfied that proper care will be given. (Old Act, s. 49, modified.)

LXIX. *Justices may make order on Guardians or Overseers for payment of fee to Medical Man for examination of lunatic, and for other expenses of examination, and removal to asylum.*

LXX. Medical Officers of unions, Relieving Officers, and Overseers, omitting to give notice, &c., as aforesaid: and Constables, and Relieving Officers, and Overseers, omitting to apprehend, &c., as aforesaid, shall forfeit any sum not exceeding £10. (Old Act, s. 50.)

LXXI. *Any Relieving Officer, Overseer, or Constable, refusing or neglecting to execute any order under this Act with reasonable expedition, shall forfeit any sum not exceeding* £10.

LXXII. Such orders of Justices, &c., may extend to authorize reception into hospitals or licensed houses, but lunatics always to be sent to county asylum, if circumstances permit; if not, the deficiency of room, or of other circumstances preventing, shall be stated, in order for reception into other asylum hospital, or licensed house. (Old Act, s. 54.)

LXXIII. Every person shall be guilty of a misdemeanour who receives a pauper into asylum, &c., without order, F., No. 1, *together with such statement of particulars as is contained in the same schedule*, and medical certificate E., No. 3, signed not more than seven clear days previous to reception. (Old Act, s. 15.)

LXXIV. No person not a pauper to be received into asylum, except under provisions of this Act, without an order, F., No. 2, and two certificates of medical men, who have separately and personally examined the lunatic. But under special circumstances, preventing examination of two medical men, lunatic may be received on one certificate. *In such case two other certificates to be signed by two other persons within three days of reception.* Any person receiving lunatic into asylum without order and certificates, or allowing lunatic to remain beyond three days on one certificate, to be guilty of a misdemeanour.

LXXV. *Medical certificate to specify facts upon which opinon of insanity has been formed, distinguishing those observed by himself from those communicated by others. And no lunatic to be received on certificate purporting to be founded on facts only communicated by others.*

LXXVI. *No Medical Man who, or whose father, brother, son, partner, or assistant, shall sign order for reception, shall sign certificate.* And no patient be received into asylum under certificate of Medical Officer of asylum.

LXXVII. Two Visitors of asylum being Justices may order removal of pauper lunatic to county or borough asylum, from other asylum, hospital, or licensed house, or from asylum to the latter, *but not the last named removal without consent of two Commissioners in Lunacy, except to another asylum belonging to same county, or to county where lunatic is adjudged to be settled, or to asylum, hospital, or licensed house, under contract to receive such patients.*

Justices ordering removal may direct Overseers or Relieving Officers to execute the same. Orders to be made in duplicate, such being sufficient authority for removal and for reception. No such removal to be made except Medical Officer of asylum, or medical men keeping licensed house, certify that lunatic is in fit condition of bodily health to be removed; such certificate, and also a certified copy of order and certificate under which lunatic had been detained, to be delivered free of charge to officer executing order of removal, to be delivered with copy of order by such Officer to superintendent of asylum or proprietor of licensed house, to which patient is removed. (Extended from old Act, ss. 54, 56, 71.)

LXXVIII. Pauper lunatics not to be received into any asylum other than the county or borough asylum, belonging to place from which he is brought, without endorsement of order by a Visitor. *And orders not compulsory on superintendents of hospitals and licensed houses, except in pursuance of any subsisting contract.* (Old Act, s. 54.)

LXXIX. Three Visitors of any asylum may order discharge of any person confined therein, whether recovered or not; and *two* (Old Act, three) Visitors, with advice of Medical Officer, may order discharge, or permit absence on trial, *wholly or in part, for such period as they may think fit*, and may to latter persons make allowance, not exceeding what would be charged for maintenance in asylum, *and if person absent on trial do not return, or medical certificate that detention is no longer necessary be not sent, he may be retaken within fourteen days, as in case of escape.* (Old Act, s. 71.)

LXXX. *When a lunatic is ordered to be discharged, the Clerk of Visitors shall send notice thereof to Overseers or Relieving Officer who shall cause the lunatic to be forthwith removed to parish or workhouse at cost of parish or common fund of union, as the case shall require. And Overseers or Relieving Officers refusing or neglecting to remove within seven days after notice shall forfeit a sum not exceeding ten pounds.*

LXXXI. Visitors may discharge a lunatic on the undertaking of a relative or friend that he shall no longer be chargeable, and shall be properly taken care of, and be prevented from doing injury to himself or others. (Old, s. 65.)

LXXII. Two of Commissioners in Lunacy may order removal of any lunatic from an asylum; order to be made in duplicate, one copy to be left with Superintendent of asylum to which patient goes, the other with Superintendent of asylum which patient leaves. (Old Act, s. 56, requires Visiting Justices to remove, present clause omits to direct by whom removal shall be executed.)

LXXXIII. The person who signed the order for reception of a private patient may order his discharge or removal. (8 and 9 Vict., c. 100, s. 72.)

LXXXIV. Where person who signed order for reception is dead or incapable of acting, person who made last payment or husband or wife or mother or nearest of kin may order discharge or removal. (Ibid. s. 73.)

LXXXV. No patient to be discharged under last provisions if medical officer of asylum certifies him to be dangerous and unfit to be at large, unless two Visitors shall consent; but such dangerous patient may be transferred to another asylum under control of an attendant. (Ibid. s. 75.)

LXXXVI. *Persons having authority to order discharge of a private patient from asylums, &c., or of any single patient, shall make orders in duplicate: one to be left with person from whose charge patient is removed, and one with person to whose charge patient is entrusted. Copy of original order and certificate of reception to be supplied free of expense to person taking new charge of patient.*

LXXXVII. *Orders or certificates incorrect or defective may be amended by the persons signing the same, within fourteen days after reception of patient into asylum; provided such amendment receive the sanction of one of the Commissioners in Lunacy.*

LXXXVIII. *Persons received into asylums under orders, &c. as above, may be detained therein until removal or discharge, and in case of escape may be retaken within fourteen days by superintendent or person authorized by him, and again detained.*

LXXXIX. Clerk of asylum immediately on admission of lunatic to make entry thereof in register of patients, Schedule D., No. 1; and after the second and before the seventh day from admission to transmit to the Commissioners in Lunacy a copy of order, statement, and certificate, together with statement of medical officer of asylum, Schedule F., No. 4, under penalty for neglect of any sum not exceeding £20. (Old Act, s. 73.)

XC. Medical Officer once a week to enter in Medical Journal, Schedule G. 3, the number of patients in asylum, the christian and surname of patients who have been in restraint or seclusion, or under medical treatment *and for what bodily disorder*, and every death, injury, or violence to patients, and shall also enter in the case book the mental state and bodily condition of every patient on admission, and the history of each case from time to time afterwards; such books to be regularly laid before Visitors for inspection and signature. Penalty for neglect not exceeding £20. (Old Act, s. 74.)

XCI. *Clerk of Asylum shall within three days of visit of Commissioners in Lunacy transmit to office of Commissioners a copy of their entries, remarks, or observations made in books of asylum, under penalty for neglect not exceeding* £10.

XCII. In case of death of any patient in asylum, name of patient, cause of death, and name of person present thereat, in form, Schedule F. 5, to be signed by clerk and medical officer, and copy to be sent within forty-eight hours of death to the district Registrar of Deaths, Commissioners in Lunacy, and Relieving Officer or Overseers, or if patient was not a pauper to person signing order for admission. Penalty for neglect not exceeding £20. (Old Act, s. 75.)

XCIII. Clerk of asylum within three days of death, discharge, or removal of patient, to make entry thereof in registry of patients, and also in book for the purpose, Schedule G. 2, and also *within three days after discharge, removal, escape, or recapture of patient, to transmit notice thereof to Commissioners in Lunacy. Penalty for neglect not exceeding* £10. (Old Act, s, 76.) *Wilful false entry of any particulars a misdemeanour.*

As to expenses of Maintenance and Removal, &c. of Pauper and other Lunatics.

XCIV. If it appear to two Justices sending a lunatic to asylum, &c. that he hath an estate applicable to his maintenance, and more than sufficient to maintain his family, they may make application to relations of lunatic for payment of charges, and if not paid within one month may order Relieving Officer or Overseer to seize so much goods or chattels, take so much rents, profits, &c. as may be necessary to pay charges of examination, removal, maintenance, &c. of lunatic. *And any Trustee or Governor or Company of Bank of England or other person or body having charge of lunatic's property, may pay over to Relieving Officer or Overseer the whole or part thereof to defray such charges, their receipt being a good discharge.* Justices may meanwhile make order on Guardians or Overseers, who shall be reimbursed from property of lunatic under order as aforesaid, unless previously repaid by

some friend or relative of lunatic. (Old Act, s. 49 extended.)

XCV. Every pauper lunatic to be chargeable to parish from which he is sent, until he is otherwise adjudged. And every lunatic in asylum, &c. deemed for purposes of settlement to be resident in parish to which chargeable. (Old Act, s. 57.)

XCVI. The Justice by whom a lunatic is sent to asylum or any two Justices of county or borough to make order for maintenance of lunatic upon Guardians or Overseers, *such order to be wholly or partly prospective or retrospective.* (Old Act, s. 61.)

XCVII. Two Justices may inquire into and adjudge the legal settlement of a pauper lunatic and order payment by Guardians or Overseers of expenses of maintenance for twelve months previously, and of examination, removal, &c. of lunatic, and expenses of future maintenance. (Old Act, s. 62 altered.)

XCVIII. If parochial settlement cannot be ascertained, lunatic may be made chargeable to County. Overseers giving ten days notice to Clerk of Peace before enquiry. *Justices to order Treasurer of County to pay to Guardians or Overseers expenses already incurred in examination, maintenance, &c. and to Treasurer of Asylum future expenses of maintenance, &c.* Justices may delay adjudication, and County may any time afterwards reinstitute inquiry into parochial settlement. (Old Act, ss. 59, 63.)

XCIX. If a pauper lunatic adjudged chargeable to a county be afterwards adjudged to be chargeable to a parish, two Justices of county or borough, or two Justices being Visitors of asylum, shall make order on Guardians or Overseers for repayment of all expenses incurred within twelve months previous to order, and also for payment of future expenses of maintenance. (Old Act, s. 64.)

C. Justices may make orders upon Guardians or Overseers of Unions or Parishes not within their jurisdiction. (Old Act, s. 66.)

CI. *Order for payment of charges of maintenance in asylums, &c. to extend to any asylum, &c. to which the lunatic may be removed.*

CII. The costs of pauper lunatics who are irremovable by reason of provisions in 9 and 10 Vict., c. 66, to be borne by the parish wherein they were exempt from removal or by the common fund in Unions, and no order to be made on parish of settlement while charges are to be thus paid. (15 and 16 Vict., c. 14.)

CIII. *Guardians or Overseers liable under this Act to have orders made upon them for payment of money, may pay the same and charge to their account without such orders being made.* (Introduced in House of Com.)

CIV. Lunatic's property to be available for his maintenance. (This clause appears to be almost identical with the first part of s. 94.)

CV. *The liability of any relation or person to maintain any lunatic not taken away or affected when lunatic is sent to asylum by any provisions of Act concerning maintenance.*

CVI. Persons aggrieved by any refusal of an order of Justices, may appeal to Sessions, giving Justices fourteen days notice. Summary determination of Sessions to be final and conclusive. (Old Act, s. 67.)

CVII. Overseers, Guardians, or Clerk of Peace obtaining order of adjudication, to send copy thereof, within reasonable time, to parish or county affected; also a statement containing grounds of adjudication, particulars of settlement, &c.; and on hearing appeal it shall not be lawful to admit or give evidence on other grounds in support of order, than those set forth in such statement. (4 and 5. Wil. IV., 11 and 12 Vict.)

CVIII. Guardians or Overseers may appeal against order of adjudication at next Quarter Sessions. (Old Act, s. 62.)

CIX. Clerk of Justices making order of adjudication, to keep depositions, and within seven days to furnish a copy to any party authorized to appeal, at two pence per folio ; no order to be quashed on ground that depositions do not furnish sufficient evidence. (11 and 12 Vic., c. 31, s. 33.)

CX. No appeal against an order shall be allowed if notice thereof be not given within twenty-one days after delivery of notice or order, unless copy of depositions has been applied for, when further period of fourteen days allowed for appeal. (Ibid.)

CXI. Appellant shall with such notice, or within fourteen days of sessions, send to respondent a state of the grounds of appeal; and evidence not to be gone into or given on other grounds. (Ibid.)

CXII. No objection on account of defect in the statement in setting forth grounds of adjudication, nor to reception of legal evidence in support of such ground, to be valid, unless the Court be of opinion, that such defect would prevent party receiving the statement from enquiring into the subject and preparing for trial. The Court may permit such defective statement to be amended by its officer, on such terms as to costs and postponement of trial, as the court may think just. (Ibid.)

CXIII. On trial of appeal against order, or return to writ of certiorari, if objection be made on account of omission or mistake in order, which Justices might have avoided, the Court may amend order and give judgment, as if no omission or mistake had existed. No such objection to be allowed unless it have been specified in rule for writ of certiorari. (Ibid.)

CXIV. Party making frivolous or vexatious statement of grounds, liable at discretion of Court to pay the whole or part of the costs of other party, incurred in disputing such grounds. (Ibid.)

CXV. The Court may order party losing appeal to pay to other party such costs and charges, as it may consider just and reasonable, and shall certify the amount. (Ibid.)

CXVI. The decision of Court upon hearing appeal to be final, and not liable to review by writ of certiorari or mandamus. (11 & 12 Vic., c. 31, s. 8.)

CXVII. Party obtaining an order may abandon it by notice under hand of such party or of any three guardians, and sent to party entitled to appeal, whereupon the order and all consequent proceedings shall become null and void. Party abandoning order to pay party entitled to appeal taxed costs. (Ibid, c. 31, s. 8.)

CXVIII. *Provisions of this Act concerning payment of expenses to extend to pauper lunatics sent to asylum under any other Act.*

CXIX. In cases of inquiries and appeals, Guardians and officers interested, and Clerks of the peace, and persons authorized by them to have access to lunatic at reasonable times, in presence of medical officer, to examine as to premises. (Old Act, s. 60.)

CXX. Expenses of burial, removal, or discharge of pauper lunatic, to be borne by parish or county to which he is chargeable. (Old Act, s. 72.)

CXXI. Overseer or Treasurer of county neglecting to pay money ordered under provisions of Act, for twenty days after notice, the money with expences of recovery, may be recovered by distress and sale of goods of Overseer or Treasurer, or by action at law. If Guardians neglect payment, money must be recovered by action, or any other proceeding of competent Court. (Old Act, s. 68, marginal note inserts Clerk and Relieving Officer, and omits mention of Treasurer.)

Miscellaneous.

CXXII. *Any medical man signing certificate contrary to Act, liable to penalty not exceeding* £20; and any medical man signing a false certificate, *or any person not being a medical man, signing a certificate, and describing himself as such,* shall be guilty of a misdemeanour. (Old Act, s. 53 extended.)

CXXIII. Any superintendent, officer, or servant of asylum, who shall *strike, wound,* illtreat, or willfully neglect any lunatic inmate, shall be guilty of misdemeanour, *and liable to indictment and summary conviction before two Justices, and forfeiture for each offence of sum not exceeding* £20 *nor less than* £2. (Old Act, s. 77.)

CXXIV. Any superintendent, officer, or servant of asylum, who shall by wilful neglect permit, or shall abet or connive at escape of a patient, or permit a patient to be at large, *save where temporary absence is authorized by Visitors,* shall forfeit any sum not more than £20 nor less than £2. (Old Act, s. 71.)

CXXV. Visitors may sue and be sued in the name of their Clerk, whose removal shall not abate action. (Old Act, s. 16.)

CXXVI. *Secretary of Commissioners in Lunacy may prosecute for offences; also Clerks to Visitors, when offenders are officers or servants of asylums; Secretary and Clerk may be witnesses in such prosecutions, which shall not abate on account of their removal or death.*

CXXVII. Penalties to be recovered summarily before two Justices, in manner provided by 11 & 12 Vic., c. 43. Penalties recovered under proceedings by Secretary of Commissioners, to be applied like money received for licenses to receive patients; when recovered under proceedings by Clerk to Visitors, to be paid to Treasurer of asylum, and applied as Visitors think fit; in other cases to be paid to Treasurer of county or borough. (Old Act, s. 79 extended.)

CXXVIII. Any person who thinks himself aggrieved by any determination of Justices, other than by order of adjudication, within four months may, after giving fourteen days notice, appeal to Sessions, entering into recognizances with sureties, &c. Sessions may reduce penalties to not less than one fourth of amount imposed by Act. Determination of Sessions to be final, binding, and conclusive. (Old Act, s. 80 extended.)

CXXIX. Council of borough giving notice to Secretary of State within six months of passing of Act, of intention to take upon itself the duties and powers imposed and conferred upon Justices of borough, shall be subject to and exercise such duties and powers, in erecting and providing asylums, &c. Matters and things required by Act to be done at meeting of Justices shall be done at meeting of council, and notices required to be given to Clerk of the Peace shall be given to Town Clerk. (Old Act. s. 82.)

CXXX. Committee appointed by such council of borough, to have the same power and authority as Committee of Visitors. (Old Act, s. 83.)

CXXXI. Every city, town, liberty, parish, place, or district, not being a borough, within the meaning of this Act, to be annexed to and rated as part of the county within which the same is situate; and Justices of county authorized to make rates, to be paid to Treasurer of asylum, and expended in execution of purposes of this Act. (Old Act, s. 81.)

CXXXII. *Interpretation of Terms.*—The words and expressions following to have the meanings hereby assigned, unless subject or context is repugnant to such construction.

(Several of these, as county, borough, parish, union, etc., are omitted, as belonging solely to legal terminology.)

Lunatic shall mean and include every person *of unsound mind,* and every person being an idiot.

Pauper shall mean every person maintained wholly or in part by, or chargeable to, any parish, union, or county.

Physician, Surgeon, and Apothecary shall respectively mean a Physician, Surgeon, or Apothecary duly authorized or licensed to practise as such by, or as a member of, some College, University, Company, or Institution legally established and qualified to grant such authority or license in some part of the United Kingdom, or having been in practice as an Apothecary in England or Wales on or before the 15*th day of August,* 1815, *and being in actual practice as a Physician, Surgeon, or Apothecary.*

CXXXIII. *Nothing in Act to affect provisions of* 39, 40 *Geo.* III., *c.* 94; 1 *and* 2 *Vict. c.* 14; 3 *and* 4 *Vict. c.* 54; *or any other provisions relating to criminal lunatics.*

CXXXIV. *The Act to commence and come into operation on the* 1*st of November,* 1853.

CXXXV. The Act to *extend only* to England and Wales.

CXXXVI. This Act may be cited as "The Lunatic Asylums Act, 1853."

The *antipenultimate clause of the old Statute,* being the *Bethlehem Exemption Clause,* is omitted.

Schedules referred to in the Act.

A. Form of agreement for uniting for the purpose of erecting or providing an asylum.

B. Form of mortgage and charge upon county or borough rates, for securing money borrowed.

C, No. 1. List of pauper lunatics in asylum returned by clerk of asylum.

C, No. 2. List of private lunatics in asylum returned by clerk of asylum.

D. List of lunatics, idiots, and other persons of un-

sound mind, chargeable to common fund or parishes of Union, returned by clerk to Board of Guardians.

E. Quarterly list of lunatic paupers within district of Union or Parish not in any asylum, hospital, or licensed house, returned by Medical Officer of Union or Parish.

F, No. 1. Order for the Reception of a Pauper Patient:

I (or we) the undersigned, having called to my (or our) assistance a physician (or surgeon or apothecary) and having personally examined A. B., a pauper (*if so*) and being satisfied that the said A. B. is a lunatic (or an idiot, or a person of unsound mind) [*add, if so*, wandering at large, or not under proper care and control, or is cruelly treated or neglected by the person having the care and charge of him,] and a proper person to be taken charge of and detained under proper care and treatment, hereby direct you to receive the said A. B. as a patient into your asylum (or hospital or house).

Subjoined is a statement respecting the said A. B.

Signed, C. D.

A Justice of the Peace of the City or Borough of —
(or an Officiating Clergyman of the Parish of —)

Signed, E. F.

The Relieving Officer of the Union or Parish of —
(or Overseer of the Parish of —)

Date.

To the Superintendent or Proprietor of — Asylum, Hospital, or Licensed House.

Statement. [If any particulars are not known, the fact to be so stated.] Name and Christian name of patient at length—sex and age—married, single, or widowed—condition of life and previous occupation (if any)—religious persuasion as far as known—previous place of abode—age (if known) on first attack—*supposed cause*—whether subject to epilepsy—whether suicidal—whether dangerous to others—Parish or Union to which lunatic is chargeable (if a pauper)—name and Christian name and place of abode of the nearest known relative of the patient, and degree of relationship.

I certify that to the best of my knowledge, the above particulars are correctly stated.

Signed, (in case of pauper, by Overseer or Relieving Officer.)

F, No. 2. Order for Reception of Private Patient:

I, the undersigned, hereby require you to receive A. B., a lunatic (or an idiot, or person of unsound mind), as a patient into your asylum. Subjoined is a statement respecting the said A. B.

Signed, name, occupation, place of abode, degree of relationship or other connection with patient.

Date.

Address.

Statement. The same as for pauper, except with omission of last particular and the substitution of the two following:—Whether found lunatic by inquisition, and date of commission or order for inquisition—special circumstances, if any, preventing the patient being examined before admission separately by two medical practitioners.

Signed, (if by other person than one signing order stating) abode and degree of relationship.

F, No. 3. Form of Medical Certificate:

I, the undersigned, [here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, *e. g.*, "being a Fellow of the Royal College of Physicians in London,"] and being in actual practice as a [physician, surgeon, or apothecary, as the case may be,] hereby certify, that I, on the — at — [here insert the street and number of the house, (if any,) or other like particulars,] in the county of — [in any case where more than one medical certificate is required by this Act, here insert, "separately from any other medical practitioner"] personally examined A. B. of — [insert residence and profession or occupation, if any], and that the said A. B. is a [lunatic, or an idiot, or a person of unsound mind] and a proper person to be taken charge of and detained under care and treatment, and that I have formed this opinion upon the following grounds, *viz.*

1. Facts indicating insanity observed by myself. [Here state the facts.]

2. Other facts [if any] indicating insanity communicated to me by others. [Here state the information, and from whom.]

Signed.

Date. Place of abode.

F, No. 4. Notice of admission and statement of Superintendent.

F, No. 5. Form of notice of discharge, removal, or death.

G, No. 1. Registry of admissions.

G, No. 2. Registry of discharges, *removals*, and deaths.

G, No. 3. Form of Medical Journal.

State of health of patients, and condition of asylum in the old statute omitted, form of bodily disorder and reasons for seclusions added.

Summary.

Sections from 2 to 46 relate to providing asylums, and the appointment and duties of Committees of Visitors. The most important new enactments contained in these sections are: that empowering Justices of Boroughs to contract with Committees of Visitors for the care of their lunatic paupers; that empowering Secretary of State to annex to a county any borough neglecting to provide asylum accommodation; that for provision of new Trustees for asylum land; and that permitting the reception of private or out-county pauper patients into county asylums having more than sufficient accommodation for its proper district. The change in the repair and alteration clause, 38, is important. Many of the provisions of the Acts to amend the old Statute, 9 and 10 Vict. c. 84, and 10 and 11 Vict. c. 43, are incorporated into this portion of the Act. The permission granted in the old Act to establish separate asylums, or to convert portions of workhouses into places for the care of chronic and

harmless lunatics, is omitted in the new Act; and the distinction recognized in many sections of the old Act, between chronic and other lunatics is altogether suppressed. The power of requiring meetings of Visitors to be called is extended to the Superintendent.

Sections 47 to 52 relate to the raising of money for providing asylums. The old minimum limit of £500 for a mortgage bond is omitted.

Sections 53 to 66 relate to the management of asylums and appointment of officers. The most important novelties are: the power of Visitors to reserve vacant beds for special purposes, and to declare asylum to be full; to refuse admission of patients from places where infectious disease is prevalent; the duty imposed on Visitors of an annual audit of accounts; the duty of ward visitation made imperative every two months, instead of every three, and by two Visitors instead of by three; the Medical Officer directed to be made Superintendent, and prohibited from being Treasurer; the power of granting superannuations to officers and servants transferred from Justices in Session to Committee of Visitors; and superannuations to be granted for service exceeding twenty years, as well as for incapacity from disease or age.

Sections from 66 to 94 relate the visitation, confinement, removal, and discharge of lunatics. Medical Officers of unions are now required, under penalty, to make a quarterly visitation and return of chargeable lunatics in their districts, with fee of 2*s.* 6*d.* for each visit. The prohibition against Medical Officers of unions signing certificates of insanity of paupers is withdrawn. Justices may order a fee for a medical examination, though no certificate is given. Relieving Officers, etc., are liable to a penalty for neglecting to execute an order of removal to asylum. The medical certificate is to state facts observed by certifier, and those reported to him, on which the opinion of insanity is founded. Absence of patients from asylum on trial is to be for such period as Visitors may think fit; not limited, as before, to one month. Overseers and Relieving Officers neglecting to remove lunatics on notice of discharge, liable to penalty. Defective orders and certificates may be amended within fourteen days. Patients escaping may be retaken within fourteen days. Medical journal is to state bodily disorders of patients, and to omit stating the condition of asylum. Copies of Commissioners' reports on visiting asylums to be sent to their office.

Notices of death are not to be sent to Clerk of Peace. Notices of discharge, removal, escape, or recapture, are to be sent to Commissioners. Sections from 94 to 122 relate to the expense of maintenance and removal of pauper and other lunatics. Most of these clauses refer to orders of adjudication and appeals. Expenses of burial, removal, or discharge, are to be paid by Guardians or Overseers.

The remaining sections are miscellaneous. S. 122 is important to medical men. The Secretary of Commissioners or the Clerk of Visitors may prosecute for offences. The interpretation clause limits the term physician, surgeon, or apothecary, to those authorised to practise by some institution in the United Kingdom and actually in practice.

The number of sections has extended from 87 in the Old Act to 136. This arises not only from the introduction of new clauses, but of many others from the Acts amending the Old Act, and from statutes relating to the adjudication of settlements.

The wording of the Act is more concise than that of the old one. The phrase "and be it enacted," has been omitted in every section. Although some unnecessary verbiage and repetition may still be retained, such phrases as the following, "shall be binding, final, and conclusive upon all parties to all intents and purposes whatsoever," and the like, are less frequently observable, than in the old Statute. Section 104 is included almost verbatim in section 94, in a manner which could scarcely occur, except by oversight.

The Act on the whole has been drawn with great care and skill; the principles upon which it is founded are indeed, with one exception, identical with those of the Statute which it repeals and replaces. It is, however, more complete in its details. and more workable than the latter. The one difference of principle which it contains is, the withdrawal, not only of permission to establish asylums for chronic cases, but the careful removal of all phrases recognizing a distiction between chronic and other lunatics.

The Non-Restraint System, a Note by John Conolly, M.D., &c.

In the first number of the Asylum Journal (p. 16), the opinion of Professor Albers of Bonn is quoted from *Froriep's Tagesberichte*, and very properly commented upon by the Editor of this new and useful publication.

The officers of the British asylums in which, for many years, the system of non-restraint has now been successfully maintained, have, for the most part, refrained from mere verbal controversy, on a question of which the merits were to be judged of by the effects, as manifested in their respective asylums. There is, however, one specious objection to the non-restraint system so prevalent on the Continent, and so continually repeated by German and French physicians, as to demand especial notice. The objection is precisely that advanced by Professor Albers; namely, that it comprises *the holding of the hands of patients by the attendants, often for hours together.* The simple answer to this is, that it comprises no such thing. In every year I find this objection made by German and French physicians who visit England : but I have never met with one of them who pretended to have seen such a holding of hands in this country. Yet they return to Germany and France, and, one after the other, repeat an objection which has no foundation.

The truth is, that there are not many physicians in England, except those who reside in asylums, who know what the system of non-restraint really is; and that on the continent there does not appear to be one physician who has taken the pains to understand it. All who have real experience of it know, that where it is perfectly carried out, the injuries spoken of by Professor Albers become rarer, and the personal struggles of less frequent occurrence. A continued attendance on the practice of a well managed asylum seldom, I think, leaves a doubt on this subject in the mind of a student capable of observation ; and it is much to be

hoped, that the arrangements and government of our large asylums will, before long, be so improved as to afford ampler facilities for observing the real effects of this and of all other parts of the treatment of the insane,

In the mean time, there are two facts which deserve the attention of all who feel interested in the question of non-restraint. First, that no physician, resident in any British asylum, ever gave a fair trial to this system without adopting it; and that wherever adopted, it has never been subsequently abandoned. The second fact is, that asylums are now opening every year in different English counties, for the reception of patients varying in number from 200 to 1000, and that in no one of them is one instrument of mechanical restraint ever provided.

Observations on the New Asylums Act, by WILLIAM LEY, ESQ., M.R.C.S., *Medical Superintendent of the Oxfordshire and Berkshire County Lunatic Asylum.*

The storm of opinion which in 1845 was directed against licensed pauper asylums, has done its work, and has passed away. Ten years have elapsed since the evidence was collected on which the Report of the Metropolitan Commissioners in Lunacy was founded. In the year 1841, Mr. Farr, who has lost nothing of his fame for statistical accuracy, reported to the Statistical Society of London, on the mortality of lunatics. In that Report it is printed in italics, that "*The annual mortality of both male and female paupers in the licensed houses was nearly twice as great as the mortality of paupers at Hanwell, and twice as great as the mortality of other lunatics in the licensed houses.*

The Lunacy Act of that day would speedily expire. The humane system of treatment then recently advanced to great prominence at Hanwell, was receiving enthusiastic admiration. The legislature in its turn accepted the public feeling, and passed the Act which made it compulsory on the counties and boroughs to provide adequate asylum accommodation for their pauper lunatics. Though not restricting the use of workhouses for the care of chronic lunatics, it made it compulsory on the Committees of Visitors, to provide accommodation in public asylums for recent cases, even by the removal of the chronic and the uncurable.

It may, perhaps, be thought that the busy period of building and change has not admitted of sufficient time to elapse to test the working of that Act. Each year adds something to experience, and it has twice been found advisable to amend the Act of 1845. The new Statute gives additional power to Committees of Visitors, and introduces great emendations of form and language; omits the permission to use workhouses for asylums for chronic lunatics, and withdraws the distinction previously made between chronic lunatics and those considered curable or dangerous; it limits the power of any Committee of Visitors to contract with a licensed house for the charge of pauper lunatics to five years, and allows the Visitors of an asylum to declare it full when its beds are all occupied; and sanctions the reception of a pauper lunatic into a licensed house on the order of admission to the county asylum, provided that it is stated on the order why the patient has been refused admission at the county asylum, and is endorsed by a member of the Committee of Visitors. In these changes it is probable that a necessity may be traced, arising from the insufficiency of the metropolitan and other county asylums to receive their pauper lunatics. They also indicate a recognition, which society had previously accepted, of the sufficiency of the licensed houses as now conducted, for the reception, care, and treatment of lunatics, whether pauper or private. The interchange of medical superintendents between public and private asylums for the insane, makes this recognition as agreeable as it is just.

The Report of Mr. Farr which has been quoted states, that the average annual mortality of paupers at Hanwell was 12 per cent., that at the licensed houses 21 per cent.

The reports of Hanwell shew, that from January 1, 1846, to December 31, 1852, the average annual mortality has been reduced to 6 per cent. The discharges on recovery in 1852, were 4 per cent. The licensed houses publish no reports, so that a new comparison cannot easily be instituted.

It is, however, convenient to notice the state of the asylum for the county of Surrey, which, being capable of admitting a large proportion of patients from the county, may be supposed in the character of its inmates to approximate to the licensed houses. The population of the county of Surrey is 683,082.

In 1848, the total number of patients treated in the year was 459. The mortality was 7 per cent. The discharges on recovery 4·3 per cent.

In 1851, the total number treated was 1141. Mortality, 10·5 per cent. Recoveries, 10 per cent.

In 1852, the total number treated was 1213, or one of every 560 of the population. Mortality, 8 per cent. Recoveries, 14·5 per cent.

The admissions of the year, 360; of patients being less than twelve months insane, 214; of whom 26 died in the year; 76 were discharged recovered within the year.

While the late Act was in force it was competent to the county of Surrey to claim credit over Middlesex, that it bestowed the benefit of asylum treatment on the greatest proportion of its insane population. It is now competent for the authorities of Middlesex to reply: our licensed houses are a part of our asylum system, and by their aid we not only receive under care and treatment, far more than our large county asylums will accommodate, but we afford a greater amount and variety of medical assistance than any other county is likely to obtain.

It is unnecessary to dilate on the far greater chance of recovery in the recently attacked, over the patients who have been even twelve months insane; or on the tendency of the permanently insane to accumulate in the county asylums, to the exclusion of those for whom there is more hope of recovery. The remedy of the new Asylum Act is build! build!! build!!! While those buildings are yet in execution the services of the licensed hospitals and their medical staff will be most important

How long will the need for additional buildings continue? The county of Surrey, treating in the year one-five hundred and sixtieth part of the population,

did in the last year find the accommodation of the asylum insufficient, and refused admission to patients who were presented at its door with legal orders for their reception. It is interesting to compare the state asylum for the county of Surrey, in which one-eighth of the patients are not chargeable to parishes in the county ; with that of the Liverpool division of Lancashire at Rainhill, "One-third of the patients admitted during the year, being natives of other countries."

The 43rd Section of the Lunatic Asylums Act of 1853 enacts, that whenever it appears to the Committee of Visitors of any asylum, that it is more than sufficient for the accommodation of all the pauper lunatics of the district, it shall be lawful for the Committee of Visitors, if they think fit, to permit the admission of lunatics not paupers, but who, in their opinion, may be proper objects to be admitted into a public asylum ; and such lunatics not being paupers, shall have the same accommodation in all respects as the pauper lunatics.

This concession is suggestive of important reflections. Why is the word pauper so freely used toward the lunatic ? He is not unconscious of the opprobrium. Yet his condition is his by misfortune, not by choice, or by neglect of avoidance. The pauper lunatic has, in many cases, himself paid rates for the erection of the asylum and the maintenance of its inmates. He has often continued to do so until the invasion of the malady has lessened his means. He has often been a small farmer, or an artizan in good work, and the collector of rates and taxes has continued to call at his door. He has not yet been the recipient of parish relief. A short time, and hope of cure is gone. He becomes a permanent inmate of the asylum ; broken in spirit, depressed and exhausted by ailments of mind and body. If there is any stigma in the term pauper, such a man deserves it not.

It is manifest that, to live on equal terms with the poorest of all classes, would only be acceptable to those who could not afford equal accommodation elsewhere. Why should a rate-payer, in any case, be refused such equality of privilege with the pauper, if it would be a boon to him to accept it?

If such a privilege was always permitted, the asylum might need protection as regards the payment of accounts, and it might be found that the undertaking of relatives or friends to reimburse the institution would be an insufficient guarantee. The parochial officers might, in some way, be made answerable, not only for the payment of maintenance expenses, but also be required to certify, that the patients were proper objects to receive the benefits of asylum treatment.

The extensive adoption of such arrangements would, in the end, be good economy to all parties, seeing that by early treatment the rate-payer of limited means would frequently be restored before his insanity became incurable, and before the dissipation of his little property had thrown him, as a lifelong burden, on the parochial rates.

Enquiry is not yet extinct, whether insanity is not a visitation for our sinfulness. It is scarcely by all considered to be clearly determined that it is a bodily ail.

The legislature, however, determines that medical care is expedient, and thus recognizes the corporeal nature of the disease. Mankind, in this country, generally entertain the opinion, explained or not, that the mind in the body prisoned is not independent of that body's health; as when the eye being destroyed, intelligence by sight is gone, so, by lesion of the brain, the manifestation of mind becomes suspended.

It is said, that the medical profession have failed in shewing that any particular lesion is inductive of insanity; that all their investigations have left them at fault; that contradictory reports render any authoritative opinion impossible. If it was necessary to prove that insanity had but one cause, undoubtedly the profession would be at fault in determining it. Being rather a symptom marking the extent of damage done to the centre of nervous power by some one or more of many causes, it is not to be expected that medical inspection should fix on any single lesion, and, as it were, say, here is inflamed mind. Pathology rests on a broader basis.

Short experience will prove the difficulty of obtaining the medical testimony required on the new order of admission. The distinctions between the unsound opinions of the sane and those of the insane are to be proved by *facts* which the medical man, consulted casually by the magistrate, can himself observe. He is to specify the facts which others have observed; but the legality of the order for the detention of the patient depends on those of his own observation. The certificate being signed to the satisfaction of the magistrate, the officer of the asylum or hospital must accept the order as legal.

The section of the new Act relating to the escape of patients should be read with the following passage as a commentary, from the notice recorded of the visit of the Commissioners of Lunacy to Hanwell, in June, 1852: "It has occurred to us as advisable that the more trustworthy patients should be occasionally allowed to go beyond the limits of the estate, under the care of attendants." And it should be borne in mind, that patients of some county asylums are allowed to go into the county cities without being accompanied by an attendant. The Commissioners are apparently unwilling to condemn the latitude of freedom which the Committees of Visitors and the Superintendents of asylums, in their discretion, recognize as justifiable; they even record their opinion against the customary restriction to the grounds of the asylum.

The section which requires the report to be made to the Commissioners of every escape, may tend to increase the facility of recapture, and may test the extent to which the absence of boundary walls, and other restrictions on liberty, may safely be carried.

The Act displays no tendency to a return to what has been called prison discipline, or workhouse treatment; its character is progressive and ameliorative. Progressive, not perfect, although very much improved.

The greater minuteness of report required to be made in the medical journal may result in affording sound statistical data, relating to the management of patients, and the sanatory condition of the asylum. But no statistics can be perfect for purposes of comparison which are founded on unequal bases, and an

asylum which receives all the pauper lunatics of its district will have a vastly greater proportion of recent cases, and its inmates will require much more medical care and attention than those asylums which are already full. Most of this information, however, can only be useful as tending to the satisfaction of the governing body, and as increasing the facility of drawing up reports made by the Commissioners in Lunacy on the occasion of their visits of inspection.

On the Examination of the Brain after Death, by J. T. Arlidge, Esq., m.b. *Lond., late Resident Medical Officer of St. Luke's Hospital.*

General Observations. Recognising the brain as the instrument in all intellectual operations, we naturally are led to look for some changes in its mechanism after death, where those functions have shewn evidence of disorder during life. For, admitting the soul—the spirit of man—to shadow forth, however remotely, the image of the Creator, we must assign to it, together with its immateriality, an inviolability from physical change, *i. e.* from the action of disease. On the other hand, we may correctly speak of disorder of the mind, regarding mind but as the manifestation of the working of the soul through its material instrument, the brain.

Granting all this, there are several points to be considered before we look for structural alterations in the brain.

First. That organ developes two sets of faculties, the intellectual and the emotional, the former especially elevating us in the scale of being and giving us an individual existence; the latter, partaken more in common with other animals, and fitting us for a relative existence. Now our notions of functions induce us to suppose these faculties to be differently located in the brain, and in this belief we have the support of analogy, as in the case of various glands, *e. g.* the kidneys, which separate the aqueous portion of their secretion through one plexus, the animal organic part through another. Unfortunately science has not sufficiently advanced for us to indicate which segment of the brain is allotted to the intellectual, which to the emotional faculty. However experience, guided by analysis, teaches the existence of intellectual and of emotional insanity; and we may indulge the hope that the pursuit of morbid anatomy, having this division in view, will in course of time throw light on this question of localization.

Under this head another question arises, *viz.* with which set of faculties, the intellectual or the emotional, when disordered, is there the greater amount of physical change in the brain ? In other words, Is actual cerebral lesion more common or severe in intellectual or in emotional insanity, or is there no difference in this respect?

Secondly. The brain, as commonly understood, is not only the mechanism for operations of the soul, but includes within its compass centres of mere animal sensation and motion. Of the precise situation, size, and relations of those centres, much more must be learnt before we can allocate to the other regions of the brain their functions with any certainty. Pathology demonstrates that these motor and sensitive ganglions can be diseased apart from any mental disturbance: and the reverse holds good, that mental disorder may exist to any extent without impairment of the functions of these centres.

This statement also applies generally to those appendages of the brain whose purpose is less determined, *viz.* the pineal gland, the pituitary body, &c.

Further, modern science adopts the hypothesis, that the cortical is the active developing tissue, the medullary but the conducting, in the exercise of the mind. The former then assumes an especial importance in attempts to discover the origin of insanity, and every means of examination should be resorted to. Yet the white substance must not be overlooked, for in its lesion may reside the source of all the mischief. Let the grey matter be ever so unimpaired, if the force generated in it cannot be transmitted, or the impressions arising elsewhere cannot reach it, then there will be a paralysis of intellect or of feeling.

The several matters referred to under this second head must therefore be borne in mind when we wish to arrive at a true etiology of insanity from the revelations of the post-mortem room.

Thirdly. The last section infers what is now to be more specially dwelt upon, that the brain, though primarily 'the organ of the soul,' is, as a material structure, one with the corporeal frame, and so knitted with it, that it is made subservient to it in a greater or less degree. In other language, the functions of the brain, *i. e.* the mind, sympathize with the body. Hence sympathetic or symptomatic insanity.

The question occurs for morbid anatomy to determine, *viz.* Is actual cerebral lesion a necessary concomitant to or a sequel of symptomatic insanity; or does sympathy with a diseased organ produce appreciable morbid change in the encephalon?

Further, we will start the question, Does morbid sympathy with distant organs as readily occur to the intellectual as to the emotional faculties? Most probably not. The intellectual are evidently more often reached through the emotional powers; in the chain of causation of mental disorder, the first link is the disturbance of the emotional part of the brain. And this holds true whether the disorder have an immediate psychical origin, or be a result of sympathetic action, or constitute but a part of some depraved general condition of the body.

As pathological science advances, cases of insanity presumed to be sympathetic, will no doubt become fewer. Morbid alterations of the fluids and solids will by nicer investigations be detected in the cerebral substance brought about by disease in a distant viscus. However, we must at present admit that cerebral disorder may be caused by sympathy with another organ without any actual lesion of brain. Again, alterations of the normal quantity or quality of the blood, and the introduction of noxious ingredients, will derange the machinery of the brain; but unless the action of such be prolonged, may produce no appreciable alteration of the brain matter; just as the want of oil or the presence of half-dried oil or of grit, will prevent the effective working of an ordinary machine.

The mechanism of the brain, therefore, being thrown, so to speak, out of gear, the manifestations of the soul,

or the mind, are irregular, oppressed, or disorderly. The reaction of the body on the brain obtains the mastery of the normal operations of the soul, or the latter manifests its action through a distempered medium. But if this disturbance of function continue, the nutrition of the nerve mass will suffer, and an organic change be effected.

The extent of such change will depend on the exciting cause, and on the continuity of its action; and we can readily understand, that in the case of so delicate and peculiar a texture as the cerebral substance, the alteration may be inappreciable to our ordinary methods of research.

Although in sympathetic madness there be no actual evident lesion, yet we are induced to presume some derangement, often probably in the vascular system, but which, being of too transitory a nature, it is hopeless to look for after death.

Of all its relations with other than nervous tissue, that of the brain with its membranes is most intimate. Indeed, disturbance of mind is more constant in disease affecting the membranes, than in that attacking the brain matter itself. This is owing probably to the extensive relations of the meninges with the brain, and especially with its surface, coupled with the general diffusion of any morbid process over their extent, and the consequent interference caused to nutrition. This fact also supports the hypothesis of the function of the cineritious matter of the surface.

It needs no argument to prove the importance of a careful examination of the brain coverings: so much have their diseases been taken into account, that some authors have assigned them as the general cause of insanity.

Of the cranial bones I shall say nothing here. I fear I have already extended these general observations to too great a length. My wish has been to state some points which I think ought to be kept in view by those desirous of improving our knowledge of the pathology of insanity. On this subject, so unsatisfactory, so vague, and even so contradictory, do investigations appear, and so beset with difficulties is their prosecution, that sheer despair seems to have overtaken most observers. In every part of the brain and its appendages has the seat of insanity been presumed; little or no notice has been taken of the form of the disorder, of the faculty chiefly implicated, or of concomitant diseases. Generally a post-mortem report implies a bald statement of a few facts which first catch the eye. For the most part, any abnormal condition of the encephalon, of the membranes, or of the cranium, has been set down as the cause of the mental disorder; whilst, on the other hand, it has not been difficult for a man, preoccupied with an hypothesis, to find a realization of it in almost every case he has dissected.

The hunters after the general causes of insanity, in order not to be baulked of a discovery, have some of them, despising cerebral lesions as inconsistent and unsatisfactory, ravaged the entire body, and according to their individual tastes, have discovered the goal of their wishes in the chest, the heart, the sympathetic plexuses, in the belly, the liver, the stomach, the intestines, &c.

A better philosophy, it is to be hoped, is now dawning. The brain has, it must be admitted, brought confusion on the microscope, our most powerful means of accurate observation, but we may anticipate a remedy for this; chemical investigation of the brain has been but little pursued, and much may be expected from it; weighing the brain has been largely practised and with interesting results; and important data may be looked for from the examinations of the specific gravity of the brain, a process first brought forward by Dr. Bucknill, and since by Dr. Sankey.

I hope to be able in a future paper to set forth some of the circumstances affecting the appearance of the brain after death, which though not new, are of importance in forming an estimate of the existence or of the degree of lesion, and which I fear are frequently not sufficiently taken into account in necroscopical reports.

We have received the following Circulars from the Secretary to the Commissioners in Lunacy, for publication.

LUNACY ACTS

8 & 9 Vict. c. 100; 16 & 17 Vict. c. 96, 97.

INSTRUCTIONS FOR THE GUIDANCE OF SUPERINTENDENTS, PROPRIETORS, MEDICAL PRACTITIONERS, AND OTHERS.

RECEPTION OF PATIENTS.

ORDERS.—In the case of a *private* patient, the order may be dated before or after the medical certificates, or either of them.

In the case of every patient, pauper or private, the order must be signed and dated prior to admission.

No person who, or whose father, brother, son, partner, or assistant, shall sign either of the certificates is competent to sign the order.

STATEMENT.—The statement subjoined to the order need not be signed by the same person who signed the order.

The special circumstances, if any, assigned as a reason for sending a private patient to an asylum with only one certificate, should be such as actually to have rendered the previous examination of the patient by two medical practitioners impracticable, or so difficult as to justify a deviation from the general rule.

If any of the particulars required to be set forth be not known, the words "not known" should be affixed.

MEDICAL CERTIFICATES.—After the words "being a" the medical practitioner signing the certificate must insert, not merely the word physician, surgeon, or apothecary, but the diploma or qualification entitling him to practice as such in the United Kingdom; *e. g.* "Fellow of the Royal College of Physicians in London," or "Licentiate of the Apothecary's Company," etc., etc. (See Interpretation Clause, 16 and 17 Vict., cap. 96, sec. 36.)

The certificate need not be filled up, signed, and dated, on the day of examination, but the date and place of examination, and also the place of residence and profession or occupation of the patient, must be set forth in the body of the certificate.

The examination of the patient must, in every case, take place within seven clear days before admission.

The medical practitioner signing a certificate must set forth, not merely his opinion, but the specific facts indicating insanity, upon which that opinion was formed.

No certificate will be valid unless it contains some fact, indicating insanity, observed by the medical practitioner signing. If other facts are set forth, it must be stated by whom they were communicated.

A partner or assistant is disqualified from signing the second certificate, in the case of a private patient. (See sec. 4, 16 and 17 Vict., cap. 96.)

As to persons otherwise disqualified from signing certificates, attention is particlarly directed to the 12th section of the Act, 16 and 17 Vict., c. 96.

If a private patient be, under special circumstances, received with only one certificate, *two other* medical certificates must be procured within three days.

Amendment of Orders and Certificates.—Incorrect or defective orders and certificates may, under section 11, be amended by the person signing the same, within fourteen days after the reception of the patient; but no such amendment will have any legal effect, unless sanctioned by the Commissioners. Such sanction will only be given upon sufficient cause being shewn.

Returns on Admission.—It is essential that returns upon admission be, in every case, made within the seven days limited by the 52nd section of the 8 and 9 Vict., cap. 100; although the orders and certificates may be amended within fourteen days, as before mentioned.

Notice.—If a private patient be received with only one certificate, the "special circumstances" must be set forth in the notice of admission, as well as in the statement subjoined to the order.

Statement.—The report of the medical officer must apply to the condition of the patient, not on admission, but after at least two clear days' observation of the case.

TRANSFER OF PRIVATE PATIENTS.

Private patients may, under the 20th section, be transferred from any asylum, hospital, or licensed house, to another, or to the care of any person, by order of the person having authority to discharge such patient, with the written consent of two of the Commissioners, without the necessity of fresh certificates.

DISCHARGE OF PATIENTS.

Notice of the recovery of a patient is now required, by sec. 19, to be given to his friends or parish officers; and, if he be not discharged within fourteen days, similar notice must be given to the Commissioners and Visitors.

NOTICES OF DEATH.

In addition to the notices hitherto required, a statement, containing the particulars set forth in sec. 19, is to be sent to the coroner, on the death of every patient dying in a hospital or licensed house.

ATTENDANTS.

Notice of the dismissal, for misconduct of any attendant is required, by sec. 26, to be given to the Commissioners. Any resignation, in order to avoid dismissal, must be considered as a dismissal within the meaning of the Act.

The object of this provision is, by means of a central register, available for general reference, to prevent improper persons from being employed in the care of the insane. It is very important that this enactment should be made known to all attendants.

The Commissioners in Lunacy trust that superintendents, proprietors, medical practitioners, and others, will co-operate with them, towards insuring a strict compliance with the provisions of the Statutes; and they desire to impress upon superintendents and proprietors, that it is their duty carefully to examine all orders and certificates, when brought with patients, and, where necessary, to take *immediate* steps to rectify defects and supply omissions.

To prevent any misconception, with reference to the Lunatics Care and Treatment Act, 1853 (16 and 17 Vict., cap. 96), it may be well to add, that the same is only an amending Statute, and that the Act 8 and 9 Vict., cap. 100, remains in force, excepting so far as any of its provisions are expressly repealed, or altered, by the new Act.

By order of the Board,

R. W. S. LUTWIDGE, *Secretary.*

Office of Commissioners in Lunacy,
16th Nov. 1853.

MEDICAL CERTIFICATES.

Instructions.—Every medical certificate must be according to the subjoined form,* prescribed by the "Lunatics Care and Treatment," and "Lunatic Asylums" Acts, 1853.

In filling up the certificate, the medical practitioner signing is requested especially to observe the following essential particulars, viz.:

1. After the words "being a," he is required to insert not the word "physician," "surgeon," or "apothecary," but the legal qualification, diploma, or license entitling him to practice as such within the United Kingdom.

The words of the interpretation clause are as follows: "'physician,' 'surgeon,' or 'apothecary,' shall respectively mean a physician, surgeon, or apothecary, duly authorized or licensed to practice as such by or as a member of some college, university, company, or institution, legally established and qualified to grn t such authority or license in some part of the United Kingdom, or having been in practice as an apothecary in England or Wales, on or before the 15th day of August, 1815, and being in actual practice as a physician, surgeon, or apothecary."

2. He is required to insert, not only the date and place of examination, but also the place of residence, and profession (if any) of the patient.

3. In any case where more than one medical certificate is required by the Act, he must insert before the words "personally examined," the words "separately from any other medical practitioner."

4. He is reqnired, in order that his certificate may

* See Schedule F, No. 3, p. 25.

have any validity in law, in every case to set forth the fact or facts, indicating insanity, *observed by himself.*

5. The certificate need not be dated on the day of examination.

Note.—Medical officers of unions or parishes are no longer prohibited from signing certificates in the cases of pauper lunatics belonging thereto.

R. W. S. LUTWIDGE, *Secretary.*

Office of Commissioners in Lunacy, 1853.

To the Editor of the Asylum Journal.

Sir,—The foundation of your Journal under the auspices of the medical officers of asylums, seems to offer me a good opportunity of bringing under the notice of these gentlemen the fact, that the Library of the Royal College of Surgeons, is very deficient in the Annual Reports of these establishments. Such documents are often of great value, and when collected would serve many useful purposes of reference and comparison; while, as far as I know, they are not purchasable.

I am, Sir, your obedient servant,

JOHN CHATTO, *Librarian.*

Royal College of Surgeons, London,
November, 1853.

M. Moreau, one of the Physicians to the Bicêtre, has brought to the test of statistical observation, M. Baillarger's opinion respecting the importance of the inequality of the pupils as a symptom of general paralysis. Of 100 individuals affected with this disease, M. Moreau found the pupils unequal in 58, the pupils were larger than usual in 26, smaller than usual in 18, and of ordinary size in 56. M. Moreau has also observed that in general paralysis, the protrusion of the eye ball was increased in 66 per cent., and that in 31 per cent. the arch of the eye brows was lost, the brows falling over the eyes curling like a moustache.—From the *Annales Medico Psychologiques.*

On Gentleness to the Insane.—WHITTIER.

Gentle as angels' ministry,
The guiding hand of love should be,
Which seeks again those chords to bind
Which human woe hath rent apart,
To heal again the wounded mind,
And bind anew the broken heart.
The hand which tunes to harmony,
The cunning harp whose strings are riven,
Must move as light and quietly
As that meek breath of summer heaven
Which woke of old its melody;
And kindness to the dim of soul,
(Whilst aught of rude and stern controul
The clouded heart can deeply feel,)
Is welcome as the odours fann'd
From some unseen and flowering land
Around the weary seaman's keel!

From *American Journal of Insanity.*

Appointments.

Mr. Francis Moseley, of London, has been appointed Assistant Medical Officer to the Gloucestershire County Asylum, in the place of Mr. John Charles Savery resigned.

Mr. William P. Kirkman, late House Surgeon of the Suffolk County Asylum, has been appointed Assistant Medical Officer to the Devon County Asylum, in the place of Dr. Manley resigned.

All communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 26th day of January next.*

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" Si quid novisti, rectius istis,
" Candidus imperti, si non, iis utere mecum."

THE ASYLUM JOURNAL,

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CONTENTS.

Visiting Physicians to County Asylums.

The last Report of the Commissioners in Lunacy contains a series of suggestions to the Visiting Justices of asylums on the appointment and duties of officers to these institutions. In these suggestions the appointment of Visiting Physicians is commented on in the following terms:—

"The Commissioners consider it the preferable arrangement, that there should not be any Visiting Physician or other visiting medical officer with a salary; but that in lieu thereof the resident medical superintendent should have the power to call in medical or surgical advice on extraordinary occasions, at the expense of the asylum. If there are honorary physicians or surgeons attached to the institution, their services would be gratuitous, unless when they were so specially called in."

This opinion expressed thus authoritatively by those best qualified to form a just one, has been contravened and censured by more than one of our contemporaries. So far as we have been able to understand their plea for the appointment of visiting physicians to asylums, it is made to rest mainly on two grounds, which without circumlocution may be thus stated. In the first place it is supposed, that such officials would act as a check upon any maladministration or objectionable conduct on the part of resident officers, and as a security to the public that neither cruelty nor neglect was practised in the institutions placed under their inspection. In the second place, these appointments are advocated in order that by intellectual *collision* with medical superintendents the latter may be prevented from passing into a state of "passive sloth" or absolute dementia, owing to their seclusion from the external world and their too great devotion to a monotonous routine of duties.

To the first argument it may be objected, that it is scarcely consistent with sentiments of nice honor, for a physician to act as an inspector under the disguise of a colleague. In campaigning every one knows what is thought of an officer who is found within the lines in an assumed character, and what is done with him. For heaven's sake let not the sacred character of a physician be ever degraded into that of a spy. Few will deny that both public and private asylums require thorough and frequent inspection to satisfy the public mind, and to prevent abuses from creeping in. The law provides that such inspection shall be given, and public asylums do for the most part receive it, though according to Lord Shaftesbury, "nothing can be more imperfect and unsatisfactory than the inspection of private asylums." If the appointment of visiting physicians is necessary, that they may serve as guarantees to the public independent of the Commissioners and of the asylum staffs, surely their services are needed infinitely more in private asylums than in public ones, since in the former alone is any great deficiency of inspection stated to exist. Our contemporaries, however, have entirely overlooked this very obvious inference.

We are well aware, that in a few county asylums the visiting justices discharge their duties unpunctually and imperfectly, but with these exceptions it may be truly asserted that no kind of public institutions are more thoroughly inspected according to law than those

devoted to the insane poor. In some notorious instances, indeed, the visiting justices far exceed the boundaries of inspection and general control, taking upon themselves the legitimate duties of the psychiatric physician. Assisted by talented matrons and stewards, certain committees almost elbow medical men out of the field. Instead of needing visiting physicians to assist them in the duties of inspection, they with the exception of the drugging part of the business almost monopolize the duties of the physician to themselves. Why should asylums be the *last* places where the old proverb of *ne sutor, ultra crepidam*, can be applied ?

Besides the visitation of county asylums and their inmates by commissioners, visiting justices, guardians and overseers of the poor, and union medical officers, provided for by the law of the land, there is frequently a great amount of unofficial visitation. At Hanwell the unofficial visitors during the year have been counted by thousands, and at most other asylums their number is very considerable. If, however, for the complete satisfaction of the public mind any extension of visitation is needed, by all means let it be effected, but let it be done openly and avowedly. If it is deemed necessary to have medical visitors in addition to the medical commissioners, let them be members of committees of visitors, as indeed is frequently the case already. But in the name of honesty and candor, let us have no smuggled underhand inspection under the disguise of medical assistance. Besides experience has proved that visiting physicians cannot, or do not, act as a detective police in plain clothes, since it has happened that those asylums in which serious abuses have been brought to light, have had such officials upon the staff, a broken staff to trust to, as the governors of Bethlem found.

That the superintendents of asylums are in any danger in falling into "a dull unvarying system of routine," and a condition of "passive sloth," owing to seclusion from the "external world," may or may not be correct. The captain of a ship is secluded from the external world still more strictly than the superintendent, without much danger of falling into a state of "passive sloth," or "a dull unvarying system of routine." But should such a danger really exist, it is incredible that the occasional visits of some elderly medical gentleman from the neighbouring town will have any influence in preventing so undesirable a result. The latter, indeed, must himself submit to the inglorious routine of merely indorsing the acts of the superintendent; unless he is not to be deterred from striving for independent action, by the contrast of theoretical knowledge with that which is both practical and theoretical, and by proving painfully to himself, the folly of coming into those wards as a teacher, where he ought first to come as a laborious and patient learner.

The superintendent of an asylum is far more likely to fall into "a dull unvarying system of routine," from a divided responsibility, and a consequently divided interest and anxiety concerning the welfare of his patients, than for want of the intellectual "collisions" which are recommended as a preventive. The visiting physician may be a spur to his resident colleague, he is more likely to be a cushion; he may act as a stimulant, but it is far more probable that he will act as a sedative. With divided responsibilities it is impossible that either blame for shortcomings and disaster, or credit for progress and success, can be justly apportioned to those who merit them; and the consciousness of this fact may make both resident and visiting officers careless of incurring the one, and negligent of deserving the other. But the superintendent who is left to his own resources and responsibilities will feel, with King Harry,

"The fewer men the greater share of honor."

On more than one occasion have we been assured by superintendents, that they have felt themselves withheld from this or that attempt at improvement, because they were hampered by visiting physicians, who would either defeat their efforts or purloin their credit.

At the present day, the visiting physician is indeed generally an ornamental and useless flourish only on the asylum staff, a mere incubus on the finances, without in the slightest degree either aiding or impeding the labors of the superintendent. But where such is not the case, he will be liable to become either a passive impediment, or actively detrimental to the best interests of the institution to which he has the misfortune to belong.

The plan of appointing visiting physicians was in vogue so long as diseases of the mind were attacked almost entirely by pharmaceutical remedies, and before the moral system of treatment was understood, or indeed discovered. At that time the visiting physician of an asylum discharged his duties like the corresponding officer of a general hospital. Two or three times a week he visited the institution, for an hour or so, and prescribed for the patients bleedings or vomitings, bolus, blister, or glyster; and if, notwithstanding, the patients recovered, so much the better: otherwise chronic mania and restraint, or dementia and filthiness, awaited them. None of those innumerable influences, great and small, unpurchaseable at Apothecaries' Hall, and denominated in the aggregate *moral treatment*, were put in requisition. The physician, at that time, might be no mere pretender to occult science and mysterious power; but an earnest man making the best of the means at his disposal; but he was as if fighting pugilistically with one fist, and that not the best one. Drugs alone might, perhaps, effect some good, but moral influence is now universally acknowledged to be the most potent and beneficial agent of treatment. The non-resident officer was found to be powerless in the use of the latter. The moral system of treatment can only be properly carried out under the constant superintendence, and by the continuous assistance of the physician ; a circumstance which rendered it necessary that he should be resident on the scene of his labors, and not an occasional visitor merely. The introduction of this system, therefore, necessitated a change in the plan of medical attendance, and the old fashioned one has for some time been gradually falling into well merited dissuetude.

In a few asylums the visiting physician, full of years and honors, is still retained on the staff, a relic of the past ; doubtless in acknowledgement of old services, rather than for the discharge of present ones. In two or three others, this officer still presides over the drugging department, everything else being of

necessity left into the hands of his resident colleague. A plan rather more unreasonable than it would be in war, to confide the command of the cavalry to one independent general, and that of the infantry to another. In confirmation of our opinions we extract the following judicious observations from Dr. Thurnam's Statistics of Insanity.

"That the plan of government here advocated is the one most calculated to secure energetic action, and unity of plan, appears in the very nature of things at least probable; and is also, I think, established (as far as such questions can be) by observation and experience. Which, it may be asked, are the establishments, which as a general rule have contributed most extensively to our knowledge of insanity, and its treatment, those chiefly under the direction of resident or of visiting physicians? And, again, we may ask without unity of plan, and that energy of action which an undivided responsibility will generally be found to secure, what is it probable will be the character of the moral treatment; or, indeed, can any moral treatment worthy of the name exist? And what unity of plan can there be, when instead of a single resident directing head, availing himself of the observations and assistance of his younger and less experienced colleagues, we have a resident physician or other medical officer, whose responsibility is more or less lessened, as soon as a visiting medical officer enters the house; and who to a like extent is at least liable, however inadvertently, to have his authority, and influence with the patients depreciated and diminished? It is, perhaps, hardly possible, except by living in an hospital for the insane, for any one to be made aware of the disturbing effect which the visits of a non-resident medical officer, even when acting in friendly concert with the resident physician, may produce on the patients. A word, a look, or a gesture on the part of one is often sufficient to encourage hopes or excite fears, or it may be to revive delusions or propensities, to effect the suppression of which may have been the labor of weeks on the part of the other."—p. 79.

It is the opinion of an eminent contemporary, writing on this subject, that the "posts of resident medical officers to our county lunatic asylums" are not sought for, and therefore are not occupied by "the best and highest class of psychological physicians." This, it must be allowed, is a matter of opinion; therefore, notwithstanding the proverbial odium of judgments arrived at by personal comparisons, we must be permitted to express a contrary one. Whatever may be the case in the metropolis, and under the observation of the learned writer himself, it must be conceded as at least probable, that the resident physician of a county asylum will know something more of insanity, both practically and theoretically, than a medical man distracted by the cares of practice in the neighbouring provincial town. If it be true that asylum men are not comparable with the learned psychologists who are carving out their fortunes in the great metropolis, it must be remembered that London cannot supply visiting physicians to more than three or four county asylums at the utmost: unless, indeed, they make use of the electric telegraph, a mode of performing work which we beg leave to suggest as exceedingly suitable to the peculiar duties under discussion. Provided with a central station, the "*psychological physician of the best and highest class*" might flash intelligence to all asylums between Aberdeen and Cornwall, and stir up the drowsy faculties of all their resident superintendents with the newest psychological revelations. But to maintain that the medical superintendents of county asylums need either inspection or instruction from provincial medical men, who have paid no particular attention to the subject of insanity, is a proposition bordering on absurdity. It is sufficiently intelligible why the London specialist should desire to find himself attached officially to some great asylum, and to gild the solid pudding of lucrative private practice with the honor of public distinction. But what time could a metropolitan "psychological physician of the best and highest classs" find in which to study the peculiarities of thought, habit, and disposition, of some hundreds, or say a thousand, of insane paupers? What leisure to obtain the smallest insight into their characters? What chance of gaining the slightest influence over them?

We apprehend that even the overworked and underpaid resident may find greater opportunity for intellectual culture, than such a person with his private practice, and his private asylums, and his public societies, and his various other psychological devices for obtaining name, and fame, and money. That the medical staff of some metropolitan asylums is usually deficient, no well informed person will deny; we feel assured, however, that the only mode of applying a real remedy, and of affording efficient aid to the resident officers will be, by the appointment of resident medical assistants, officers whose hours are not worth guineas, and who can afford to employ them in the tardy occupation of studying and influencing the insane. The metropolitan "psychological physician of the best and highest class" must find himself too fully and profitably occupied in attendance upon the noble and the wealthy, to condescend to the drudgery of being really useful in a great pauper asylum.

There is but little analogy and much contrast between the asylum and the general hospital. In the latter, the great visiting surgeons perform the great operations, and the poor must put up with having their fractures put up, and their dislocations put in, by his young dressers. The great physician prescribes for the great cases in the wards, leaving the youngsters to watch the effects of his remedies, and

"Their prentice han' to try on man,"

in the out-patients' room.

But in the asylum all cases which are capable of treatment are great cases; they are all affections of the same vital organ, and under negligent or unskilful treatment, are all liable to terminate in the most lamentable manner. At the hospital the gamut runs from lithotomy to phlebotomy, and, indeed a few notes lower; but in the asylum diseased mind presents a monotone. There it is impossible to set aside important cases for the consideration of the great visiting psychologist; all cases are all important and require the unintermittent exercise of the best medical skill which can be procured for them.

At the hospital, a prolongation of physical suffering

may in a few instances be the result of entrusting a considerable share of the practice to juniors, against which occasional evil, the constant advantage to the public of affording students practical experience in the treatment of disease constitutes an important set off, but mental disease treated by the unskilful and the inexperienced, may become permanent and incurable; a result so fearful to the patient and of so grave a nature to society, that no possible advantage to learners, can for one moment be put in the balance against it. We are assuming for the sake of argument that the visiting physician proposed for an asylum is on a par with those of hospitals; this, however, is but an assumption, and is incorrect in fact. The latter have for long years been laborious and pains-taking students, clinical clerks, and assistants in the hospital wards, patiently qualifying themselves for practice in the only true school, namely, that of experience. But where and how has the visiting physician of the best and highest class qualified himself for the duties he covets in the county asylum? His claims to psychological distinction may be dependent upon authorship, or relationship, or upon divine genius, but he has certainly not worked his way through gradations of experience and of office in an asylum, and therein he differs widely from the visiting physician of the general hospital.

The asylum is unlike the general hospital in many particulars, besides the above mentioned. It is not a charity; the services of its medical staff are not gratuitous, and its inmates are not such by their own free will. By the act of abrogating the liberty of its inmates, society has incurred the responsibility of supplying them with sufficient care and treatment; and payment is provided in the same manner as taxes are provided for the State and tithes for the Church. If through the imperfection of laws or the parsimony of those who execute them, the inmates of public asylums do not receive skilful and sufficient care and treatment, they are defrauded of their just rights; and to remedy such a defect by procuring medical aid as the great hospital charities procure it, would be a condonation of the wrong.

The comparison of the asylum to the general hospital as an argument, was fit only *ad captandum vulgus*; it may also serve to shew with what ease "the psychologist can reason without logic and illustrate without aptitude."

The opinion is not unreasonable, that it may sometimes be advantageous to secure for an asylum the occasional services of a retired superintendent, with whom the patients and all the difficulties of the place are as familiar as twice-told tales. But this opinion derives all its force from the very arguments we have used against the general appointment of visiting physicians, since such an officer would possess the indispensible qualifications of special experience. Special circumstances may, no doubt, arise from time to time, under which the appointment of such a person as a visiting physician may be equally honorable to himself and expedient to an asylum. Every one must have acknowledged the propriety of retaining the services of Dr. Conolly as visiting physician to that institution which he has rendered famous throughout the world as the home, if not the birthplace, of the new system of treatment; a home in which it was reared and nourished from a precarious infancy to the period of adult and vigorous maturity; and few will dispute that this connection, so long as it lasted, conferred at least as much honor upon the institution as upon the officer. But at the present time we believe that no visiting medical officer of any asylum in this country has undergone any probationary education as a resident medical officer. Such appointments have been conferred upon the strength of personal interest, irrespective of any claims founded upon peculiar knowledge or experience in the treatment of insanity: they must consequently be considered as little honorable as they are useful.

The above observations are intended to have reference to county and borough asylums alone. There are several hospitals for the insane partaking in part of the character of charitable institutions and in part of that of private asylums, wherein the visiting medical officers have considerable if not paramount authority. To the support of such institutions the visiting medical officers contribute largely by sending and recommending private patients. At the present time we express no opinion on this arrangement; nor on that adopted in those hospitals for the insane unfortunately situated in the midst of towns and cities, and in which the modern system of moral treatment is to a great extent impracticable. But for county and borough asylums for the insane poor, the Commissioners in Lunacy have decided against visiting physicians. They have done so after long and ample observation, and it is fair to suppose, that independently of any theoretical opinions, they have not permitted themselves to come to a decision on so important a subject except upon the sure ground of experience.

Of thirty-five county and borough asylums now open in England and Wales, seven only, namely, those for Surrey, West Riding, Kent, Stafford, Nottingham, Norfolk, and Bristol, are returned in the Commissioners' Report as having visiting medical officers. With the exception of the Surrey, these asylums are amongst the oldest in the country; and in the three new asylums for Yorkshire and Lancashire the practice of the old asylums for these counties has not in this respect been imitated.

In despite, therefore, of the objections of our contemporaries, we feel assured that the Commissioners in Lunacy have given to visiting justices the soundest and best advice, in recommending them not to appoint visiting medical officers to institutions under their control. And we think it improbable that the staff of any new county asylum will be provided with such officers, or that in old asylums when vacancies of such offices occur they will be refilled.

The Visiting Justices of the Devon County Asylum have requested the Editor of the *Asylum Journal* to publish their Annual Report therein, offering to pay the additional expense so incurred. While the best thanks of the Association are due to the Visitors for this graceful compliment paid to its organ. It has been deemed prudent to postpone such undertakings for the present.

Elements of Psychological Medicine, an Introduction to the Practical Study of Insanity, adapted for Students and Junior Practitioners, by DANIEL NOBLE, F.R.C.S., *Medical Officer to the Clifton Hall Retreat, and Lecturer on Psychological Medicine at the Chatham Street School of Medicine, Manchester.* (London, Churchill; pp. 340.)

This work is a course of lectures published nearly as delivered at the Chatham Street School at Manchester. Both the style and spirit of the book are excellent. The former is lucid and elegant, and the latter bespeaks the writer to be a man, too speculative indeed, but fair and candid and influenced by kindly and gentlemanly feelings. We have seldom arisen from the perusal of a work with which we disagreed so much, with a better opinion of its author. The most interesting feature in Mr. Noble's book is his recantation of his belief in phrenology. We read his book advocating the truth of phrenology, when it was published, and were impressed at that time with the conviction, that the arguments in favour of the so-called science were stated with much greater fairness than in any other phrenological work we had met with. The result proves that an honest and candid man is not of much use in the propagandism of error. The disciples of Gall would have been much better without Mr. Noble as a recruit; his recantation will be gall and wormwood to them. He concludes, "In my own instance many circumstances have utterly destroyed my confidence in the observations and judgment of large numbers of the phrenologists; among others I may adduce the striking fact, that the ranks of almost every philosophical folly of the present era, so distinguished in this point of view, have been largely recruited from the expiring phrenological school—teachers and disciples alike: some have become apostles or partizans of the water cure; others of clairvoyance and mesmeric prevision; and some again of homœopathy; whilst a few, I believe, have gone over to the spiritual rappers! With the same men there continues the same turn of mind—the excessive credulity, the readiness to see whatever is looked for, and to wink at, or most elaborately to explain away, anything which makes against the adopted faith; the same bigotry, too, and the same restless spirit of propagandism."—p. 52.

We honor the frank uprightness of the man who can thus resolutely turn his back upon a once cherished belief, upon discovering the meretricious nature of the facts upon which it is founded. If we differ widely from Mr. Noble's present opinions, through faith in his candor we believe, that as time rolls on and truth becomes more apparent in these difficult and perplexing fields of thought, these differences will diminish, perhaps disappear.

Mr. Noble appears to think it necessary to found his pathology of insanity on a physiology of the brain and nervous system. He is, however, not very certain on this point; his philosophy is still metaphysical, as the following passage will shew. "There is nothing in the physiological study of the brain and nervous system, which ought to suggest the approaches even of materialism. Whilst here below, the *actions of the spirit* occur through organic intervention. A thousand circumstances prove the fact; yet it is no more the case, that the material brain is the thinking principle, and the separate parts divisions of the soul, than it is true that the music of the lyre inheres in the instrument, and that the melodies which art can elicit from it, are self-produced by the particular strings."—p. 82. This may be put into other words thus: As the sonorous vibrations of air are not inherent in the musical instrument whose vibrations produce them, so the manifestations of mind are not inherent in the cerebral organism from which they result. To such an argument one might not inappropriately answer "fiddle de dee;" if it was not merely thrown out as a sop to Cerberus, as a saving clause to avert the claws of any spiritual antagonist. We observe that Mr. W. C. Dendy in his recent writings, compares the spirit of man to the blood. "What the blood is to a secreting gland the spirit is to the brain. The gland forms its especial product from the blood, the brain acting with spirit produces the mind." The cerebral function may on this theory be said to be analagous to acetous fermentation: turning spirit into vinegar. Truly such analogies are enough to turn even the milk of human kindness sour, and to give one the stomach ache, if not the head ache. Why will not such writers as Mr. Noble and Mr. Dendy leave discussions on the nature and existence of the soul to men whose holy office gives them privilege in matters spiritual, or at least meddle not with that simple and upright faith which requires no scientific buttressing. Why should every writer on cerebral disease sully and tarnish the pure soul, pawing it over with anatomico-metaphysical fingers! Let physicians stick to physics, leave the soul to theologians. "In suâ arte cuique credendum est."

The peculiarities of Noble's cerebral physiology consists in his "strong persuasion that the structures under consideration, the optic thalami and corpora striata, form the ganglia of that inner sensibility, which ideas rather than external impressions call forth:" "I regard them as the seat of the *emotions*."

"Their locality midway as it were, between the hemispherical and the sensory ganglia; their universal and very close connexion, by means of the central white mass of the brain, with the grey expansion of the convolutions; and their fibrous communication with the spinal cord, constitute good anatomical reasons for the opinion of their function which I have been led to entertain."—p. 72.

Mr. Morell, we are told, has adopted these views on metaphysical grounds. We entirely agree with the author in his admission, that there is much speculation in them, indeed, we think they are altogether speculative and unfounded upon a single fair analogy or logical probability. The author does not agree with his friend, Professor Carpenter, concerning the function of these bodies. It appears to us, however, that Carpenter's view of their constituting the true sensorium commune, is based upon deductions drawn from comparative anatomy and experiment. The chapter on the general pathology of insanity will be studied with advantage and profit. The observations respecting the diagnosis of insanity from hysteria are

especially judicious ; we apprehend, however, that the concurrent existence of these maladies is not uncommon and occasionally constitutes one of the most troublesome forms of disease with which the physician has to deal. The fourth chapter is on the varieties and particular characteristics of insanity. The good sense of the following will be readily admitted. "A division and classification resting upon permanent differences and exact definitions I believe to be impracticable to any extent. We may abstract and arrange particular phenomena, so as to bring them more distinctly under recognition ; but when we investigate them in their concrete realities, the very best schemes are found to be imperfect and unsatisfactory. All writers and statistical records have their cases of mania, melancholia, dementia ; and other familiar terms are constantly employed. These, however, do but exhibit the more salient groups of the pathological picture ; and in many instances they have little more fixedness than so many dissolving views. For a case of melancholia may become one of mania, and conversely mania may become melancholia ; or the two affections may be present simultaneously. Again, mania may degenerate into dementia ; or characteristics of the two states may display themselves at the same time. Insanity is not unfrequently a periodic malady, and at each of its returns the ailment may assume new phases. An ordinary case, indeed, may in its progress take on numerous and very different forms."—p. 124.

Mr. Noble advocates what he considers to be a new classification of the phenomena of insanity, based upon his new cerebral physiology. In this, however, he is mistaken. Dr. Arnold, of Leicester, who wrote in 1782, adopted a classification very similar to Mr. Noble's. Mr. Noble divides insanity into three classes, Intellegential, notional, and emotional. Dr. Arnold divided it into two classes: Ideal, and Notional; making Emotional a species of the latter class under the term of Pathetic insanity. Had Mr. Noble's classification really possessed the charm of novelty, we should still have objected to it, on the ground that it was better to retain the old arbitrary terms which have long been made to designate the concrete realities of insanity, notwithstanding their etymology may be traceable to erroneous opinions ; rather than prematurely commit ourselves to a new set of terms, involving other opinions which may prove equally erroneous. No attempt is made to alter the name of afferent blood vessels, although the term artery arose from a misconception, at least as great as the most objectionable of the old lunacy terms ; and mania, melancholia, lunacy, and the like, are become good sterling words, conveying a clear sense of the things they represent. Pray let us avoid neologizing insanity, at least until we can obtain a physiology for the work "something more than rationally hypothetical," which is the avowed basis of Mr. Noble's classification.

The chapter on diagnosis, prognosis, and etiology, is judiciously and carefully written. The following paragraph deserves notice, since the author does not generally attribute that paramount importance to the state of the emotions which we believe they merit. "It is a conclusion of experience, that a partial restoration of the reason and of the power of disputation, especially if it be sudden, is of no very favourable augury in the absence of a return of the natural sensibility. Integrity of the emotive sense, indeed, is the circumstance upon which practically medical men who have the charge of the insane always rely with the greatest confidence in the matter of prognosis."–p. 228.

In the seventh chapter, causes and physical treatment are discussed. In reference to the former, the author restricts the term physical to circumstances of mechanical violence done to the head, and divides all other exciting causes into physiological and moral. To this it may be objected, that strictly speaking all causes are physiological. The old binary division of causes into physical and moral is more simple and convenient than this ternary one, and does not suggest the error that any causes are not physiological. In the enumerations of causes, disorders of the uterine functions are omitted. The influence of modern civilization in producing "perpetual craving after moral and mental excitement," is truly and graphically depicted. The author concludes: "We strive systematically and habitually to procure gratification to the emotive sensibility, and the result but too often is mental irritation, and dissipation of our fondest illusions. In this state of things it will readily be conceived, that in a large proportion of cases, the commencement of insanity is attended with a painful state of the feelings and the affections. Melancholy, indeed, ushers in numerous instances, which in their progress assume other characteristics. The operation of the exciting cause when moral, is very generally upon the emotive sense in the first place, rather than upon the ideas which become perverted subsequently. Nevertheless, excessive exertion of the intellectual faculties very often produces a prejudicial strain upon the cerebral tissue, and may directly occasion derangement of the intelligence, displaying itself particularly in foolish theories, and in marked enfeeblement of the higher mental faculties."—p. 254.

The remarks on physical treatment are general, and, for the most part, judicious. Few remarks on particular remedies are hazarded. The following passage sums up the physical treatment of insanity from mechanical violence: "Be constantly on the watch for physical indications, and act accordingly; but do not expect to remedy the mental aberration by bleeding, counter-irritation, purgatives, or mercurials, excepting in so far as the psychical affection may be associated with or dependent upon well-understood pathological conditions, which active treatment may be likely to remove. Let these conditions, however, be sufficiently obvious and irrespective of the mere wanderings of intellect."—p. 278.

The confused idea of a distinction between psychical and physiological affections, forms a great demerit running throughout the book; it even makes a jumble of the remarks on physical treatment. Thus, "regarding the physical mischief with which in particular instances the mental malady may be associated, the therapeutical principles are very much the same as those which guide our practise in corresponding states unconnected with insanity : *the entire aim of physical treatment being in fact to reduce the cases as much as*

possible to those of purely psychical disorder." The extraordinary uses to which we put these new words compounded of psyche, make one desire the re-instatement of the older terms, which would not lend themselves freely to be woven into such absurdities. Substitute in the above passage the term mental disease or disorder of the soul, for psychical disorder, and it becomes absurd. Psyche makes it all smooth, but if Eros could return to earth, with what disgust would he witness the common purposes to which his ethereal darling is every day submitted! She has become an apothecary's drab.

The chapter on moral management is the worst in the book, and displays an amount of ignorance on this subject truly surprising in the latest writer on the treatment of insanity. The superintendents of asylums will smile to learn that, "In establishments properly constructed, there are padded rooms so adapted, that lunatics when in them cannot do themselves any harm; *particularly if the hands be gently secured in muffs, or in cases of great severity, if the arms be carefully placed in appropriately fashioned sleeves.*"—p. 227. So that padded rooms are not to supersede mechanical restraint in the worst cases, but to be employed as an additional security.

As for the *gentleness* and the *carefulness* with which those exploded abominations muffs and sleeves are to be used, the words suggest the direction of that "quaint old cruel coxcomb" Isaac Walton, to put a worm on the hook "tenderly, as if you loved it." Where has Mr. Noble observed this application of moral management? Certainly not at Cheadle or Prestwich, and scarcely, we should think, in the private asylum to which he is visiting surgeon. Seriously let us assure him, that at the present day the only muffs to be found in county asylums at least, (and even such are rare and very seldom resident,) are endowed with life and feeling, and are therefore infinitely preferable to those inanimate instruments of torture, whose *gentle* use is recommended, but which, we trusted, had by this time begun to acquire value in the eyes of archæologists and collectors of curiosities.

In conclusion we must demur to the title which Mr. Noble has chosen for his work. Whatever may be the merits or demerits of his lectures, they most certainly do not form a systematic introduction to the science by laying down first principles for the guidance of beginners. The author observes that "the many excellent works which already exist upon the subject, are generally of too high a character for initiatory study; being for the most part contributions to our knowledge of the subject under particular aspects, rather than treatises for conveying elementary instruction." This desideratum he proposes to supply in the present work, but we are bound to say that he has entirely failed to redeem the pledge contained in his preface. The book is full of the author's peculiar and very disputable opinions, but contains scarcely a modicum of rudimentary information. To call it "elements of psychological medicine" or an "introduction to the study of insanity" is a glaring misnomer; and were any of the author's commercial townsmen to imitate his example in this respect, they would be very liable to have their wares returned upon their hands. Mr. Noble has mistaken opinions which are peculiar and unproved, for such as are primary and essential. Moreover we do not agree with him in the belief, that good introductory works on insanity are wanting in English medical literature. The works of Dr. Pritchard alone are sufficient to refute such an assertion. His essays in Tweedie's Library of Medicine, and the Cyclopædia of Practical Medicine, are models of concise elementary teaching; and his admirable Treatise on Insanity is built up from the principles of the science, is therefore strictly elementary, and forms a text book for the student of mental disease, the excellence of which Mr. Noble or any other writer will find it exceedingly difficult to surpass.

History and Description of the Kent Asylum, by J. E. Huxley, M.D., *the Medical Officer and Superintendent.*

The Kent Asylum is placed on Barming Heath, within two miles of Maidstone, the county town, and about six miles north-west of the centre of the county. Its site is elevated to from 200 to 300 feet above the level of the river Medway, by a gradual ascent from the town; and the building stands on the top of a line of hill overlooking a valley, in the bottom of which lies that river. The surrounding district has been called the garden of Kent; being a part of the county most largely producing hops, vegetables and fruits. For a great part, this is a highly cultivated area; and where the land is not under tillage it bears woods, chiefly of oak, with a valuable undergrowth.

The aspect of the front of the asylum is nearly south, and commands a fine and varied prospect; whether the eye be directed forward, over the sides of the valley, covered with hop plantations and fruit trees; or, to the west, where the line of opposite hills gradually dips, disclosing a foreground of timbered and park-like scenery, with hill again in the far distance; or, to the east, where the view is bounded by a part of the backbone of the county, a fine range of chalk hills. This range extends for many miles north-west being at all times a fine object and, under certain conditions of light and shade, presenting the exquisite beauties of a far and gradually vanishing landscape.

On the north and north-west are extensive woods. The land belonging to the asylum is nearly level, but obeying the general inclination towards the valley in a moderate degree, enough to render artificial drainage for the removal of surface water unnecessary.

History of the site.—The county surveyor, architect of the buildings, has kindly furnished me with the following particulars. "The first and principal portion (of land) was purchased of the parish of Maidstone, at whose expense it had been brought into cultivation, a few years previous to the erection of the asylum, by the labour of the paupers. The land, previous to its coming into the possession of the parish, was common land, belonging to the lord of the manor of Maidstone and certain tenants, who surrendered their rights to the parish that paupers might be employed in profitable labour, during a season of great distress." This land, together with some adjoining, which was occu-

pied by cottages with gardens and fruit plantations, in all about thirty-seven acres, formed the first purchase on behalf of the Lunatic Asylum. The second and only subsequent purchase was made in 1847, and consisted of about twenty-four acres of arable land. The entire quantity now belonging to the asylum amounts to sixty acres and eighteen poles; which is thus appropriated: to buildings and airing-grounds, eight acres, two roods; grass, twenty acres, one rood; spade husbandry, nine acres, one rood, fourteen poles; under plough, twenty-two acres.

*Geology.**—Barming Heath is composed of a bed of cherty ragstone and red clay, termed "local drift," resting on beds of Kentish rag, a marine limestone belonging to the lower division of greensand. The surrounding neighbourhoods of Cox-heath, Kingswood, Mallingwoods, are of the same constitution. The soil is what is called poor, cold and hungry. The thickness of the surface soil or local drift may be about eight to twelve feet; the thickness of the Kentish rag-beds is very variable. Below these we find the Atherfield clay, resting on the Weald clay and Hastings sand. Water permeating through the above strata is generally hard, from the quantity of carbonate of lime which it gets in its passage to the Atherfield clay.

Origin and form of the building.—In the autumn of 1828, a committee was appointed to superintend the erection of a lunatic asylum. After due enquiry, an open and elevated site was chosen, and plans were ordered to be prepared for a building to accommodate one hundred and fifty patients. In the course of the preparation of these plans, the surveyor was desired to confer with Mr. Sylvester, C.E., upon the introduction of warmed air into the building, and to report thereon. The purchase of about thirty-seven acres of land was concluded, the plans, comprising arrangements for warming and ventilating, were approved, and the work was begun. The asylum, being finished, was opened for the reception of patients on January 1st, 1833. It appears that the actual accommodation was for one hundred and sixty-eight patients. The form of the first building was very simple, consisting of a central house of four floors and two wings, or tiers of wards, of three floors, on each side. The house and front wings right and left, face nearly south, the remaining wing on each side being returned at a right angle extending backwards, and consequently facing, on one side east, on the other west. The offices are in the centre, behind the house. The entire form was that of the letter E. with its principal stroke looking to the south. The style of architecture is quite plain, but of a somewhat imposing solidity; the walls being of plain coursed masonry, having two string-courses of picked stone, with a handsome, massive cornice and parapet surmounting them and half concealing the slated roof. All quoins are of dressed stone. The material used is the ragstone which is very plentiful in the vicinity. Thus, the first building consisted of a house and offices and twelve wards, of the average number of fourteen beds in each. Water was raised by a steam-engine, from a well about one hundred and twenty feet deep, to a large cistern placed on the top of the central house, and, therefore, sufficiently elevated to feed all other cisterns in the roofs of the wings. The general sewage was conducted by drains to large cess-pools distant from the building on the falling side of the ground. Rain water was collected in tanks for the use of the steam boilers and other purposes.

These arrangements all remain the same, but have undergone, in the course of twenty years, a three-fold extension. The airing grounds, which were of moderate size, were placed back and front.

Both in respect of the building and of the airing grounds the south aspect has always appeared to me ill-chosen, since one side, alone, receives the whole day's sun. The situation being, from its elevation, without shelter, the front is scorched in summer all day long; and in winter, the back airing grounds are often damp and cheerless, for want of the rays which they might have shared with the front, had that received a south-east aspect.

Before three years had elapsed, the space had become insufficient for the demand, and the medical officers recommended the erection of detached noisy wards and of small hospitals. It was finally determined that hospitals were, and noisy wards were not necessary; the erection of two small hospitals, each for six patients, was consequently ordered. Two years later, these hospitals were enlarged by the addition to each of seven beds. This was in 1837. In three years more, it had become necessary to build again, and in the course of the next two years, additional space was completed for one hundred patients. This comprised two wings, one for each sex, which were built adjoining the old returned wings at their northern ends, at a right angle with them, and having in front a south aspect. In 1844-5 another wing, on the same line was added for women, and the hospital for that sex removed and enlarged; and in 1846-7, a corresponding wing for men, with a similar change in the situation and size of their hospital. This completed the older asylum, which consists of twenty-four wards and two hospitals, capable of containing four hundred and forty-three patients.

In 1850, a new detached building, erected at a short distance north-east of the other, consisting of a central house and eight wards for two hundred and eight patients, was opened, making the whole establishment capable of receiving six hundred and fifty-one patients. In the three years subsequent, that additional asylum has been fully tenanted, and we have, now, about one hundred vacancies, which are apportioned to the discrepant wants of the two sexes.

In 1846, I found the hospitals empty and rarely used, and proposed their conversion into noisy wards. Without denying the limited advantage of hospitals, or infirmaries, to an asylum, it seemed to me that these buildings might be put to another and much more important use. They were fitted up as noisy wards, and have been so used ever since.

The first idea under which the additional asylum was projected was that of making it a chronic asylum, in the terms of the 8 and 9 Vic. 126, sec. 27. That design, however, was soon abandoned; and it was determined to reserve it for chronic patients free from

* I am indebted to my friend Dr. Plomley, of Maidstone, for this geological statement.

dangerous or offensive habits, and, also, for curable and convalescent patients, whom it might benefit to transfer, during progress, to a quieter situation with fewer restrictions and a more select companionship. Agreeably with this design, a variety of mere safeguards were omitted in the building, with the generally pervading intention of avoiding, as much as possible, restrictions both in appearance and fact. The bedroom windows were, therefore, made large, and placed low enough for a person standing, to look out of them; and no window-guard, whatever, was applied. The bedroom doors were all fitted with spring-locks, having a brass handle outside only. By this, it was intended to dispense with the use and sound of the key in locking up. The door being pulled-to, and having no inside handle, would be as effectually fastened on the tenant of the room as if secured in another way; and, although the fact of locking remains, and the change may seem to amount to no more than a distinction without a difference, the unpleasantly suggestive noise made by using a key is rendered unnecessary. The whole interior is very light and airy. There are no stone floors. The bedsteads are wholly of iron. The common, full sized, steel knives and forks are used in all the wards. Outside, the airing ground walls are sunk four feet in a ha-ha, and rise four feet above the common surface, whereby the prospect is nowhere intercepted by them.

Internal arrangement.—Except in the two noisy wards, there are no day-rooms in these asylums, in the strict meaning of the term. The day apartments are galleries; varying, of 10 feet by 96 feet, 15 feet by 72 feet, 16 feet by 45 feet, and 18 feet by 65 feet in size; every story being of twelve feet from floor to floor. On one side of each of these galleries, are the bedrooms, communicating directly; which circumstance, I presume, disentitles them from receiving the name 'day-rooms.'

With few exceptions, they are exceedingly light and airy, having four, five, or seven large windows in the front or southern sides, with end lights, in addition, in one half the number. An attendant's room is placed at the junction of every two wards (in the older asylum); and, so far as regards the three tiers next the centre, the attendants have access from their rooms, right and left, to two wards each, and through their half-glazed doors a two-fold means of observation also. The proportion of single and associated bedrooms is three hundred and fifty-one single, to fifty-seven of the latter. These vary in containing from two to twelve beds each, and average five and quarter beds. Every ward has its own water-closet and little scullery with sink; and there is an excellent bath for the joint use of every two wards on the same floor. The sinks, which are all bell-trapped, have a liberal supply of hot as well as cold water. In the recently-built, detached asylum there is also a lavatory in each ward, fitted up with white-ware basins fixed in slabs of slate, which are fastened to the walls. Each of these basins has cold water supplied by a tap; and a discharge pipe, with strainer and tap, attached to the bottom. A general supply of hot water is near at hand. In the older parts of the asylum, distinct lavatory convenience has been supplied where the opportunity offered. The water-closets are, without exception, self-acting. That is, the regular introduction of water into the pan, on each use, is effected through the movement of the door, in the passage of a person in and out. In passing in, the action begins; water flowing, in a known and full quantity, into a compartment of the cistern; from which it descends into the pan when the door, which can then only be pushed outwards, gives egress to the occupant. The value of this arrangement greatly consists in the circumstance, that the very brief movement of the door in entering is made long enough to place the requisite quantity of water for the next discharge in the compartment; whilst the corresponding movement of the door, in leaving, is enough to secure the descent of the whole. Perhaps the great practical advantage of the mechanism is that, from its simplicity, it scarcely ever gets out of order, and, I might say, never from any other cause than the unfailing effect of time, and the natural destruction of materials.

The baths are supplied with hot water, from cylindrical reservoirs of from three hundred to four hundred gallons each, situated in the roof over each tier of three baths; and the sinks draw their supply from the same sources. Cold water for both these is derived from small cisterns, similarly placed, which are themselves supplied by the principal cistern, on a higher level in the roof-chamber of the central house, before described. The water in the cylinders is heated by a circulation of other water, by which it is surrounded as by a jacket, between them and boilers in the stokeries below. Warm baths may be had at any time, night or day, for the mass of water in the cylinders can cool but very slowly, as it is cased in sawdust and wood; nor is the quantity obtainable, at any one time, for bathing a number of persons, limited by the capacity of these cylinders. This is accomplished as follows. The supply of cold water to the cylinders, being from a higher situation, is allowed to enter them at their lowest point. On the other hand, the hot water is drawn from them at their highest point, as if by an overflow. Thus, the hottest or uppermost water is drawn for use, whilst its quantity is simultaneously replaced by cold water, entering at the bottom, which immediately receives heat. It is evident that no hot water could be drawn if the supply of cold were turned off, though the cylinder be itself quite full; and that the cylinder cannot be emptied, and thus have its joints exposed to injury. The baths, themselves, are all built of brick, of a full size, and are lined with square, glazed, white-ware tiles, embedded in cement. The whole is finished with a flat broad wooden top. The place of entry of water, both hot and cold, is the centre of the bottom; and the discharge, or waste, is through the same aperture, very simply closed and trapped.

The bedrooms for a single patient each, are, for the most part, seven feet by ten feet in size; in the older wards rather larger, and in the most recent rather smaller. The windows, throughout the principal asylum, are seven feet from the floor. In size they vary from 3 feet 3 inches by 2 feet 8 inches, to 2 feet 8 inches by 2 feet 2 inches. In the detached asylum, they are of the uniform size of 3 feet 2 inches by 3 feet 4 inches, and placed only 5½ feet above the floor.

In the earlier building, they are generally covered by guards of wire, crossed in a fine mesh, in oak frames. But some wards in the older, and all in the newer asylum are devoid of any protection whatever. The universal size of the panes of glass, both here and in the gallery windows, is 10 inches by 7 inches. The frames are, in every case, of cast iron. They are made to open in three different ways; the newest, only is deserving of description. In this kind, the upper row of panes is contained in a double or second frame, which is hinged along the top; to be held open, like a pent roof, by a notched arm which works through a hole, just below the moveable portion, and, when that is closed, falls down with an elbow-joint, and is screwed, lower down, into the middle style of the frame. This form of window is particulary good for an asylum which is artificially ventilated; as from its more perfect closure and impediment to leakage of air, adverse draughts of cold air do not interfere with the prescribed movement of the inner air, by the appointed flues. This circumstance may seem of little importance; it is necessary, however, as well as consistent, under a system of artifieial ventilation, to keep that free from too much disturbance by accidental window currents. Just as it is necessary to the maintenance of the whole force of a steam-engine, to prevent the irregular escape of steam from the cylinder.

The door-jambs are nearly all of cast-iron. Bedroom doors all open inwards; the advantages of which, over the opposite plan, are manifest. In the older building, they are all fitted with inspection plates of the old fashion, viz: a small plate of iron moving sideways on a pin, disclosing a round hole, about an inch in diameter, in a cast-iron funnel, covered by the plate, which may be fixed with a screw. It may be remarked that a tenth part of these inspection plates would suffice, their real utility being very limited.

Another appendage to some doors, in the noisy wards, is a small commode with enclosed copper pan, strongly attached, seat high, to the inside, for the purpose of encouraging cleanliness in some patients when in too violent a state to be entrusted with any loose vessel, or article of weight whatever. It is also a safeguard to an attendant going in, and avoids giving the means of making a great noise, by withholding an instrument for beating the door. There are four well-padded rooms; that number being amply sufficient for cases really requiring them. I apprehend that a padded room is never strictly necessary, except for a patient suffering from a certain delirium (particularly that kind attending epilepsy) rendering him reckless, or insensible to self-injury; or, for one who would beat his head against a wall or other hard object, as the only means left for self-destruction; or, in certain states of acute mania, far advanced, and undergoing rapid exhaustion, where the sufferer, however seemingly reduced, still finds the power, at intervals, to make efforts at action which result in bruises and personal injury; for the instinctive avoidance of which there is neither care nor energy left. Two of these rooms are better constructed than the rest. They are padded in panels, 8 feet high by 2 feet wide. These are all moveable, but held in their places by studs fixed to them, which fit into bottom and top rails, and the whole are fixed close, side by side, by the last panel, which is screwed. Thus, injury is generally limited to a single panel, which can be easily removed, mended and replaced.

In eighteen out of the thirty-four wards, the entire floors are of stone or slate. In the rest they are wholly of wood. In eight wards, on the ground floor, many rooms of which have been, within a year or two, repaved with slate, every single sleeping room has, in its centre, a bell trapped drain, to which every part is made equally to fall. So long as it may be deemed necessary to use for flooring, any material of a stony nature, slate deserves to be highly esteemed for the purpose, since nothing can be more easily and thoroughly cleaned. It appears to be absolutely free from the capacity to absorb and, when once cleansed, it cannot contribute any impurity to the air of a room. Another advantage of slate is, that a floor may be laid in four pieces, in order to have as few joints and interstices as possible. The slate should always be rubbed to a fine face, which it bears well, so as to allow of no little cavities for the lodgement of impurities. Before slate was thus used in this asylum, three kinds of material, of which this was one, were submitted to experiment. Three floors were laid with sheet gutta percha three-sixteenths of an inch thick, with tiles of Wedgewood ware, and with slate. The gutta percha proved subject to a natural contraction, which I have also observed in other situations of its use, which gradually drew out its edges from beneath the skirting of cement which had held it down on the floor. The wedgewood tiles, from their small size, had a great quantity of joints, and formed when laid a very imperfect level. The choice, therefore, fell upon slate, which offered every advantage except that of the lower heat-conducting power of the gutta percha. The slate was the cheapest and gutta percha very costly.

Ventilating and warming.—I now approach what, in my humble judgment, is a very important subject; and am, therefore, desirous of making a clear exposition of the principles and substantial means by which the above processes are effected in this asylum; not because I deem the means perfect, subject as I have for years seen them to alterations consistent with the march of improvement in the science and art; but, because the example in this respect, so long shown here, may have a valuable interest for all those in authority over other public asylums; than which no class of institutions can possibly be found, more to need and benefit by, an efficient use of these agencies. I allude, chiefly, to asylums yet to be built, for I am induced to think it would be found little fruitful to attempt to apply to an existing asylum, a thorough system of ventilation.

There are two grand reasons, I know not which to consider the more important, why an asylum should be artificially warmed and ventilated. First, there is no other way by which the bed, as well as the day apartments can be kept in a state of warmth suitable to the medical requirement of many insane persons; and, second, there would appear to be no other way in which a large majority of the patients can be saved the necessity of breathing, all the night, either a stagnant and impure, or, a highly vitiated and offensive atmosphere.

The circumstance that the best effort to warm and ventilate, which the knowledge of the day permitted, should have been made, a quarter of a century since, by the committee who presided over the construction of this asylum, concurrently with, and as an integral part of the original design, appears to reflect the credit of an enlightened humanity on that body and on their advisers. Such was the case; although the first apparatus has, now, become superseded in principle, as well as worn out by time. All, however, except the mere machinery for giving motion and warmth to the air, remains; working out and securing the aims and issues of an improved prime mover. Heated iron plates, as a medium for imparting warmth to air, have yielded place to pipes supplied with hot water; to which fresh air is brought, detained about them and warmed, and then allowed to proceed on its sanitary errand, by a number of most ingenious adaptions which could alone have been devised by the light of a scientific acquaintance with the nature, conditions, and conduct of air, under varying circumstances, united to a nice mechanical apprehensiveness.

The principle, first to be named, in describing our system is, that the introduction of the fresh air, whether warmed or not, is made the necessary and concurrent effect of the removal of the used, or vitiated air. I wish to mark this principle in the plainest manner, since it is the chief characteristic feature, and the lever by which the machine is set, and kept in motion. The fresh air does not enter in an active sense; it is not left to enter if it will: it is compelled to follow an exhaustion which is incessant and of known rapidity, and in a quantity calculated at per patient.

In cold weather, when the air is warmed before being introduced, an important result of the above principle is, that the existence and maintenance of a proper temperature are an unerring test of a properly active ventilation, since the two processes are naturally related in the manner of effect to cause. This is the theory.

I will illustrate the practice by an elementary example. Suppose a shaft or chimney, into the bottom of which, heated air from a fire, is poured; then, a main flue, for the carriage of vitiated air, joined to that shaft, above the fire, in a direction to gradually approximate the currents in both to a parallel course. Imagine this main vitiated air flue to be fed by branches, at the rate of one branch for every inhabitant to be ventilated, and you have a simple diagram of the extracting portion of our method of ventilation. Further imagine an underground passage, terminating (in some field or free space) in a vertical shaft of moderate elevation, for the entrance of pure air; the other end of such passage opening within a building, in the room to be ventilated; and you will have, in both together, a complete aparatus in a very simple, but in the actual form. This is ventilation only. To warm the air, you must intercept it in its passage, in a chamber or reservoir of pipes filled with hot water and kept hot, sufficient in quantity and power to raise all the air, in a given time, to the required temperature. The details are many. There should be a cowl, turned by the wind and kept facing it, on the air-admitting shaft, not so much to compel the wind to pass down, as to give the current direction at its entrance, prevent the adverse force of any strong horizontal currents, and assist, or, at least avoid encumbering the work of extraction. The shaft or chimney for exit of air, should also be provided with a cowl, to present its closed side or back to the wind, for opposite and obvious reasons.

We have then, a departure flue, of the area of half a foot, for every patient. These all discharge their moving air into main, horizontal channels of proportioned size. Every water-closet, bath, sink, etc., has likewise its flue, ending in like manner and bearing its tribute to the shaft, whose upward current, quickened by the action of the fire below, carries all out into the upper air.

The whole mass of fresh air introduced is admitted, first, into the open gallery, and all the used air goes away by the bedrooms, in which, alone, the departure flues open. Over every bed room door, near the ceiling, is an opening in the wall, provided for the passage of the air out of the gallery and into that room. Thus, the admission of air, whether in the gallery or bedroom, is near the ceiling; the outlet is close down to the floor, and in the latter rooms alone. From the great number of flues required, which can hardly be made except in the substance of the internal walls, it cannot be easily conceived how to add the means for ventilation after a building shall have been finished. The arrangement for admitting air into one description of apartment, and withdrawing it from another, in each case exclusively, is plainly useful and necessary. It provides against the escape of air unused, from the one flue into the other, which would defeat both the ventilation and the heating; and it causes the used air to be always tending in a direction away from the gallery, or day room, where the inmates are by day; whilst, by night, still keeping the same course, it reaches them fresh, in their sleeping rooms; undefiled, since the gallery itself has become empty of persons. In winter the air is warmed, and the whole interior kept, thereby, at from 60 degrees to 65 degrees Fahr. On sunny days, there will be an increase of temperature in all galleries facing the south; against which it is not easy to provide; but the solar effect may be limited in time and equally distributed by a properly chosen aspect.

In summer, air is admitted at the ordinary, or, external temperature; its passage through being then secured, in the absence of the fires used for heating, by separate (summer) fires, whose only office is to pour their heat into the extracting shafts and maintain an efficient, upward current. In summer, we open all our gallery windows: it matters not whence the air comes, since it is of even temperature. But our bedroom windows are never opened, since to do that would be to suffer the wind to blow from them into the galleries, opposing the established route of the vitiated air, and driving it back upon those who had inhaled it. In every ward there hangs a spirit thermometer.

It must not be supposed that draughts, or currents can be felt, in consequence of the large body of air which is kept in motion. That motion is rapid in the flues, because the air is there confined, but in open

spaces, or rooms containing masses of air, the movement cannot be felt. A handkerchief, held over the outlet of an admission channel, is borne out like a sail and steadily supported at an angle, and the face or hand, in the same situation, feels a strong current. As these openings are ten or twelve feet from the ground, and proper to very large rooms only, as the galleries, their streams meet with bodies of air so large that their momentum is quickly absorbed and distributed.

When a handkerchief is held near the grating of a departure flue, it is drawn in contact, and so retained until pulled away.

A difference between the external and internal temperatures, amounting to thirty-three degrees of Fahr. is by no means an uncommon effect, or one difficult of production. During the cold weather in November last, I several times recorded observations, made both inside and outside, within a few minutes of each other, which displayed that difference.

In strangers visiting the the wards, I have sometimes suspected, from their remarks, a misapprehension of the nature and extent of the office performed by ventilation. They have appeared to think that, because there was artificial ventilation, there ought to be no ill smell anywhere; failing to discriminate that ventilation can only remove effluvia as they arise, not prevent their origin. If, out of time and place, an alvine evacuation have happened in a dirty ward, time must be allowed for the complete renewal of the atmosphere, before all traces of it shall have been removed. It is a sufficient advantage to effect that change in the shortest period. One circumstance which has often pressed itself on my attention is, that if a foul ward have, from causes peculiar to the health of its occupants, been less free from impurity than usual in the day, it will be found to be perfectly sweet when the patients have left it for their bedrooms.

The comfort of our wards and sleeping-rooms particularly at night, in severe weather, can be fully appreciated, only, by those whose duties lead them constantly into them. They can estimate the gain to such patients as strip themselves, and to those whose blood-circulation has become so enfeebled by disease, that a low temperature is what they are the least able to bear with impunity. I know of no other provision, in an asylum, capable of affording the same satisfactory assurance of the general comfort, under such contingencies, as this. As a general rule, there are no open fires in the galleries; they are not necessary. But, in six wards, in which are placed paralytic and otherwise feeble patients, open fires, in addition, are used in winter; because it is conceded that no generally useful temperature, obtainable by warmed air, could do for the languid and cold extremities of such, that which may be easily accomplished for them in front of an open fire.

Classification.—The patients are divided into two principal classes, each comprising sub-divisions. The main features qualifying for the better class, are cleanly habits, absence of much noise, violence, and mischief, and, at least, a moderate degree of bodily activity. Such, occupy the two upper floors of the larger, and the whole of the smaller asylum. They are subdivided according to minor features, as far as may be both suitable and practicable, in the different wards. On the ground floor and in the noisy wards, are the paralytic and otherwise feeble, the violent and noisy, and those who are habitually dirty. These are subdivided in order that the feeble may be kept apart from the strong and rough. I am describing according to a general rule which has many exceptions. I find it as little practicable as I should think it desirable, to exercise a rigid separation into groups; the only claim to association of some of the individuals of which, would lie in the connecting link of some one particular habit, and not in an estimate of the features of each case as a whole. I believe it to be a proper principle, influencing classification, to avoid the degradation of any case by a lower association than is absolutely necessary; or, to postpone that degradation until there may be satisfactory evidence of its not being a mere passing necessity. With this view, it is our practice not to place a newly-admitted patient into the worse class, let the accompanying report of habits and propensities be what it may. Such reports not seldom turn out to have been greatly exaggerated, or, to be no longer true; and if correctly stated there is time to remedy a mis-position in class, when that may have been proved, As a consequence, there may be occasionally a dirty patient up-stairs; especially one who is accidentally so. The new asylum consists of clean and quiet wards only, and the relative proportion of the two kinds of accommodation was altered and improved by that circumstance. The proportion had been that of two of the better, to one of the worse class; it is now more than three to one, or, more exactly, the worse class is provided for to the extent of three-thirteenths of the whole. I am ready to admit that this wide disparity is apt to give a little trouble when the asylum is full. If, however, there must be a discrepancy between special accommodation provided, and the varying demands of the two principal classes of the patients, I should prefer to have it in the way described rather than the contrary.

The only punishment which I have permitted myself to use, is the degradation in class of a patient, for some course of conduct which I have felt warranted in deeming more or less capable of suppression, under the exercise of a presumably unimpaired power of self-control. Other punishments are, without doubt, well merited by a few, occasionally, but unless they might be such as I alone could apply, I would rather let the offender go than use them. The effect on the minds and practice of the attendants, of any acts done for punishment, whether openly as such, or disguisedly, is most injurious. The possible arrest of some evil or annoyance, by this means, if the punishment can be imitated in kind by the attendants themselves, would infallibly sow the seed of a hydra of petty tyranny, able quickly to destroy the spirit, at least, of the more enlightened doings of the present generation.

At the risk of descending more into details than may be quite proper in this notice, I would allude to a form of low bed, or stretcher, covered with gutta percha, which I have found, from its cleanliness and other advantages, useful. It is a wooden frame, of the size of a bedstead, covered with a fabric made with

gutta percha, which fabric is strengthened and supported by crossed bands of broad webbing underneath. For this purpose, pure sheet gutta percha, of the thickness of one-twelfth of an inch, was tried in the first place, and for a time answered very well; but, in a few months, it became rent, in several instances, by what could only be deemed a natural contraction. Previous to bursting it formed an excellent basis for a bed, as its tension was so great that it always preserved a level surface when not in use. This quality increased instead of diminishing, in the course of time. I sought another form of the material for further use, and found the desideratum in a kind of cloth, made by the Company, in which close, strong canvass is coated, on each side, with the gutta percha. This is durable; and its superiority over sacking, formerly applied to the same use, in comfort and cleanliness, is undeniable. Beds, on this foundation, are used for epileptic and feeble persons. The frame is not more than four inches deep, so that rolling off it is not followed by any serious injury. For wet and dirty cases of palsied or other patients, its value is found in the ease with which it is cleaned, and prevented from giving rise to any offensive odour.

Chapel.—At the time of the last enlargement of the asylum, a new chapel was erected; the former one being altogether too small for the number of the patients. This building is detached, standing on ground intermediate between the two asylums. It can accommodate three hundred persons, and is a substantial, as well as pleasing, specimen of rural church architecture, in the plain pointed style.

Gas-works were erected a little later, and, in consequence, the whole of the wards have been well lighted for some years. To have got rid of the dirty and inefficient oil lamps, which had so long helped to make darkness visible, is no trifling benefit.

Offices and Workshops.—In the kitchens, there are three large vessels for boiling or steaming food, which are so convenient for the performance of a large amount of work, that they deserve some allusion. They are, in fact, water-baths, each consisting of a series of large cast-iron pans, into which the food to be cooked is put, which are sunk in, and united to a general vessel of water, to which fire is applied. The contents of the pans are boiled through the medium of the water in the outer vessel. This is readily effected, because the supply cistern of cold water to the medium is elevated many feet; and consequently, the medium water is under the pressure of a column of water, and thus enabled to receive and to retain a greater intensity of heat than 212 degrees, before it attain the state of ebullition, dissipating its heat in steam. Food cannot be burned when boiled in this way; but it may be subjected to a thorough cooking, without loss or risk. There are a brew-house, a bake-house; tailors', shoemakers', carpenters', bricklayers', painters', smiths' shops. There is a good laundry and wash-house. The coppers in the latter are boiled by steam, and a large washing-wheel and a wringing machine are set in motion by steam power. In the laundry there is a sufficient supply of drying closets, with horses.

In concluding this sketch of the Kent Asylum, I feel that considerable indulgence is needed by so fragmentary a performance. It seemed necessary, however, to pass quickly from subject to subject, in order to compress the whole matter into the limits at present proper to an article in the Asylum Journal.

Observations on Sanguineous Tumors of the External Ear in the Insane, by Dr. Francis Fischer, *Physician to the Asylum of Illenau, Baden. (From the Allgemeine Zeitschrift für Psychiatrie,) Translated and Condensed by* J. T. Arlidge, Esq., a.b., m.b. *Lond., late Resident Medical Officer, St. Luke's Hospital.*

Dr. Fischer introduces his admirable paper by stating, that he has paid considerable attention to the diseases of the outer ear in the insane, during the prolonged period of his residence at Illenau, where nine hundred cases have passed under his observation.

In the next place, Dr. Fischer passes under review the contributions, which have been made by various authors, on the sanguineous tumor of the ears of the insane, and assigns the merit of the first precise description to Dr. Frederic Bird, of the Siegburg Asylum. Several writers had indeed, made casual reference to this disease of the ear, but no one had recognised its peculiar relation to the insane, and especially to the subjects of general paralysis.

We will not delay on these historical topics, but proceed to convey, in as few words as possible, Dr. Fischer's observations, and first, his description of

I. *The external aspect of the ear.*— The ear presents a blueish-red colour, and a circumscribed, fluctuating swelling, mostly tender on pressure. The swelling nearly always shows itself on the outer surface, rarely on the inner; in position, it occupies the *fossa navicularis*, the *fossa innominata*, the *concha auris*, and the *anthelix*, or indeed the entire ear, except the lobe (lobulus auris). In the cases recorded, it has been met with most frequently in the left ear, less so in the right, more rarely in both, and then, as a rule, not at the same time; once Dr. Fischer saw three tumors in succession form on the same ear, the last of which appeared on the posterior surface. The size varies, from that of half a bean, or almond, to that of half a hen's egg. In the course of its development, the skin elevates itself to the size of a bean or upwards, occupying alike the cartilaginous hollows and elevations, and assumes the appearance of a soft, evidently fluctuating tumor. The color is generally blueish-red, but occasionally is unchanged, whence a small swelling may be overlooked. Inflammation in a greater or less degree attends the origin, spreading probably to the adjoining parts, and attended by more or less pain. Leubuscher and others are wrong in saying there is no pain, although indeed, those far demented give little indication of it. The swelling does not pit on pressure, but the color is momentarily discharged by it.

A tumor of this sort may develope itself in from four to eight hours, and not proceeding beyond this stage, may lessen again by absorption of its contents in six or ten days, the inflammation dispersing, the colour

becoming paler; and, by the eighth or twelfth day, the ear may recover its normal condition, some wrinkles excepted. On the contrary, some thickening of the ear at the seat of the swelling may be perceptible.

In the majority of instances, the morbid change passes beyond this milder stage. The swelling then goes on daily increasing in dimensions, becomes fuller, and presents an elevation at its centre. A corresponding increase of inflammation occurs; the heat and sensibility of the ear are often considerable, and the color is of an intense blueish-red. The outer much-stretched wall of the tumor is rather thin and formed by the integument; the hinder one consists of the cartilage, which may be clearly felt. Cases moreover occur in which much inequality in thickness is evident at different points of both walls; and the posterior wall may even be at some part much softer than the anterior or external.

By the progressive growth of the tumor the ridges and depressions of the ear are gradually obliterated. The *anthelix* may disappear altogether, and the space between its two roots bulge out, whilst the *helix* is pressed further outwards. By degrees the swelling acquires nearly the size of half an egg, cut longitudinally, fills up the concavity of the ear, encroaches on the meatus, and leaves only the tragus and lobe unaltered. The posterior surface of the ear also is rendered quite convex. The swelling is elastic, continues to fluctuate, becomes of a dusky and blueish-red tint, the temperature and sensibility are augmented in some measure, and the most elevated spot, instead of pointing upwards and outwards, seems by the weight of the ear to be turned outwards and downwards. The neighbouring parts sympathize in a greater or minor degree, become inflamed, warm, tender, and of a dusky brownish-red hue. The lobe of the ear partakes of these changes least of all.

Frequently on the eighth, more rarely on the sixth day, the resistance of the outer wall increases, becomes parchment-like to the touch, and thus renders fluctuation indistinct. Not seldom, too, at this time, the inner or cartilaginous wall of the tumor is rendered thin, or is actually wanting at some spot. Two to four weeks may elapse during the progress of the swelling to this extreme stage, which again may persist six or ten days, or more, especially if any irritation be kept up.

Gradually the process of restoration sets in, manifested by the diminution of tension and of the inflammatory symptoms. The contained fluid is found to decrease, and to be attended with a daily increasing rigidity and thickening of the outer wall. If hardness and elasticity of that wall be less, the swelling has to the finger a pasty feel, and sometimes air is perceptible within it. In the further process of reparation the tumor collapses, the fluctuation and inflammation entirely cease, the colour changes from blueish-red to yellow, then to a white, and finally to the natural hue. Moreover the outline of the concavity of the ear reappears, though it does not entirely conform to that of the sound ear, but often deviates remarkably. At the site of the former swelling an induration and thickening persist in a larger or smaller degree in all cases; and in those where the swelling has been of greater size a shrivelling or corrugation of the ear is almost always found, with various and often very considerable deformity. No other termination of these cases has been observed. The sense of hearing is not prejudiced, the only interference, and that trifling, is such as may be caused by great enlargement and thickening of the external ear.

Dr. Fischer has not seen the spontaneous rupture of the tumor, as described by Drs. Bird and Ferrus. In one case, indeed, he found a laceration, but this was made by the patient's finger nail. He has moreover never witnessed extensive destruction of the cartilage of the ear from fistula and sloughing, nor indeed a fatal result as seen by Dr. Wallis; still he is not prepared to deny the occurrence of such events. Heidenreich found, in a tumor the size of a pigeon's egg, the cartilage ulcerated and even in parts destroyed. Such partial destruction is not very rare; but at a later period the cartilage matter is often replaced by new deposit.

The disease may run its course in from four to six weeks, or may exceed this period. It sometimes happens, that after the recovery of one ear, the same morbid process appears in the other.

Those cases are rare in which the color of the skin is but slightly altered and reddened. In such the tumor is very small, as of the size of a bean, and disappears in two or three weeks.

Severer examples may take on various anomalous forms. They will occasionally exhibit more or less phlegmonous inflammation of the skin, which is but little elevated, and fluctuation likewise is not evident. The inflammation extends further over the integument of the entire ear, the swelling is wider and not prominent, the color is brown or a crimson-red, and on the decrease of the inflammation, violet. Such cases terminate in the usual manner.

II. *The internal appearances.*—The cartilaginous plate of the ear has been described by Henle and others as consisting of fibro-cartilage, as destitute of bloodvessels, and as very thin and brittle when deprived of its perichondrium. Later observers have assigned bloodvessels to it. The areolar tissue between the skin and perichondrium is less diffuse and denser on the outer surface of the ear, than on the inner.

The swelling contains, soon after its origin, fluid dark red blood; but when after a few days an incision is made into it, some clear red blood will flow from the skin wound, and from the cavity of the tumor, first, a blood-coloured, odourless, viscid serum—from half to a whole teaspoonful, according to the size of the cavity,—and after this, by a little pressure, black, coagulated, and frequently also fluid blood.

By further investigation it may be made out most clearly, that the posterior wall of the cyst is constituted by the cartilage, from whose surface the perichondrium is detached, and which now, in union with the investing integument, represents the outer wall. The perichondrium is separated either in its whole extent, when, too, it is torn more or less; or, which is commoner, portions remain behind, and it is but seldom that it comes away as an entire layer. On the other hand, it is often found changed; and horny particles, fibres, and lamina accompany it. In those instances where

an inequality of thickness and hardness is perceptible at various parts of the walls, the cartilage exhibits itself in a still more torn condition, particles being adherent at one place with the anterior, at another with the posterior perichondrium ; whilst the blood which is usually found between the cartilage and its covering, is here situated between the two perichondria. The cartilage has lost its healthy appearance, its lustre is gone, its colour is pale-yellow with a reddish tint on its outer surface.

The source of the effused blood is evidently from the vessels torn by the detachment of the perichondrium and its laceration. The blood is poured out in the intermediate space and separates its walls, and thus gives rise to the enlargement seen on the outside.

After an evacuation of the sac, the swelling subsides, and the orifice made closes in ten or twenty hours; but a fresh effusion generally soon again causes the tumor to re-appear.

In some cases, even after six or eight days, but mostly later, the production of new cartilage matter begins. Granulations, in the form of white points and streaks, appear on the loosened perichondrium, and in a short time are transformed into rounded and angular plates. Similar cartilage matter also frequently developes itself betwixt the layers of perichondrium. It is at this period that the walls of the tumor become more resistant and parchment-like to the touch.

By degrees a new layer of cartilage is formed, equaling in extent the detached perichondrium; whence it follows that, at this stage, the resistance experienced in making an incision is greater, and the walls no longer collapse. Now also it is, that ulcerations and sloughing are seen—where such happen; and that on probing the cavity, the cartilage is felt to be rough, irregular, and deficient, and to admit of particles being removed. In such like cases, too, the contained fluid tends to undergo a change, appears as serum mixed with more or less blood, or as a thin bloody humor, which when evacuated often exhibits air-bubbles. The lost cartilage substance, may now and then be seen to be repaired by the new deposit of cartilage, of fibrous matter and of little membranous particles. In a further stage the mouths of the torn vessels are obliterated, and the cavity being emptied, then refills slowly and only partially, with bloody serum, or with a yellowish, viscid fluid, and more seldom with clear, watery blood.

Absorption now proceeds ; the new cartilaginous lamina approaches the original cartilage of the ear, and thus lessons its convexity. Both cartilage plates are thickened, often not much, but sometimes very considerably, attaining the thickness of two or three lines; they are moreover indurated and present ossific points. If the new outer cartilage be of large diameter, it will commonly fall into different irregular curves, and entail the wrinkling of the perichondrium; if its dimensions be small, it then curves itself more in conformity with the original cartilage. This last frequently retains its normal form, though many times it bends in a crooked, undulating manner from the loss of substance at parts. From these irregularities of the cartilage comes the corrugated external appearance of the ear.

After absorption is completed, the cartilaginous laminæ lie in close apposition, or a cavity still persists, containing a viscid, yellowish fluid, flakes of blood, or finally, after a longer period, a firm, tough, fibrous mass, connecting the opposite walls, and sometimes presenting cartilaginous and osseous deposits.

The new cartilage plate grows thinner at its periphery, and gradually coalesces with the old, the perichondrium of the two becoming blended together. Whilst the cartilages are incomplete the division between them is often very perceptible; but the time comes when the two are intimately united into one thickened lamina.

The course of a tumor forming on the inner surface of the ear is essentially similar to the foregoing.

In cases where, during the growth of the tumor, the patient strikes or injures it, or keeps up a constant irritation, it will readily come to pass that both cartilages are, after the cessation of the inflammation, so much thickened, that the removal of the fluid cannot be followed by their cohesion, and hence a large intermediate space is left. Under these circumstances the ear has externally a very irregular, misshapen figure.

Both cartilaginous laminæ exhibit the characters of fibro-cartilage, and can be identified as such under the microscope. The development of new, and the thickening of the old cartilage, is accompanied also by a greater or less thickening, by an increased toughness and firmness of the areolar tissue over them, and of the skin itself. The alteration of the ear persists till death, save what little decrease in thickness may be effected, in course of time, by absorption of the thickened areolar tissue. Slight thickening of the cartilage of the ear, but without the production of a new layer, is occasionally met with in patients who have never had a true sanguineous tumor.

III. *General relations of the Disease.*—Sanguineous tumor of the ear (*hæmatom*) is to be looked for less in any one special form of mental disorder, than in a deep seated malady of the central organ of the nervous system, attended with dyscrasia. We find such swellings, as a rule, in those insane who present the signs of diseased blood; in those weak and anæmic, showing blueish patches where touched, having petechiæ, boils, sores, prostration, gangrenous wounds, and bleedings. The body may not be leaner than in health, and may be even fat, but is flabby; the appearance is pale and cachectic, the skin cold and pallid; the feet cold and often œdematous ; the functions weakly ; digestion imperfect; the bowels and bladder torpid, at times dysenteric stools ; the urine generally alkaline ; menstruation arrested. These symptoms particularly accompany general paralysis, and are aggravated by the other concomitants of that disease: such as impediment of speech, uncertain gait, convulsions, etc. The mental powers have, moreover, all the evidences of weakness; the patients are either completely demented, or becoming so. Again, the *post mortem* appearances serve further to prove the depraved condition of the body.

Schmalz affirmed that this morbid condition of the ear was nearly equally common to the two sexes; in this statement, however, he is opposed to all other observers. More examples are seen among men than

among women. Of Dr. Bird's six cases, not one was in a woman. The tendency to it is greater in men; in whom, indeed, the mental disorder, with its associated depraved bodily condition, is much more frequent than in women. Paralytic-dementia, in which there is a particular proneness to corruption of the blood, is represented by all writers as much more prevalent among men. Of such patients at Illenau, 10 to 15 per cent. are male, and but 3 per cent. female.

The swelling of the ear, according to Thore, is more frequent between the thirtieth and fortieth year. It is not a peculiarity of old cases: Dr. Fischer has noticed it in a boy of eighteen, and in a woman of sixty-four.

Rupp states that he has met with this condition of the external ear in soldiers and other persons not mentally disordered. This is a most interesting point for further enquiry. A case, reported by Dr. Jessen, occurred in the hospital practice of Langenbeck. It was that of a girl between ten and twelve years of age, belonging to the lowest class, and very ignorant and wild. The swelling occupied the left ear, quite obstructed the meatus, and, according to the doubtful statement of the patient, entirely deprived her of hearing on that side. A blow on the ear was assigned as the cause. Langenbeck made a long incision, which he kept open for two weeks by means of lint, lightly bandaging the ear for support. The wound healed favourably, and the shape of the ear was restored with its faculty perfect. On making the incision coagulated blood escaped; the walls of the cavity appeared smooth, and a new cartilage had formed. There was no mental disorder in this girl.

A second case occurred to Langenbeck, in a man thirty years old, who had delirium tremens, and was therefore transferred to an asylum for treatment.

To be continued.

THE LATE MRS. CUMMING.—Court of Chancery, February 10th. In a creditor's suit, to ascertain whether the cost of lunacy should be admitted to claim, *pari passu*, with other debts due from the estate, or on the surplus only. Lord Justice KNIGHT BRUCE remarked, "I may say for myself, that from my judicial recollection of the facts of this case, from the condition of Mrs. Cumming, her acts, and her association with some persons; I am most clearly of opinion that *there never was a lady who more needed protection*, and that the proceedings in lunacy were proper. That the lady required some protection is clear. I do not say that it was right, that she should be taken as she was to a lunatic asylum, or that more than a very limited restricted and guarded interference should have been made, but being of opinion that some proceedings were proper, I cannot but say that these expenses were incurred for the *benefit of the lunatic*, and that there is both reason and authority for declaring, as I now do, that they were so." Lord Justice TURNER concurred.

Appointments.

Mr. W. Chas. Hills to be Assistant Medical Officer to the Kent County Asylum, *vice* Henry Parfitt, M.B. resigned.

Mr. Henry Jacobs, M.R.C.S., to be Apothecary to the Female Department at the Middlesex Asylum, Colney Hatch.

Mr. Alfred M. Jeaffreson, to be Steward of Finances to Bethlem Hospital, *vice* Mr. E. R. Adams, resigned.

Obituary.

On the 12th instant, at College Gardens, Gloucester, the Rev. Thomas Evans, D.D., for upwards of twenty years Chaplain to the Gloucestershire General Lunatic Asylum.

New Members of the Association of Medical Officers of Hospitals for the Insane.

Campbell, Dr. Donald C., Medical Superintendent to the Essex County Asylum.

Shapter, Dr. Thomas, Physician to the St. Thomas's Lunatic Hospital, Exeter.

Kirkman. Mr. William P., Assistant Medical Officer to the Devon County Lunatic Asylnm.

Commissioners in Lunacy.—NOTICE IS HEREBY GIVEN, that the OFFICE OF THE COMMISSIONERS IN LUNACY will, on and after Monday the 23rd of January instant, be at No. 19, WHITEHALL PLACE.

R. W. S. LUTWIDGE, *Secretary.*

17th January, 1854.

All communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 15th day of March next.*

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" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

The Chaplaincy Question at the Belfast Asylum.

After a prolonged discussion on this question, the Irish Executive and the local Authorities of the Counties of Antrim, Down, and Carrickfergus, have at length come to a dead lock, which appears irremoveable except by new legislative enactment. The Lord Lieutenant has appointed three chaplains for the Anglican, the Presbyterian, and the Roman Catholic patients respectively. The Board of Governors "having referred to the Acts of Parliament regulating their powers," &c., firmly and finally decided against the appointment; and when the three clerical gentlemen presented themselves at the institution in their official capacity, "they were informed of the resolution adopted by the Board, which prevented the authorities of the institution from recognizing or receiving them in any official capacity."

The grand juries of the three counties have severally approved the conduct of the governors. The resolution of the County Down grand jury was, "That we highly approve and cordially concur in the views which have induced the governors to resist the appointment of chaplains, which, from the statements and opinions adduced, would in our opinion be seriously prejudicial to the recovery of the patients." The resolutions of the other grand juries were to the same effect. The board of governors state, that their opinions respecting the inexpediency of appointing chaplains, "have been confirmed by the all but unanimous concurrence of the gentry, and the most intelligent portion of the community in Belfast and its neighbourhood."

It is not necessary to follow the dispute through all its phases, nor if we did so should we perhaps agree with every argument of the governors. In such prolonged discussions, even the party most in the right, is not likely to confine itself to the strictest logic and the most uncontrovertible facts. The Lord Lieutenant has acted on the opinions of the Inspectors of Asylums, and these opinions we are bound to say, appear to us erroneous and untenable. The opposition therefore of the local authorities, to acts founded upon such opinions, has our concurrence and cordial approbation.

It is evident from the whole tenor of their letter to the Lord Lieutenant, dated December 31st, 1851, that the government inspectors, regard the services of chaplains in asylums as an active agency in the treatment of the insane. In the postcript they state as much explicitly. They append a letter from the medical officer of the Londonderry asylum, "who, (they say) it is worthy of remark, was forced, after fourteen months experience, to admit *the efficacy of religious services in the treatment of the insane.*" The letter, bye the bye, admits no such thing, and that of Mr. Cluff, the manager of the Londonderry asylum, states, that the *comfort* to the inmates has arisen from "the performance of divine service, and the *occasional conversation* of the clergymen with the inmates. And that Divine service passes the Sabbath *most comfort-*

ably in place of idleness." This is a very different thing from the *treatment* of the insane.

To the enquiry of the Belfast governors "whether the chaplains are to be allowed at all times the free passage of the house and grounds?" The Inspectors reply, "A *judicious* and *sensible* (the italics are not ours) chaplain it is presumed, will act with such good taste, discretion, religious quietude, and gentlemanly bearing, that his visits, as at Northampton, Surrey, Hanwell, Londonderry, Cork, &c. &c. asylums, will be always welcomed. He will of course consult with the physicians as to the ministration of his office in detail." This must be considered as an answer to the enquiry, more than affirmative, and intended to convey the opinion of the Inspectors, that not only should the three chaplains have the free run of the wards, but that the physicians must consent to be their consulting referrees. We are not sufficiently acquainted with Irish polemics to judge of the exact amount of probability which the presumption of the Inspectors would have of being verified; the presumption, namely, that three chaplains of the three rival faiths, in their free access to all the patients in the asylum, would always be judicious and sensible, and would invariably act with good taste, discretion, religious quietude, and gentlemanly bearing. The extreme confidence of the Inspectors must certainly be considered as the highest personal testimony in favor of the clergymen with whom they are best acquainted; while on the other hand, the strong opinions entertained by the board of governors, the grand juries, the gentry and intelligent portion of the community of Belfast, must be considered as a less flattering estimate of clerical forbearance.

In the discussion which took place in the House of Commons, on Mr. Lucas's speech, on the third of March last, Sir James Graham stated, that whatever might be the religion of the crew, it was impossible to have more than one chaplain on board a man of war. The crews of our men of war contain about one fourth of Roman Catholics, and on the wide ocean there is no possibility of begging the voluntary services of some neighbouring priest, to shrive the dying or to bury the dead. If Sir James feared that rival chaplains would disturb the iron discipline of a man of war, are not the governors of the Belfast asylum justified in their apprehension, that they would be equally liable to prove a divellent force in the government of an asylum? To those who entertain strong religious sentiments, proselytism under any circumstances is a sacred duty. Neither the honest Catholic, nor the sincere Calvinist, without the belief that he incurred danger to his eternal welfare, could refrain from stretching out his hand to snatch a brand from the burning, to rescue a human soul from perdition. With clergymen of earnest faith, attempts at proselytism are inevitable. With clergymen whose "good taste and gentlemanly bearing" are stronger than their religious convictions, this danger would of course be small; but if such lukewarm persons only are to be appointed chaplains, would it not be as well to leave religious conversation with the patients in the hands of Dr. Stewart, concerning whose "good taste and gentlemanly bearing," there cannot be the slightest doubt, and in whose discretion and ability, the northern Irish of all creeds, rely with implicit confidence; a confidence founded upon nearly a quarter of a century of favorable experience.

The antagonism between the Catholic and the Calvinistic creeds is so direct and complete, that if the Inspectors desire rival chaplains professing these creeds to act with perfect good taste, discretion, and religious quietude, they must be selected from among the courtly place hunters, to be found in the neighbourhood of Dublin Castle. The earnest spirits of county Down will scarcely supply such discreet and quiet persons. What would the Right Rev. Dr. Mc'Hale say of a Catholic priest, who, for £50 a year, would act in official concert and religious quietude, with a disciple of the Rev. Hugh Mc'Neil or of Dr. Cumming? What would the latter gentlemen say on their part to such a surrender of spiritual duties for filthy lucre? Between the Calvinist and the Catholic, "religious quietude" means religious indifference, and the Inspectors of asylums have taken a position which places them and the Government acting on their advice, on the horns of a dilemma; either they would recklessly throw the firebrand of religious controversy into the wards of the Belfast asylum; or seeing this danger, they would appoint chaplains whose tepid zeal would never be the cause of trouble, either to themselves or to any else. If the Inspectors make choice of the latter alternative, we can only say, that they have given the Lord Lieutenant, the governors of the asylum, and the grand juries of Down, Antrim, and Carrickfergus, a great deal of trouble for a very small matter. If the asylum chaplains must be devoid of religious earnestness, the *treatment* of the insane by religious influences, will be of the homœopathic sort, as to dose at least. But perhaps the Inspectors also think, that as so large a number of persons become insane, on account of strong religious emotion, it may have a most beneficial effect to place before these unhappy creatures, the constant example of several sane clergymen, the warmth of whose religious feelings ranges below that of gentlemanly sentiment, good taste, and quiet decorum. Such would be a true application of Hannehman's celebrated dogma, that "similia similibus curantur." An indifferent priesthood may be an excellent means of damping the excitement of an over zealous people.

We receive few reports from Irish asylums, and are therefore ignorant of the extent which this chaplaincy question has reached. In the last report of the Clonmel district asylum, it is stated, that the Protestant and Roman Catholic chaplains "have received no salaries, the board having referred them to the Government (which appointed them) for payment thereof." The sixth report of the Inspectors states, that in the Clonmel asylum, the salary of the Protestant chaplain is £30, and that of the Roman Catholic £35 a year. The number of Protestant patients in the asylum is 10, that of the Roman Catholics, 118.

At the Kilkenny district asylum, the salaries of the chaplains is the same as at Clonmel; the number of Roman Catholic patients 128, of Church of England patients 6, with one Quaker. As more than a third of

the patients are stated to suffer from idiotcy or dementia, this would leave 4 Church of England patients with mania or monomania. What proportion of this number are accessible to religious influences we cannot ascertain. The most appropriate comment upon these facts will be a brief extract from the Inspectors' own report: "It is considered uncalled for to grant to every persuasion, numerically minute, a special clergyman." If there are to be three clergymen for the treatment of the patients at the Belfast asylum, on what principle, sanctioned by the Inspectors, are the six Methodist patients in that institution to have a special chaplain withheld from them; while, at the Kilkenny asylum, the Rev. John Greaves is appointed to the spiritual treatment of exactly the same number of Church of England patients, at a salary of £30 a year?

Either the State Church should, or it should not, be permitted to retain its old rights in public institutions. If it should, why are Roman Catholic and Presbyterian chaplains thrust upon the Belfast governors? If it should not, why are the same number of Methodist patients at Belfast, and of Church of England patients at Kilkenny, treated in a manner so diametrically opposite? Why should that which is "numerically minute" at Belfast, acquire the proportions of a congregation at Kilkenny?

In their opposition to the Irish executive, the Belfast governors have entrenched themselves behind a resolution "drawn up by Dr. Mant, the late eminent Bishop of Down and Connor, the most valuable and assiduous governor whom the institution has ever been fortunate enough to possess." This resolution, dated March 3, 1834, resembles the provision made by the English Asylums' Act for the visitation of patients not of the Church of England by clergymen of their own persuasion. It sanctions voluntary and unpaid religious ministration, under the direction of the medical officers. As the governors give up the point of economy, the merits of the question at issue are narrowed into those of the regular performance of divine service, and the free intercourse of the several chaplains with the patients, independently of, or in opposition to, the opinion of the physicians. If the Inspectors can be persuaded to retract their opinions on the latter point, we trust that the board of governors will meet them by conceding such arrangements as may ensure the regular performance of the divine services and the sacraments of the several Churches. Both the Inspectors and the governors have drawn arguments, in support of their opinions, from the English law and English reports; but the religious condition of England is so different from that of Ireland, that such arguments cannot be made to hold water. The English law provides for the appointment of one chaplain to each asylum, although, in many asylums, the patients of dissenting denominations are numerous, and at the Lancashire Asylum, at Rainhill, the Roman Catholic patients are more numerous than at Belfast. In English asylums the benefits arising from the services of chaplains are due to the moderation which is possible where no rivalry exists. What precedent is this for the appointment of three chaplains to one asylum?

The English law provides only for the regular performance of divine service; while the regulations and bye-laws of individual asylums strictly limit the personal ministrations of the chaplains to those patients whom the physicians think likely to receive benefit, or at least whom they suppose not likely to receive injury therefrom. What argument does this afford for the unrestrained action which the Inspectors would claim for their band of chaplains in the wards of the Belfast asylum? The board of governors appear to be actuated by a sincere desire to promote the welfare and to expedite the recovery of the patients, by preserving them from the injurious influence of religious excitement. Let them give way in the point of public divine service, which is not likely to produce such excitement; on condition that the Inspectors give way on the personal ministration of the chaplains, which, under the conditions existing at Belfast, is fraught with danger. Thus a reasonable and judicious compromise may be effected.

The Minor Difficulties of Mental Therapeutics

One important and useful purpose of the Asylum Journal is to serve as a medium of intercommunication, and a means of record for matters of practical importance in the treatment of insanity, and in the management of the insane.

Almost every asylum possesses some arrangements, some peculiarity of structure or of fittings which are reckoned among its good points, Again, almost every superintendent of an asylum has devised some scheme, some contrivance to overcome difficulties in the management, or to meet the wants of the insane.

Yet how excellent, how useful soever any such special adaptations may be, the knowledge of them is either confined to the walls of the institution in which they are found, or is extended to very few individuals. Perchance, indeed, wider notoriety may be their lot, if some perambulating doctor, intent on note-taking and publishing, stumbles across them, and liberally takes on himself the task of revealing them to the world.

But this state of things ought not to be: every one will admit it to be a great evil. Among no doubt many causes of it, the chief one certainly was the absence of any suitable channel of communication. This cause no longer exists; let us, therefore, hope the evil will disappear. If it do not, the medical officers of asylums will be to blame for their indolence and apathy. They will neither be doing justice to their patients nor to their professional brethren, if they withhold the fruits of their experience; if, knowing any resources to obviate the manifold difficulties and discouragements which attend the management of the insane, they seek not to publish them.

A difficulty may arise in the minds of some as to making a small, a trifling yet useful contrivance, or it may be some homely topic, the subject of a set paper or formal communication in a journal. But let no diffidence on this score, no repugnance to publicity in relation to what may be called small matters, be a bar to such practical communications.

For, to reflect for one moment, what can be called

small, trifling, unimportant, which bears on the subject of the management and treatment of the insane? The foundation of our improved method of treatment rests on this very attention to what, at first sight, might be esteemed unimportant details. However with those whom we address it would be vain to enter on a formal demonstration of this fact.

To resume, therefore, we are of opinion that a useful method of conducting the communications considered, would be to adopt the form of notes and queries.

If one writer would state a difficulty he has encountered, and put the question to others, if they have met with the like, and how they have overcome it; the latter would recount briefly what expedient had been resorted to, to meet this or that particular sort of case.

Only let the ice be once broken after this fashion, and then surely we shall have one and another volunteering his ideas on the points mooted; and thus will be gathered the results of accumulated experience, and the comparative merits of the various plans and expedients brought forward will be appreciated.

Although an abundance of matter will be found to fill the pages of this journal, yet we deem the department proposed so important, that the plea of want of room will never be urged against its admission.

J. T. ARLIDGE.

On Lycantropy or Wolf-madness, a Variety of Insania Zoanthropica, by N. PARKER, M.D. *Londin.*, L.R.C.P. *Assistant Physician to the London Hospital.*

The peculiar psychical epidemics which were engendered and fostered by the ignorance and superstition of the classical and mediæval epochs, present to the observation of the psychopathist phenomena not less remarkable than instructive. Among the widespread epidemical delusions of bygone times, the doctrine of Zoomorphism—the belief of men being transformed into animals—is one of the most curious and deeply rooted. Having originated among the primitive hunters and shepherds of Chaldea, this delusion spread to Egypt, India, and Greece, whence it extended to the rest of Europe, affecting besides the Romaic, both the Teutonic and Sclavonian races.

The condition termed lycantropy, or wolf-madness, "in which," says an old author, "men run howling about graves and fields, and will not be persuaded but they are wolves, or some such beasts," is one of the most singular among the many forms of zoomorphism." Though the accounts transmitted to us by the Greek and Roman writers are mixed with much that is fabulous, and much that is referable to mere superstition, there can be but little doubt that lycantropy, as a disease, existed in Greece long before the commencement of our era. Böttiger (Beitr zur Spreugel Geschichte der Medizin, b. ii. pp. 3-45,) looks upon the classical myths relating to Lycaon as evidence of the existence of an endemic form of delusion among the ancient inhabitants of Arcadia. As it was believed that this disease, like most others, was inflicted by the anger of the gods, relief was sought by sacrifice, and a guiltless boy was offered up to Zeus and Pan, the old deities of pastoral Arcadia, who in relation to this custom were termed λυκαιους. Lycaon, perhaps, was the founder of propitiatory sacrifice, or the disease may have been hereditary in some particular family, and as those afflicted with it were called λυκάονες, its origin may have been referred to some old king who was hence called Lycaon. The disease is first noticed by Marcellus, who lived in the time of Galen. His description is copied by Œtius, by Paulus Ægineta, and by Oribasius of Pergamus. The last named author, who wrote in the fourth century, says, "Lycantropy is a species of melancholy. The persons affected go out at night time, wander among the tombs till morning, in every thing imitating wolves; their looks are pale; their eyes hollow and dry; their tongue exceedingly parched, their thirst excessive, and their legs ulcerated."

The description given by Œtius is very similar: he writes, "Such go out at night in the month of February, and haunt the tombs until morning, in all things imitating wolves or dogs. You may know those affected by these signs:—they are pale, have weak sight and dry eyes, and do not shed tears; their eyes are hollow; they have a dry tongue and do not secrete any saliva; they are always thirsty, and have inveterate ulcers on the legs from the bites of dogs and the various accidents to which they are liable."—Tetrabiblion 2, cap. ii.

The account of Paulus Ægineta differs but slightly from the preceding, being likewise taken from older authors.—Lib. 3, cap. xvi.

The disorder is also noticed by Avicenna, who lived at the commencement of the eleventh century, under the name of "cucubuth." But it was during the middle ages, when superstitions of every kind were especially prevalent, that lycantropy acquired so great an extension; and it was about this period that it first became associated with the belief in demonaical influence, and thus oftentimes formed a symptom, or part, of a more general psychical disorder—demonomania. In this new combination it was soon extensively diffused over France, Germany, and Italy. Traces of an allied disease have moreover been discovered in the east among the Abyssinians, (*vide* Pearce's Adventures in Abyssinia, vol. i. p. 287,) and in the far west among the aborigines of Brazil. No one, however superstitious, believed in a complete change of man into an animal. It was held that the metamorphosis could not affect the immortal soul, but was confined to the body. Some, as Bodin and Fernelius, maintained the bodily change to be real, others apparent only, "for God," said they, "is only able actually to change the body, and it is sinful to ascribe such power to the devil or any such being." Those who entertained this opinion that the change of the body was only apparent, described two varieties of the malady, one objective, in which those affected appear to others to be animals; the other subjective, when only they themselves imagine that they have undergone the transformation. The former variety was usually ascribed to the power of the devil, the latter to corporeal disease.

Rhanæus (Supplement 3 Cur und Nutz Anmerk von Natur und Kunstgeschicten, 1728), who has written a treatise upon lycantropy in Courland, states that Satan holds lycantropes in his net in a threefold man-

ner: first, he leads them to believe that they are wolves, so that, blinded by fancy, in their own proper human form they actually attack and wound men and cattle; second, while really in deep sleep, they dream that they are wandering about and injuring men and cattle, their master the devil meanwhile doing that which their disordered fancy pictures to them; third, Satan impels real wolves to do some mischief, and at the same time so affects the imagination of lycantropes, as to cause them to believe that they are the guilty parties.

Majolus (Dier Canalic, t. 2, colloq. iii.) relates that a prisoner was brought by some peasants to a Duke of Prussia, accused of wounding cattle. He was deformed, and had wounds in his face, caused by the bites of dogs. He confessed that, twice a year, about Christmas and at the feast of St. John the Baptist, he was in the habit of assuming the form of a wolf, and that it caused him much trouble and discomfort when the hairs made their appearance, and he underwent the metamorphosis. He was kept in prison for a considerable time, but, although carefully watched, no transformation was observed.

William of Brabant states that a reasonable man was so deceived by the art of the devil, that many times in the year he thought himself to be a raving wolf: without sense, he wandered about in the woods, and especially followed little boys. At last, by the grace of God, he recovered his reason.

In 1521, Peter Burgot and Michel Verdung, both lycantropes, were burned at Poligny.—(Wier de Præst Dæm, lib. 6, ch. xi.) According to Fincelius (De Mirabil, lib. xi.) in 1541, a peasant of Pavia maintained that the only difference between himself and a real wolf consisted in this, that in a wolf the hairs of the skin are external, but in himself turned inwards. In order to test the truth of his story, the judges, before whom he was brought, made incisions into his legs and arms; at length, however, they declared him innocent, and delivered him over to a surgeon, but he died a few days afterwards from the wounds. A person labouring under this delusion was brought to Pomponatius. The peasants wished to have his skin removed, to see whether the hairs were turned inwards. Pomponatius, however, refused to comply with this demand, and by suitable treatment soon cured the man of his delusion. —(Schottus' Physica Curiosa.)

In 1574, the parliament of Dôle, Franche Comté, sentenced Gilles Garnier, called the Hermit of the Bonnet, to be burned alive, because as a wolf he had killed several children. From 1598 to 1650, lycantropy prevailed as an epidemic malady among the inhabitants of the Jura mountains, and it has been computed that as many as six hundred persons were executed as lycantropes or demonomaniacs. Among these I may mention,—Pernette Gandillon, who believing herself to be a wolf was torn to pieces by an infuriated mob; her brother Pierre Gandillon, his son George, and his daughter Antoinette, who, labouring under a similar delusion, were all condemned to be strangled by the hangman and then burned. Another unfortunate, at Chalons, was condemned by the parliament of Paris to be burned.—(*Vide* Calmeil, tom. i., p. 279.) In Prussia also, the Teutonic Knights not unfrequently condemned lycantropes to the stake.

Chiefly through the exertions of Wierus of Brabant, physician to the Duke of Cleves, the true nature of lycantropy and other similar diseases was at length recognized, and the unfortunate victims of the delusion became objects of pity rather than of punishment. Considering the period at which he lived, the exhortations of Wierus are particularly strong, and his statements remarkably explicit. In his work, "De Præstigiis Dæmonum, et Incantationibus, et Veneficiis," Wierus appeals to the emperor and the state, and implores them to spare the guiltless dæmoniacs who are, he asserts, for the most part maniacal persons, or melancholics, or poor hysterical women.

The doctrine of lycantropy probably arose from the belief in the existence of good and bad spirits, and from the intimate relation which existed between the primitive pastoral nations and their animal companions. Evil deeds, it was thought, were punished by change after death into one of the lower animals, and virtuous deeds rewarded by a progress in the scale of organization. Thus Lycaon's metamorphosis was referred to the anger of Jupiter at his crime of serving up human flesh at a banquet. It was and is still usual to represent bad spirits in the form of animals of prey, with claws; thus, in the Indian mythology we find them figured as dogs, cats, tigers, etc. The middle ages were deeply imbued with this notion; the devil was pictured as a goat, and magicians, sorcerers, and witches, were described as assuming the form of cats, or of noxious or disgusting animals.

Now the opinions and modes of thought of the age usually give the form and colouring to the delusions of the insane. The disordered mind, like a mirror, reproduces only what it has received. It may render back its impressions more or less truthfully, more or less distorted, and in an almost endless variety of recombined forms, but it does not exert any creative power. In our day, delusions take their colouring chiefly from physical science; absurd notions respecting steam, electricity, magnetism, etc., have usurped the place of those derived from the poetical religious myths of the credulous middle ages. Some delusions, indeed, being founded upon passions which always exist in the human breast, are common to every people in every age. But it is only during the middle ages that we observe numerous instances of the rapid spread of such epidemics as the St. John's and St. Vitus's dance,—as the children's crusades,—as lycantropy,—and as the various delusions and irrational acts founded upon religious ideas, which abounded in cloister life, and are so ably recorded by Hecker, Calmeil, and others.

Fatal Fire in a Lunatic Asylum in Norway.—A fire broke out in the night of the 5th of January, in the Public Lunatic Asylum of Bergen, Norway. The firemen were immediately on the spot, but the conflagration spread with such extraordinary rapidity, that all efforts to get the fire under proved unavailing. There was not even time to get all the 268 patients out. Out of that number 22 were not to be found, and must have perished in the flames.—*Continental Paper.*

Abstract of Meteorological Observations taken at the Gloucester County Asylum, 1853, *by* Dr. Williams, m.r.c.p., *Superintendent of the Asylum.*

Latitude 51°.52′ North; Longitude 2°.15′ West. Cistern of Barometer 100 feet above the sea level.

	BAROMETER				THERMOMETER				HYGROMETER			RAIN			WIND													
															N. to E.				E. to S.				S. to W.				W. to N.			
	Highest	Lowest	Range	Mean—Corrected and reduced to 32°	Highest	Lowest	Range	True corrected Mean	Mean Temperature of Air, corrected for Decimal range	Mean Dew Point	Degree of Humidity Saturation being = 100	Quantity fell during each Month	Dry Days	Wet Days	N.	NNE.	NE.	ENE.	E.	ESE.	SE.	SSE.	S.	SSW.	SW.	WSW.	W.	WNW.	NW.	NNW.
				Inches								Inches																		
January	30·24	29·17	1·07	29·59	55	27	28	42·20	41·37	35·96	0·737	2·21	9	22	1·5	1	3·5	.	.	.	3	2	1·5	1	13·5	.	·5	·5	1·5	1·5
February	30·20	29·05	1·15	29·63	50	17	33	33·89	33·94	25·44	0·724	0·89	14	14	2·5	.	10·5	.	2	.	·5	.	1	.	4·5	.	1	.	6	.
March	30·24	29·52	·72	29·53	60	17	43	39·37	39·30	34·48	0·840	0·45	21	10	2	1	7	.	2·5	·5	4·5	·	1·5	1·5	6	·5	1.5	.	2·5	.
April	30·33	29·31	1·02	29·75	67	30	37	48·83	50·06	41·10	0·708	2·02	15	15	5·5	·5	1·5	·	1	.	1	.	1	.	3	2·5	6.5	.	6·5	1
May	30·20	29·48	·72	29·81	88·5	30	58·5	56·87	56·43	45·31	0·706	2·61	20	11	3·5	1·5	7	1	5·5	·5	3	.5	1	.	1	.	1·5	·5	2·5	2
June	30·20	29·60	·60	29·77	86	40	46	60·62	61·14	53·04	0·751	3·75	10	20	2·5	1	3	·5	3·	.	1	.	1	.5	5·5	1·5	6	.	2·5	2
July	30·26	29·31	·95	29·76	90	45	45	62·84	62·36	55·58	0·798	2·91	9	22	1·5	·5	·5	·	·5	.	.	.	1·5	1	4·5	1	14.	1	4·5	·5
August	30·35	29·16	1·19	29·83	83·5	44	39.5	62·30	63·41	55·44	0·753	1·89	24	7	1·5	4	6·5	.	2·5	.	1	.	.5	1	1	1	9·5	.	2	·5
Septemr.	30·41	29·91	·50	29·87	74	40	34	56·78	57·11	54·23	0·891	2·07	15	15	3	1	2·5	1	1	1	·5	.	1·5	.	1·5	4	7	1·5	3	1·5
October	30·12	29·00	1·12	29·59	65	31	34	51·78	51·92	46·48	0·816	3·13	5	26	1·5	1·5	3	1·5	.	1	1·5	1	1·5	3·5	3	2·5	5·5	1	2·5	·5
Novemr.	30·60	29·72	·88	30·02	63	23·5	39·5	41·90	42·60	39·15	0·927	1·70	18	12	4	3·5	1	·5	.	·5	1·5	·5	2·5	1·5	1·5	3·5	1·5	2·5	4	1·5
Decemr.	30·47	29·29	1·18	29·87	51·8	8	43·8	35·13	35·45	32·03	0·916	0·71	17	14	3	1·5	6·5	2	.5	2·5	5.5	.	.	2·5	·5	1	2·5	·5	1·5	1

Abstract of Observations shewing the frequency of occurrence of Epileptic Fits, taken at the Gloucester County Lunatic Asylum in 1853.

	January	February	March	April	May	June	July	August	September	October	November	December
Total Number of Fits recorded in the Month	145	186	232	202	200	195	205	228	220	241	238	269
Number of Patients under observation. .	16	21	23	23	22	21	22	24	21	25	25	25
Proportion of Fits to each Patient . .	9·06	8·85	10·00	8·78	9·09	9·28	9·31	9·87	10·47	9·64	9·12	10·76
Mean Daily Number of Fits . . .	4·6	6·6	7·4	6·7	6·4	6·5	6·6	7·3	7·3	7·7	7·9	8·6
Greatest Number on any Day . . .	14	13	17	13	13	12	23	16	14	14	18	13
Least Number on any Day . . .	1	1	1	1	1	2	1	1	1	2	2	1

On Bed Sores occurring in the Insane, or Asthenic Gangrene, by J. C. Bucknill, M.D. *Londin.*

Few conditions occurring in the insane are more painful to witness, more desirable to prevent, or more difficult to remedy, than the death and separation of the skin and muscular tissues of the back, usually denominated bed sores.

All persons conversant with the ward duties of asylums well know how heavy a tax upon the health of the infirmary attendants, the care of patients suffering from bad bed sores is liable to become, and how difficult it is to prevent the effluvia arising from them from pervading and rendering insalubrious the surrounding air: and although, most fortunately, the patients do not appear to suffer pain from this complication of their state, yet this is not invariably the case. There is, moreover, little doubt that the occurrence of these mortifications frequently tends to abbreviate the duration of life. On all these accounts their prevention when possible, and their treatment when unavoidable, become matters of the utmost importance to the medical officers of asylums. Those who have been conversant with the infirmary duties of asylums for the last ten or twelve years must have remarked, among other improvements, the great diminution of frequency of these gangrenous sores; a diminution to be attributed to the more generous dietary in general use, to the physical health and sanitary condition of the patients being better attended to, and, above all, to the increased care bestowed upon patients during the night, in providing them with dry and wholesome bedding.

Ten years ago it was not uncommon for idiots and others liable to wet their beds, to suffer from excoriations and ulcerations of the back; and looking back to the commencement of a still previous decade, yet another class of the insane, namely, acute maniacs, were liable to excoriations and ulcerations of the back from the irritation of urinous beds, and to gangrenous destruction of the same part from the continuous pressure exercised thereupon during the imposition of mechanical restraint. The abolition of restraint, has among other things rendered it impossible to produce a bed sore in a patient with a tolerable amount of physical energy, and whose sensorium remains impressible by painful sensations. The main cause of avoidable bed sores were formerly attributable to so-called dirty habits, and the injurious pressure arising from the impossibility of changing the supine position often for many weeks at a time. That the use of mechanical restraint was a necessary and fertile source of dirty habits, the following passage from the physician's report for Hanwell, 1840, clearly proves.

"The arms or the hands of the patients were closely confined to the body; or the arms or the legs were chained or strapped to the bedsteads; or the head was confined by a strap round the neck. In this state they were left for days or for weeks in the most miserable condition in which a human being could be placed; and often to the total ruin of all habits of cleanliness. The patients themselves who now come to us from other asylums, reported 'violent and dirty,' sometimes remark, that they could not be otherwise than dirty, when they were chained down in a deep bed like a trough. The same patients being freed from all restraint the moment they arrive at Hanwell, seldom prove dirty, and not always violent."

With the discontinuance of such continued pressure and its resulting filthiness, a large proportion of those superficial, but ulcerated and troublesome bed sores attributable to neglect, ceased to occur. A certain number of these, however, still took place until after the reform introduced by Mr. Gaskell at the Lancashire asylum in the management of wet patients by night. Before this period it was generally considered sufficient if each patient was provided with dry bedding at the period of retiring to rest: in many asylums considered under excellent management, straw or coir after being saturated with urine was again and again used after being placed in the "drying house," and the watery parts of the urinary excrement had been removed by evaporation. The atmosphere of the asylum wards in which such arrangements prevailed, was very different from that commonly met with at the present time. A considerable proportion of idiotic and demented patients lay nightly with the lower portion of the back saturated with urine. When this excretion was more than commonly irritating, and the skin more than usually irritable, this state of affairs caused erethema of the skin, followed by the formation of small pustules which soon became ulcers, and the buttocks of the patient became covered with superficial sores, by no means creditable to those under whose charge he was placed. The only treatment these sores required was the removal of their cause. By the removal of bedding during the night as often as it became wet; and above all, by cultivating those habits of cleanliness in idiotic and demented patients, which prevent the necessity of such changes of bedding, sores of this description are prevented, and under a better system they rapidly granulate and heal.

Although sores of this description seldom implicate the subcutaneous tissues, such is not universally the case, and I have admitted some patients in whom the ulceration thus produced was at the same time deep and extensive. In such patients the general health was bad, and it was necessary to recruit the constitutional powers with extra diet, bark and wine, and similar means, before the local affections could be successfully treated: when this had been done attention to dryness and cleanliness, occasionally a little stimulation, as by diluted Elemi ointment, and protecting the parts by soap plaster spread on chamois leather, effects a cure in a reasonable space of time. I am, however, at a loss to conceive how bed sores and many other evils are prevented in those asylums, where a strict system of night attendance is not carried out.

Having sufficiently noticed this preventable and easily remediable form of bed sore, I proceed to consider the more formidable affection occurring in persons suffering under great deterioration of the nervous system.

That urinary irritation may cause abrasions and sores in paralytic and demented persons, as well as

in idiots, and that such irritation may aggravate sphacelating sores otherwise produced is no doubt correct: but the true bed sore of the paralytic is widely different from that of the neglected idiot, and arises neither from irritation, abrasion, nor primary ulceration. On the contrary, it is a true mortification, with symptoms resembling those of the dry gangrene of the aged, the bed sores of typhoid patients, and more closely still, mortifications following injuries of the spinal chord.

This form of mortification occurs most commonly in patients suffering from general paralysis; it also occasionally complicates the last stages of dementia, and is now and then seen in patients who have undergone repeated attacks of apoplexy, the effects of which have been great deterioration of the whole cerebro-spinal axis.

To this form of injury the term of bed sore is not strictly appropriate, since it is dependent upon constitutional causes, and would take place should circumstances prevent the patient from making use of the recumbent posture;* nor does its position correspond invariably with those parts which are subjected to pressure. The appearances presented vary considerably under different circumstances.

Sometimes the march of general paralysis is very rapid, and the functions of the nervous system are brought to the lowest ebb under which a brief duration of life is possible, before emaciation has taken place. The patient is fat and heavy, the animal juices are abundant, the vessels are full, the mass of blood to be moved is undiminished, while the heart pulsates with feeble languor, and the vitalizing power exercised by the nerves over the tissues is reduced to a minimum. Under these circumstances the existence of extensive gangrene is inevitable, the decomposition of the body commences before death. The patient is too feeble to be supported in the best constructed easy chair, therefore the recumbent position is unavoidable, and mortification is most active in the dorsal region. The relief found in other cases by water cushions and water beds is unattainable, the slightest pressure determines the occurrence of mortification: the weight of one leg upon another causes mortification of the knees and ancles, or the weight of the legs in the supine posture, sphacelus of the heels. I have seen the weight of the hand and forearm resting upon the abdomen cause the commencement of mortification of the soft tissues so pressed upon. In two instances of this kind I have seen the cuticle peel from the whole of the body in the moist state observed in a rapidly decomposing corpse. Final eremacausis had become active while some vital functions were still languidly performed. In these fortunately rare cases the mortification is what surgeons call moist, bullæ occur, the soft tissues are full of their juices, and probably the blood suffers a contemporaneous death with the parts containing it.

The length of time which some patients will continue to exist with the most frightful mortification of the dorsal region, and sometimes with minor degrees of the same condition affecting various parts of the limbs, is truly surprising. It is probable that the state of the nervous system which has caused the local affection prevents the latter from exercising in its turn a prejudicial reaction. The functions of the nervous system are almost in abeyance; mortification results; but the latter cannot produce its usual effects upon the constitution because the nervous system is not in a condition to respond to any amount of irritation. This at least appears a reasonable explanation of the fact, that general paralytics will live for weeks with an amount of sphacelating tissue which, had it occurred from mechanical injury, would have destroyed a healthy person in a few days with delirium, hiccup, and collapse.

This rapid progress and extension of gangrene is indeed a somewhat rare form, being, as I have above mentioned, coincident with a rapid loss of the power of the nerves, while the body is still bulky, heavy, and full of fluid.

Sir Benjamin Brodie, who is, so far as I know, the only English surgeon who has written on bed sores, states that "patients are more or less disposed to mortification from pressure, as they are more or less emaciated. A man with a cushion of fat between the skin and the sacrum, or the skin and the great trochanter, is in less danger from such mischief than another person."

However true this may be concerning the class of persons of whom it was written, of patients undergoing long continued confinement to bed on account of severe surgical diseases, it is the reverse of correct in general paralysis; it is doubtful to what extent it is correct of persons suffering bed sores after attacks of typhus fever, such disease being a most certain and effective cause of emaciation, which is therefore always a concomitant of nervous exhaustion. But in the worst cases the gangrene of paralytics does not originate or confine itself to the parts over the bony prominences above mentioned. It often attacks those parts where the fleshy cushion is the thickest, as the gluteal and lumbar regions, and its severity bears an inverse ratio to the amount of emaciation.

These early and severe cases bear a strong resemblance in the appearance of the parts to traumatic gangrene, and mortifications of the moist kind. The skin becomes dusky red, then brownish and mottled, and eventually black. Bullæ often at the same time form on the fingers and feet, and the parts not subjected to pressure. In these cases a line of demarcation is seldom formed, the granulating process is not established, and no sloughs, properly so called, are separated. Such is the kind of mortification observable in those rare cases of general paralysis, wherein the degradation of the nervous system is rapid in its progress. Patients thus afflicted seldom survive more than three weeks or a month.

A less formidable variety of gangrene is observable in the last stages of general paralysis whose march has been more gradual, in patients who have been shattered by attacks of apoplexy invading both sides of the cerebrum, and in extreme degrees of dementia. Patients in these conditions are for the most part emaciated to some extent. This variety of gangrene

* The Commissioners in Lunacy have recently obtained the conviction and punishment of an attendant for concealing gangrenous bed sores on the gluteal region of a patient, produced by pressure on a hard seat.

differs from the one above sketched in being dry rather than moist. It resembles gangrena senilis rather than traumatic gangrene. It is moreover less deep and more chronic than the former. A portion of the skin from two or three to six or eight superficial inches in extent becomes reddish, mottled brown, and then black. After a time a narrow line of demarcation is formed, and a thin dry slough is separated. Very often this form of gangrene does not penetrate through the true skin; after separation of the slough, healthy granulations form, and the sore frequently heals in a short time. The healing process in such cases of general paralysis is not uncommonly observed to be remarkably rapid. I have observed that scarifications for erysipelas and other incisions made for surgical purposes, generally heal in such patients by adhesion: even when mortification is taking place on the dorsal and other regions, old sores will granulate and heal with rapidity, presenting the simultaneous occurrence of the destruction and reparation of neighbouring parts.

Such, however, is not always the case, especially in the instances of rapid decay referred to above. In these the small amount of vital power remaining appears unable to institute the slightest animal reparation. In these, whatever decomposed tissue separates, it does not form a slough in the true sense of the term; it loses consistence and tenacity, and separates by decomposition alone, no granulation process being set up.

Pathology of the Gangrene of Paralytics.

There can be no doubt that the cause of this affliction is the defect of nervous influence. From the similarity of some of the symptoms presented in these cases to those observable in scurvy, the facile production of bruises, the not unfrequent occurrence of petechial spots, and vesciations containing bloody serum; it might indeed be supposed that some general dyscrasia of the blood was a main cause of these local deaths. It may indeed occasionally happen that a scorbutic condition of the blood is superadded to other elements of disease. Such patients are often fed for long periods of time with spoon meat, and if beef tea, arrowroot, and similar articles of diet, are used exclusively, the true symptoms of scurvy may be induced. I have on more than one occasion seen patients kept for a long time on a strict sick diet suffer in this manner from the inadvertence of the medical attendant.

The affection, however, now under consideration has no immediate relation with the general condition of the blood. *It depends upon the cessation of nutrition and the consequent death of the tissues and the blood contained in them, from the abstraction of nervous force.* The manner in which the nervous force affects the nutritive process is by no means well understood. That it does however exercise "a direct influence," "the facts bearing upon the question seem sufficient for the proof."—Paget on Surgical Pathology, p. 41.

The cases adduced by Mr. Paget to illustrate the results of abstraction of nervous force are; one, of destructive inflammation of the tunics of the eye and ulceration of the cornea, &c., arising from destruction of the trunk of the trigeminal nerve; another of ulceration of the back of the hand, from injury of the median nerve; another, of ulceration of the thumb, middle, and fore finger, from compression of the median nerve, from pressure of a hypertrophy of bone following fracture of the radius. "This ulceration resisted various treatment, and was cured only by so binding the wrist, that the parts on the palmar aspect being relaxed, the pressure on the nerve was removed. So long as this was done, the ulcers became and remained well, but as soon as the man was allowed to use his hand, the pressure on the nerve was renewed, and the ulceration of the parts supplied by them returned."

In his lecture on mortification, Mr. Paget observes, "Lastly, we may enumerate among the causes of death of parts the defect of nervous force." "When a part is severely injured its nerves suffer proportionate violence, and their defective force may add to the danger of mortification in the old; not the blood alone or the tissues are degenerate, but the nervous structures also; and defective nervous force may be in them counted among the many conditions favourable to senile gangrene, and so yet more evidently the sloughing of compressed parts is peculiarly rapid and severe, when those parts are deprived of nervous force, by injury of the spinal cord or otherwise."—p. 463.

Sir B. Brodie, in his first lecture on mortification, observes, "This kind of mortification from pressure takes place under certain circumstances more commonly than under others. A patient is weakened by continued fever and *from the state of debility* in which he then is, pressure on the skin over the os sacrum, the great trochanter, or other projecting parts of bone, will produce mortification, while it would not produce it if he were in a state of health. After injuries of the spinal chord, mortification from pressure is very readily induced. In a case in which the spinal chord is injured in the middle of the back, you may find almost before you suspect that there is anything wrong, a great slough over the sacrum, nay, the pressure of the mattrass on the ankles, will in such cases produce the same mischief. I have known mortification begin in the ankles within twenty-four hours after injury of the spine; and a remarkable circumstance it seems, that injuries of the spinal chord should thus lessen the vital powers, so as to make the patient liable to mortification, when we consider how many circumstances there are, which would lead us to doubt whether the nerves have any influence over the capillary circulation."—Lectures on Surgical Pathology, p. 308.

This appears to be one of the many instances in which, reversing the natural course, pathology throws light upon physiology: the above facts prove, that whatever may be the case in lower organizations, in the higher animals at least, the nutrition of parts is dependent upon the integrity of the nervous system; and that mortification or local death results from abstraction of the nervous influence. In the report on the Devon asylum for the year 1851, I expressed my opinion, that the pathology of general paralysis consisted in an atrophy of the whole nervous system; and I based that opinion, as far as the cerebral centres are concerned, upon observations shewing the constant existence of positive and appreciable atrophy. These obser-

vations were effected by measuring the capacity of the crainum and comparing it with the weight of the brain. On the same occasion, I pointed out the fact that, the excito-motor power of the nervous system becomes enfeebled and is gradually lost in general paralysis ; that whereas in paralysis from injury of the spinal chord, the reflex movements are retained ; in the latter stages of general paralysis, it becomes impossible to excite these movements in the lower limbs even by the electro-galvanic stimulus. I inferred from these facts, that the afferent and efferent nerves, or at least, their points of reflection, were evolved in the morbid change.

Subsequently to these observations, I have ascertained that, in general paralysis, the size and weight of the spinal chord is considerably diminished. These observations appear sufficient in themselves to justify and confirm the opinion that atrophy of the whole nervous system exists in, if it does not entirely constitute the general paralysis of the insane.

Added to this, all the symptoms of the disease indicate a gradual and general decay of nervous power. In this disease, therefore, the whole body passes into a condition strongly resembling that of the lower limbs in paraplegia; with this difference, however, that in the latter disease the cerebral influence is quite interrupted, the spinal influence often unaffected ; in the former, the cerebral and spinal, the voluntary and involuntary nervous influences undergo concurrent deterioration, though not entire abolition.

There can therefore be no doubt, that the liability to bruise, and the tendency to mortification, so observable in general paralytics, is precisely analogous to the similar conditions, observable in persons who have suffered mechanical injuries, or even concussions of the spinal chord.

Treatment.

The anxious care of the medical man should be directed to prevent, or at least, to postpone to the latest period, this wretched complication ; and its decrease of late years is no slight indication of the greater care and more skilful management which paralytics now receive.

The Commissioners in Lunacy, in their report, 1847, p. 486, admit "*that cases of extensive sloughing are very numerous* even where it is the practice to use the hydrostatic bed." At the present time, in many asylums, such cases are decidedly of rare occurrence; a result attributable, in some degree, to the common practice of early sustaining the powers of paralytics by generous diet and alimentary stimulants, but principally to an improved system of bedding arrangement.

The tendency to mortification has a direct ratio to the rapidity of paralytic degradation.

When general paralysis runs a rapid course these mortifications present themselves, while the body is still loaded with adipose and cellular tissue. In such cases little can be done, except to prevent the surrounding air from becoming tainted by the free application of chlorine washes, and other disinfectants, chloride of zinc, oxyde of zinc, etc. Such cases are now exceedingly rare; from better management, the course of general paralysis is far more prolonged than it used to be: the degradation of nervous power is more gradual and the tissues have time and opportunity to accommodate themselves, in some degree, to its loss; since slow and gradual changes of all kinds are better borne by the organization than sudden ones, The contraction of bulk from emaciation may even be a favorable occurrence; since an amount of nervous power, unable to maintain vitality in the tissues of a man weighing fourteen stone, may still be sufficient to do so in a man weighing eight or ten stone; just as we see a portion of lung able to arterialize the scanty blood of an emaciated phthisical patient, which would be fatally inadequate to a man with the normal amount of blood and of tissue.

Limited space will not permit me to enter into the various means of retarding the march of this fatal disorder, and of thus rendering less frequent and distressing the occurrence of its most distressing complication.

At the present time, generous diet, exercise in the open air, and medical care, often prolong the duration of general paralysis to double the extent which was assigned as its limit by M. Calmeil; and, when at last the bottom of the slow descent is reached, if good arrangements are adopted for avoiding pressure, one or other of the vital functions generally gives way before any local death takes place in the tissues.

Avoidance of pressure, hardening the skin, etc.

No single circumstance has more influence in preventing asthenic gangrene, or in alleviating it when it has taken place, than good bedding arrangements. The beneficial influence of dry bedding has before been referred to; that of bedding affording equable pressure is perhaps still more important.

About twelve years ago, what are called stretcher beds were introduced into many asylums for the use of dirty patients, and, in some places, they are still retained. As most of my readers are aware, the peculiarity of these beds consisted in canvass or sacking extended, like the parchment of a drum, on a wooden frame, so that it could be easily removed and washed, in the event of the canvass becoming soiled or wetted. Between the body of the patient and the stretcher canvass it was usual to interpose a folded blanket and, of course, a sheet, but no mattress or bed.

In my opinion, it would be difficult to devise a plan more calculated to produce bed sores than the above. The canvass stretcher is almost as hard to lie upon as a board, and is quite as inadequate to afford equable support to the body. A person lying upon a canvass stretcher is as much supported on the prominent parts of his body as if he were lying on a boarded platform. Neither the canvass nor a board can adapt itself to the undulating line of the body, and afford support to the receding parts: the prominent parts alone come into contact, and undue pressure thereupon is unavoidable. If the stretcher bed is equal to a plank in respect of hardness, it is inferior to it in respect of warmth. Even with a layer or two of blanket between the body and the canvass, the stretcher bed is wretchedly cold; a circumstance highly favorable to the development of gangrene.

Another objection to these stretchers is, that they are devised with the special intention of saving bedding and the trouble of night attendants.

Now the true principle of night attendance on the insane is the very reverse of that which provides for patients becoming wet economically. It is based upon the prevention of dirty habits in the strong; not upon provision for them. The helpless and infirm should be attended to with sufficient care to prevent their beds becoming frequently wet; and, when such an occurrence does take place, the wet bed should be immediately removed, and replaced by a dry one. In my opinion, any soft material for beds, even dry clean straw, is infinitely preferrable to stretchers. Of course it is taken for granted that any patients who are decidedly ill would never be permitted to sleep upon these hard and cold substitutes for bedding; but there can be little doubt that, at one time at least, they were employed extensively enough materially to increase, in some asylums, the number of patients suffering from bed sores.

For patients threatened by, or suffering from bed sores, Mr. Phillips's strap bedstead, so strongly recommended by the Commissioners of Lunacy, report 1847, was a great improvement at the time it was introduced: by its means the weight of the body can be thrown upon the parts above and below the sacral region, and any particular part can be relieved from pressure.

As drawn in the report, however, it is much too high: a patient lying on a mattress on such a bedstead would not be less than 3 feet 6 inches above the floor. Mr. Luke, the surgeon of St. Luke's modified and improved this bedstead, by attaching each of the webbing bands to a caoutchouc ring, thus making it more yielding and elastic. This ring-bed, as it is called, is certainly a useful modification of bedstead, but more so for surgical purposes than for paralytic cases; since, in the latter, any part of the body is liable to mortify from pressure, and although the sacral region is more subject than other parts to this occurrence, still, if to relieve the middle third of the body all the weight is thrown upon the upper and lower thirds, the situation of sphacelus is likely to be merely changed, especially to the lower extremities.

Waterproof sheeting is invaluable in the management of paralytic patients, since it permits the use of soft and valuable material for bedding. There is, however, a right and a wrong way of using it. If it is merely used to protect the bed, and the patient is allowed to remain on the wet sheet above, it forms a large water dressing or poultice to the back, softening the skin, and rendering it infinitely more liable to break.

The large mackintosh sheets, with a funnel and a tube of the same material, also act in this manner; since the tube can only carry off the excess of urine, which the sheet cannot absorb.

According to my experience, the best plan of making up a bed for a paralytic or demented patient, unable to attend to the calls of nature, but not immediately threatened with bed sores, is as follows: over a low bedstead, with sacking or webbing bottom, place a soft bed, or loosely-pierced mattress of well-picked hair, coir, or flock. The latter is greatly to be preferred, on account of its warmth and softness. On the middle of this place a three feet square of indian rubber sheeting, and on this again place the ordinary under sheet; over this place a thick cotton sheet, doubled four or six times, so as to form a square about 2 feet 8 inches in the side. The centre of this should, of course, correspond with the centre of the indian rubber sheet, and to the sacrum of the patient. It should be observed that this arrangement corresponds to that of a large water dressing; with this difference, that the absorbent material is dry, and is intended to be removed whenever it becomes wet.

The night attendant readily ascertains at each visit whether the sheets are wet; if so, he slips them down, and substitutes dry ones. Of course, he endeavours to save them, by persuading the patient, if possible, to pass his urine into a vessel. By this plan the patient is provided with a bed comprising the three conditions least favourable to the development of sores, namely, those of softness, dryness, and warmth.

By the adoption of this plan, accompanied by a good hygeine during the day, the paralytic patient can be carried on to a very advanced stage of his disorder, with a sound and healthy skin. A period, however, will arrive in the progress of the disorder, when even the soft pressure of a flock bed can no longer be endured. The skin over the sacrum begins to put on a dusky red or livid appearance; and, to prevent mortification, new arrangements become imperative.

In this state of affairs the advantages of support upon water are alone capable of preventing gangrene.

The principle that "in a mass of fluid submitted to compression the whole is equally affected and equally in all directions," was first made available for these purposes by Mr. Arnott in his celebrated hydrostatic bed. This admirable invention has afforded comfort to thousands; it is however now superseded to a great extent by the more convenient water cushion patented by the Messrs. Hooper. The water cushion possesses a great advantage over the water bed in requiring no intermediate mattress, which would obviate to a certain extent the benefits of the fluid support. The cushion may be applied to the middle third of the body only, where it is most needed, leaving the upper and lower thirds to be supported on short mattress beds; an arrangement advantageous, by promoting ventilation and permitting the perspiration to be carried off from those portions of the body. The patient also lies more steadily on the cushion than on the bed, from the water having less play. It is to be regretted that the cushions are so expensive, especially as their duration, whether in use or not, is not very prolonged. The vulcanised indian rubber being a compound of sulphur and caoutchouc; after a time the sulphur tends to separate itself, and the material becomes brittle.

In making up a bed for a paralytic the horse shoe or the short square cushions are found to be most convenient. One of these should be placed on the middle of a low bedstead, the upper and lower ends of which should be covered by two short, loosely picked, flock mattresses. The absorbent cotton sheet should be used doubled up, as above described, to keep the patient dry; and it is well, in order to preserve the cleanliness of the water cushion, to cover it with a

waterproof sheet, since the one can be cleansed and hung in the air to sweeten much more readily than the other. It should not be forgotten, that whenever the water bed or cushion is first used, or has become cold, that warm water should be poured into it before the patient is placed in contact.

With these arrangements paralytic patients will generally descend to the last extreme of emaciation and feebleness, without the occurrence of asthenic sloughing; and if notwithstanding such an occurrence does take place, no better arrangements can in my opinion be made for its treatment.

In the prevention of this gangrene it is of the utmost importance to remove the patient from bed, and place him in a well stuffed easy chair for at least a few hours in every day, as long as it is possible to support him in a sitting posture. The removal from the bed to the fireside, as long as it can be borne, has a good effect on the temper and comfort of the patient, besides changing for a time the points of support and of pressure from the back to the thighs, and giving to the former a far better chance of escaping gangrene. On this principle Sir B. Brodie recommends that the "prone couch" should be used. I have known a patient whose death was threatened by extensive dorsal gangrene after typhus, recover by lying a whole month in the prone posture. For obvious reasons, however, such a measure could not be resorted to with general paralytics.

Another recommendation of Sir B. Brodie's should not be forgotten. It is the importance of hardening the skin. "But another plan may be adopted to prevent mortification from pressure, that is, to prevent the inflammation which precedes it. The thicker the cuticle the more it will protect the parts beneath; you may, if you attend to it in time, add to the thickness of the cuticle by stimulating the surface of the skin. Nurses know this very well, for when patients are bed ridden, they wash the parts subject to pressure with brandy. What is still better is a lotion composed of two grains of bichloride of mercury to an ounce of proof spirits. When you think a patient is likely to be confined so long in bed that sloughs may form on the *os sacrum*, begin at an early period to wash the parts two or three times a day with this lotion."–p. 312.

I have for many years been in the habit of using for this purpose a mixture of equal parts of Tincture of Kino and Goulard Extract. They form by union a semi-fluid compound composed mainly of tannate of lead. This mixture formed the basis of an old nostrum for sore nipples, and is an excellent means for hardening the skin. It also agrees well with gangrenous sores, and is a powerful antiseptic, so that it may still be used to harden the surrounding skin when the gangrene has actually taken place.

Of local applications to gangrenous parts little need be said. Chlorine washes, chloride of zinc, yeast poultices, &c. may be applied with advantage. Oxide of zinc is used by Mr. Ley, and alcohol by Dr. Kirkman. Peat charcoal has been used, but is dirty and unsatisfactory. The free application of powdered cinchona bark often assists the separation of a slough.

"The sores which remain after the separation of a slough produced by pressure, are to be treated like common sores; this being kept in view, that fresh sloughs will form if pressure be continued."—Sir B. Brodie, *Op. cit.*

The best local protection to such sores is afforded by soap plaister spread upon chamois leather. When asthenic gangrene takes place on the insteps, feet, or even, as it sometimes does, on the fingers, it is a good practise to enfold the extremities in cotton wool.

It is a happy circumstance, that this affection, so offensive and painful to observers, appears to be very little felt by the patients themselves. This, at all events, is true of general paralytics; in demented patients, however, the sensibility is to a great extent retained, and the amount of suffering undergone by them on account of such complications is often considerable.

On a Substance presenting the Chemical Reaction of Cellulose and Starch Globules in the Brain and Spinal Chord of Man.

Huxley, Schmidt, Kolliker, and others, have demonstrated that *cellulose*, which was previously known to exist only in plants, is a constituent of the animal tissue. Their observations had reference only to the lowest class of the animal kingdom. M. Virchow, however, has recently discovered the existence of a substance in the brain and spinal chord of man, which upon the application of iodine and the subsequent addition of sulphuric acid, presents the beautiful violet color belonging to cellulose, a reaction which no other substance is known to afford. He finds it in the *ependyma ventriculorum* and its prolongations, including the *substantia grisea cerebralis* of the spinal chord. The cerebral ventricles are lined with a membrane of the connective tissue class, upon which rests an epithelium. This membrane is continued in its internal aspect without any special boundary or limitation, between and among the nerve elements: in its deeper layers and where it is thickest, the cellulose corpuscules are found most abundantly, especially over the *fornix*, *septum lucidum*, and *stria cornea*. In the spinal chord this ependyma lies in the grey substance where the spinal canal exists in the fætus of which it constitutes the remains. Virchow did not find the cellulose granules in the cerebral substance or anywhere except in the connective tissue substance of which, he thinks, it may be a constituent. He sought for it in vain in the child, so that, like the "brain sand," it appears to arise in a later stage of development, and probably may have a certain pathological import. From a series of pathological observations he concludes, that a soft matrix referable mainly to connective tissue substance, everywhere pervades and connects the nervous elements in the centres, and that the *ependyma* is only a free superficial expansion of it over the nervous elements. In observations made by Mr. Busk to verify the above, he found in a patient who died of the consecutive fever of cholera, an enormous abundanceof the *corporea amylacea*, in the *septum lucidum*, the *choroid plexuses*, the *olfactory bulbs*, in the superficial parts of the brain, both cortical and medullary, and in the very middle of the *cerebellum*, but none in the corpora striata, where they seem to be

replaced by "brain sand." The cerebral substance in immediate contiguity with these starch granules appeared quite natural. The corpuscules were starch and not cellulose, and possessed all the structural chemical and optical properties of starch, as it occurs in plants: the so-called *hilus*, the black cross under polarized light, &c. In the corpora striata was found much "brain sand," each crystalline mass embedded in what appeared to be fibrinous or immature connective tissue substance, which was turned purplish pink by iodine. Mr. Busk also found the starch corpuscules, but in much smaller quantity, in the brain of an old man who died comatose of chronic dysentery.

Since the above fact has been made known in the last number of the *Microscopical Journal*, we have examined the brains of four insane persons with the view of ascertaining whether starch corpuscules existed in them or not. In three of these, we succeeded in finding them; in one, an epileptic child of thirteen, we could not detect a single corpuscule. In the brain of a patient dying from convulsions arising from the irritation of an oldish apoplectic clot, we found in the floor of the lateral ventricles and in the cerebellum, an immense quantity. It is necessary to use an aqueous Solution of Iodine and Iodide of Potassium about the color of sherry. The tincture produces a coagulum which involves and conceals the corpuscules.—Ed.

Proposed County Asylum for Northumberland and Cumberland.

Much dissatisfaction has been expressed in these counties at the conduct of the Committee for providing an asylum, both in their selection of plans, and their choice of a site.

With regard to the former, we learn from the *Carlisle Journal*, January 27th, that "the Committe offered a premium of £200 for a plan suitable to their purpose, flattering the competitors into the belief, that their productions would be impartially judged, and that they would have equal chances of success. Some thirty or forty competitors sent in their drawings. The committee, without calling on any competent person to guide them in their choice, selected three of these, not because they were better than the rest in the essentials of a good institution, but because they fell within a certain imaginary standard of price, which was fixed on as the limit; because, in fact, they were cheap." The successful competitor was Mr. Thomas Worthington. The estimate, £17,000 for two hundred patients. Dr. Oliver, of the Salop and Montgomery asylum, has addressed an excellent letter on the subject to Mr. Hasell, the chairman of quarter sessions, expostulating on the proceedings of the committee. He observes, "I wish they could look but a very short way into the dark future. If they imagine that they can have such an institution as will *properly* accommodate 200 patients built for £17,000, I can have no hesitation in predicting that they will eventually find themselves to have committed a very serious mistake. I will not presume to say how much more the estimates ought to have amounted to, upon the most economical plan, in order to afford a full assurance that every substantial and indispensable requirement would be provided for; but, if the committee could fairly estimate the supplementary expenses which must be incurred on account of inevitable short-comings in any plan which offers to provide accommodation for the insane for no higher sum than £85 per head, I have a firm belief that they will shortly be very sorry to think they should ever have had anything to do with it—more particularly when they come to find that every indispensable addition to it will be much more costly than it would have been if the subject had been considered in due time, and be by no means so satisfactory in its operation as it would be if it had formed part of the original design."

As no plans can be carried into execution without the approval of the Commissioners in Lunacy, in their hands may safely be left the rectification of any errors which the committee and its very young architect may commit.

The objections to the site are embodied in the following memorial:

"*To the Honourable the Commissioners in Lunacy.*

"The memorial of the undersigned rated inhabitants of the city of Carlisle, and county of Cumberland,

"Sheweth, that a Committee of the justices of the peace of the counties of Cumberland and Westmoreland having been appointed under the authority of the statute of the 8th and 9th Victoria, chap. 126, for the purpose of providing an asylum for lunatics within the said counties, your memorialists are now given to understand that the said committee have agreed to purchase a plot of ground, situate at a place called Lowry Hill, two miles north of Carlisle, for the site of such asylum, and have submitted the same to your honourable Board for approval.

"That your memorialists feel assured that the site so proposed is highly objectionable in a sanitary point of view, for several reasons: and amongst others—

"First, the bleak aspect and cold barren character of the soil, with an impermeable clayey subsoil, which no artificial drainage can remedy.

"Secondly, the absence of water, as proved by the committee having spent £160 unsuccessfully in boring to the depth of 237 feet to find this all essential element, and eventually being obliged to recommend that a supply should be obtained from the Water Company at Carlisle—the asylum being distant three miles from the reservoir of the Company.

"Thirdly, the close proximity of a dirty and noisome village.

"Fourthly, the existence of brick-kilns on the south and east sides, and the prospect of others being erected on the west and north, and immediately adjacent to the said proposed site.

"Fifthly, that the said committee have altogether overlooked the fact that the mines and minerals under the said proposed site belong to other parties, and have not been contracted to be purchased; and consequently the said site may be hereafter liable to the operation of those other parties.

"Your memorialists are also informed that the said committee have agreed to pay for the proposed site at the rate of £80 per acre—a price which your memo-

rialists consider greatly exorbitant for land which the most competent authorities have valued at £25 only;* in other words, at less than *one-third* of the price given by the committee; and your memorialists would remark further, that the annual outlay for water (after laying the pipes, etc.) would eventually raise the cost of the site to a much higher price.

"Your memorialists respectfully submit that the objections assigned above are valid, whether considered with respect to the future well being of the establishment, or in respect to the feelings and interests of your memorialists and the ratepayers of the county at large.

"Your memorialists are of opinion that for the comfort and well-being of the poor unfortunate persons who are to become the inmates of the asylum, it is requisite above all things to have a plentiful supply of good water, a genial atmosphere, and a salubrious locality, as very essential to physical health; and, if possible, where the landscape is varied and picturesque —the contemplation of which may be a source of daily pleasure to the unhappy lunatic, and may tend to awaken new emotions and create wider sympathies in his bosom, and thus materially conduce to his restoration; and your memorialists pledge themselves that several such sites may be obtained in convenient localities in this county.

"Your memorialists therefore humbly pray that your honourable Board will withhold your approval of the said proposed site."

A similar memorial will be forwarded to Lord Palmerston, the Home Secretary.

It is stated that this memorial has been signed by the great bulk of the tradesmen and ratepayers of the city of Carlisle, and the towns and districts of the county; and it is a significant fact, that the medical men of Carlisle to the number of fourteen have signed a similar petition. "The Boards of Guardians have also taken up the question in a most earnest and resolute spirit." Unfortunately, Mr. Grainger, who was sent by the Commissioners in Lunacy for that purpose, has examined the site, and has approved of it. The statements in the memorial appear to be more than sufficient why that approval should be reconsidered.

To the Editor of the Asylum Journal.

SIR,—During the debate in the House of Commons on the 28th of February last on a motion for a Committee of Enquiry on Nunneries, Mr. T. Chambers, the mover, referred to the insanity of Miss Knight in the nunnery at Taunton, in the following words: "The house would probably remember that considerable attention was called to a case at Taunton, in which Miss Knight, a convert, had had the misfortune to lose her senses, and notwithstanding the consent of the bishop had been obtained, Miss Jerningham, the lady superioress, would not suffer a Roman Catholic doctor to visit her, would not suffer her to go to Bristol, even to a convent there, but against the wishes and consent of her brother, determined to take her abroad to die in Belgium; and it was only by the most strenuous exertions that her brother succeeded, amid the jeers and insults of the priest, in getting her away, and she died in this country. Surely if they wanted an instance of despotic power, that was one."

As this case presents several points of interest to the mental pathologist, I beg to offer you some remarks upon it, for insertion in the *Asylum Journal.* At the same time I shall correct two important errors in Mr. Chambers's statement, and avoid as much as possible any political or religious bias.

In the first place, Mr. Chambers was wrong in stating Miss Knight to be a convert. So far was this from being the case, that her father, a Roman Catholic gentleman of Devonshire, had always educated her in his own faith. Her aunt was a sister in the Taunton nunnery, and her three sisters had been educated in the same religious house.

Secondly, Mr. Chambers was wrong in stating, that the lady superioress would not suffer a Roman Catholic doctor to visit the patient. Dr. O'Bryen, the Roman Catholic physician to St. Peter's Hospital for the Insane at Bristol, did visit Miss Knight at the convent, and pronounced it as his opinion that a cure could be effected if she was removed to Clifton and placed under his treatment.

The points of medical interest in this melancholy case are three: the duration of the insanity, the power of detaining an insane person in a nunnery without reference to the Commissioners in Lunacy, and the homœopathic treatment of insanity adopted by the lady superioress.

The relatives of the unfortunate lady and her religious superiors differ in their opinion respecting the the cause and the duration of her insanity. The confessors and the lady superioress of the convent affirm, that they had been aware of the existence of mental disease for a period of six years before an outbreak of violence had rendered it necessary to make the fact known to her relations. During this long period she had been the victim of various insane delusions; in the spring of last year the tranquillity of demeanor which she had hitherto retained, passed into a state of maniacal excitement. The children going to the convent school were obliged to be sent by an unusual way to avoid her cries; the poor patient became unmanageable, and it was necessary that the quietude of the convent should be restored by her removal. Her aged parents and her brother were now informed of the calamity, and of the intention of the lady superioress to remove her to the convent of Menin in Belgium, an establishment devoted to the reception of insane nuns. The relations felt great repugnance to concur in this act of deportation, and urged that the patient should be placed in a convent near Bristol, under the medical care of Dr. O'Bryen, a Catholic physician well skilled in the treatment of mental disorders, and a friend of the family. To this request, apparently so reasonable, the lady superioress made the most strenuous opposition, an opposition which can only be understood by remembering, that the physician and the lady holding the same faith in religion, entertained rival creeds in medicine. The lady superioress was a fanatical sectarian of the Hannehman faith, and her conduct in opposing Dr. O'Bryen

* It was purchased for £23 per acre three years ago.

must be viewed by the light of this fact. The Catholic bishop of Clifton added his entreaties to those of Miss Knight's relatives for her removal to Bristol: a circumstance leaving no doubt that Miss Jerningham's opposition was actuated not so much by religious scruples as by indignation at her "outraged homœopathy."

Miss Knight was eventually removed, but after so protracted a delay, that she subsequently lived only three weeks.

Is it not reasonable to suppose, that if this unhappy lady had met with proper treatment at the earlier stage of her disease, her mind might have been restored and her life preserved ?

Finally, let me ask, what would be the power of the Commissioners in Lunacy in a similar case? By the eighth section of the Act for the Regulation of the Care and Treatment of Lunatics, no single patient can be taken charge of in a private house without proper certificates sent to the Commissioners, and without official visitation. Would this enactment affect an insane patient in a convent, or would the character of the house interpose a bar between the Commissioners and their duties? If so, would the same occur in the instance of any other religious community, an Anglican sisterhood, for example, or an Agapemone? Should this be the case, and should any person wish to establish a perfectly close uninspected asylum for ladies, it will only be necessary to give it the character of a religious community, and to defy the law and the Commissioners.

In the present instance the patient was insane six years before her relations knew it, and was treated homœopathically; she appears in other respects to have received personal kindness and humane attention at the hands of her superior. Is it impossible that in other places both the globules and the humanity may be omitted, and the old system of treating the insane in convents and monasteries described by Esquirol should be resorted to?

I am, Sir, your obedient servant,

M. D.

London, March 3rd, 1854.

Statistics of the Insane in France.

A report on the situation of lunatics in the asylums of Paris was presented to the council general of the Seine in its last session. On the 31st December, 1852, the number of lunatics under treatment was 3182. In all France there were 16,719, which made one in every 2123 of the total population; but in Paris and the department of the Seine the proportion was one in every 474. This was owing to the fact, that at Paris idiots are readily admitted into asylums, in order to prevent them from becoming a spectacle or being ill-treated in the streets; whereas, in the country, great numbers not being dangerous are allowed to be at large, and are generally treated kindly by everybody. In 51 years the number of lunatics in Paris and the department of the Seine has increased from 946 to 3182. The number of admissions in the course of 1852 was 1509. Amongst them were 454 traders, 149 members of liberal professions, 26 agriculturists, etc.; 976 of them belonged to Paris, 182 to the department of the Seine, the rest to different parts of France, and 61 to foreign countries. Amongst the foreigners were 1 Englishman, 21 Belgians, 16 Sardinians, 6 Prussians, and 5 Germans. The number of persons discharged in the course of the year was 849; of cured, 556; and of deaths, 462. The proportion of deaths was nearly half less than in the ordinary hospitals; and the principal cause of them was paralysis, that disease having caused 194 of the total. All the lunatics of Paris and the department are not treated in the asylums of Paris; some are maintained in those of the provinces—Blois, Maréville (Muerthe), Armentières (Nord), etc.—but at the expense of Paris. The expense of each lunatic per day in Paris was 1f. 50c. for men, and 1f. 20c. for women; and in the provinces it averaged from 1f. to 1f. 25c. The total expense of the year was 1,438,432f. 78c.; of which 464,065f. were disbursed in the asylum of Bicêtre, 592,542f. in that of La Salpétrière, and the rest in the provinces. Part of the expense, however, has to be repaid by the families of the patients, the prefecture of police, and the rural communes; and another part by foreign governments —amongst which governments that of England owes 711f. 30c.; that of Belgium, 6344f. 50c.; and that of Piedmont, 2867f. 80c. By a law of 1838, two sorts of admissions into lunatic asylums are allowed: one, called "voluntary," is that of non-dangerous lunatics on the demand of their families; the second, called "official," is ordered by the prefecture of police, with respect to persons whose maladies are dangerous to themselves or others. Before 1838 the number of official admissions was less than that of voluntary admissions; from 1833 to 1838, for example, the former was 2821, and the latter 4242. But from 1838 to 1851, out of 16,716 admissions, 4163 were voluntary and 12,553 official. Of the 1509 admissions of 1852, 398 were voluntary and 1111 official. Up to the commencement of the nineteenth century, the laws did not occupy themselves with the condition of lunatics. Confounded with thieves and vagabonds, lunatics were confined in the prisons and hospitals. From a report presented in 1791 to the National Assembly by M. de La Rochefoucald-Liancourt, it appears that at that time the number of lunatics was 1331. At that period two wards of the Hôtel-Dieu were reserved to the curable; but they were often placed three or four together, men and women in the same bed; the more violent were even bound with chains, and the other patients heard all day long their cries, or witnessed painful scenes. The incurables were placed at Bicêtre, La Salpétrière, and the Petites-Maisons (at present Hospice des Ménages). The cells in which they were confined were only six feet square; light and air were admitted by the door; truckle beds, covered with straw and fastened to the walls, were all they had to sleep on; and water fell from the walls. In 1792, Dr. Pinel, physician of Bicêtre, and afterwards of La Salpétrière, put an end to this frightful state of things. The creation of the Conseil General des Hospices in 1800 completed his undertaking. Since that time vast improvements have been introduced into the treatment of the insane. Spacious and healthy lodgings with boarded floors have been substituted for

the old cells; an iron bedstead with excellent bedding, a chair, and a table, form the furniture of each room; the number of physicians has been increased, and that of the *employés* charged to watch over and attend the patients has almost been doubled. The patients take their meals in common in vast refectories, comfortably furnished. They are served in earthenware vessels; each has an iron spoon and fork, a knife, and a cup. The meals are preceded and followed by a prayer. At Bicêtre the prayers are chanted in common by the patients. Formerly, the clothing allowed was made to last three years. The state in which the clothes were after such long service, especially those worn by the infirm or the aged, who are generally not remarkable for cleanliness, may be imagined. In 1841 only 13f. a year were allowed at La Salpétrière, and 11f. at Bicêtre, for the clothing of each patient; but at present nearly double the sum is granted, and the clothes are replaced when unfit for use, without regard to the length of time they have been worn. In the two asylums at Bicêtre and La Salpétrière, 1343 patients work with acuteness which astonishes all visitors. Moreover, work is for these unfortunates a source of profit, and thereby they are able to procure some little comforts not included in the ordinary *regime* of the establishments. Finally, to amuse the patients and break the monotony of their stay at the hospital, games, singing, gymnastics, drives in the country, etc., are allowed. These experiments have produced the best results.

Detention of a Lunatic in a Union House.—At the court of the West Riding Justices, at Wakefield, on Monday, February 20th, the magistrates were asked by the union officers to sign an order for the commitment of a man, named Henry Hargreaves, to an asylum, as a lunatic. The Rev. Hugh B. Smyth stated that, in consequence of representations made to him on the preceding day, he went to the workhouse in the afternoon, and there found Hargreaves, in a refractory cell, alone. The cell he described as flagged, eight feet square, having no fire-place nor window, and being ventilated by means of a small piece of perforated zinc let into one of the walls. The man had no article of furniture, nor any bedding, except two old ragged rugs; and in this place he had been confined, without fire, without any means of washing himself, and without changing his clothes, from ten o'clock on Tuesday morning to Sunday afternoon (five days and a half), with the exception of the few minutes that he was before the guardians on the Wednesday. It was stated that the man was twenty-nine years of age, and that he had been in an asylum before; also that there were nine applications before that of the relieving officers for his admission into the West Riding Pauper Lunatic Asylum. Mr. Tew said he would not sign an order for the man's commitment on the certificate of the union surgeon alone. Another surgeon was obtained, and the order signed.

Vacancy. The appointment of Clinical Assistant at the Oxfordshire and Berks County Asylum is vacant. The salary is £70 per annum, with board. Information respecting the duties may be obtained of W. Ley, Esq., Superintendent of the asylum.

To Correspondents. A Visiting Physician.-Our Correspondent's letter savors more of the fish-market than of the forum. If he will have the kindness to correct this defect, and authenticate his statements with his name, we shall be happy to enter into any enquiry respecting the peculiar government of the institution to which he is attached, and its results upon the welfare of the patients.

W. Ley, Esq. The preparation used is the Tincture of the Pernitrate of Iron: dose, from ten to twenty minims in peppermint water. An excellent remedy in the diarrhœa of general paralytics and other patients of feeble powers, when inflammation does not exist, and opium is contraindicated.

All communications for the forthcoming Number should be addressed to the Editor, Dr. Bucknill, *Devon County Lunatic Asylum, near Exeter, before the 26th day of April next.*

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" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

Medical Certificates under the New Asylums Act.

The alterations of the law on the subject of medical certificates are numerous, important, and highly creditable to the framers of the new statute. We subjoin an enumeration of them, with a few remarks on each.

1. In the old act the medical officers of Unions were placed, from what motive it is hard to conceive, under disability to sign these documents. In many thinly peopled districts, all the medical practitioners are union officers, and it consequently became, under the old law, no easy matter to obtain the examination and certification of a lunatic pauper. Considerable expense, and time often more precious than money, was lost either in procuring the attendance of a medical man from a distance, or in sending the patient to some town for the purpose of being examined. In parts of the country where these inconveniences were not felt, the pauper patient had still to be examined by a stranger to his person, his peculiarities, and his case, while the attendant likely to be acquainted with all these, to have known the man in health, and to have observed the accession and progress of disease, was thrust on one side as untrustworthy. This absurd anomaly is now rectified.

2. The medical man is no longer required to sign the certificate on the same day the examination has been made, but may sign it three days afterwards. This is a reasonable and expedient change, justified by the fact, that insanity is rarely of so transitory a nature that a patient, insane when examined, may have become well before certification and removal. Such cases, however, do occasionally happen, and indeed we have seen several such cases under the old law, recovery having undoubtedly taken place between certification and admission.

This alteration will enable the examining medical man to deliberate well before he certifies. It will also enable the union medical officer, who becomes aware, by observation not pre-arranged, of the insanity of a chargeable person, to communicate the same to the proper authorities, and to certify without further examination. Circumstances will not unfrequently arise, wherein much valuable time may be saved by the facilities thus offered.

3. The certificate must be signed by a physician, surgeon, or apothecary, who must be duly authorised to practise as such by some institution legally qualified to grant such authority in some part of the United Kingdom, and who must be in actual practice.

The old statute did not indicate who should be considered physicians, surgeons, or apothecaries; and therefore left it possible for the liberty of British subjects to be abrogated on the certificate of any one who had purchased a foreign degree, or assumed a fictitious one. It is also a reasonable proviso that the certifying physician, surgeon, or apothecary must be in actual practice. This will prevent any future abuses similar to one with which we were acquainted, whereby a retired physician, whose diploma dates in the last

century, was under contract with the guardians of a union to certify to their insane poor, at the rate of five shillings each case. The excuse for such an arrangement being the difficulty of obtaining the services of any other medical man, as all others in the neighbourhood were union officers.

4. The new statute requires the certifying medical man, not only to state his professional qualification, but the profession or calling and the residence of the patient, and the date and place of the examination. These alterations were needful to render the certificate a precise and valid document. The old form was, in fact, without an address, and in the event of a dispute and the death or absence of the certifier, it might, in consequence of this defect, be impossible to ascertain under what circumstances the examination took place. The insertion of the residence and calling of the patient was also necessary for legal precision. The old form, which attested that some 'John Smith' had been examined and found insane, is now replaced by a form which attests that a certain particular 'John Smith, tailor, of Noman street, Weissnichtwo,' for instance, had been so examined and ascertained to be of unsound mind.

5. The additional stringency of the clause enacting that when any patient, not a pauper, is sent to an asylum on one medical certificate only, two other certificates from other medical men shall be obtained within three days of admission, is just and reasonable. It will probably be effective in rendering such admissions of rare occurrence. Circumstances necessarily and imperatively preventing the examination of a patient by two medical men before admission cannot, indeed, take place very frequently, if due pains are taken to obviate them; and it is certainly undesirable that the liberty even of a suspected lunatic should be left to the decision of a possibly interested relative, and a single medical man.

6. The most important change of all consists in the certifying medical man being required to state the *facts* upon which he founds his opinion of insanity; distinguishing those observed by himself from those communicated to him by others; the former alone being admitted as a valid ground of opinion, the latter being held as merely corroborative. It is probable that under the repealed statute the above order was not unfrequently reversed, the opinion of the medical man being formed upon the testimony of others with very slight corroborative observation of his own. There can however be no doubt that the course at present prescribed is the only right one. It is the duty of another profession to estimate and balance testimony, and if the labour of doing so is ever incurred by the medical man, the information so derived must be held by him in a place strictly subordinate to that obtained from his own observation. The medical man is employed to examine as an acute and practised observer; and were the testimony of others sufficient, it does not appear certain that he would be required at all. Besides he certifies that the patient *is* insane at the time of the examination, not that he *has* been insane at some prior period indicated by the testimony of others, and such opinion must of course be founded upon facts discerned by himself.

It has been objected by an asylum proprietor writing on this subject to the *Provincial Association Journal*, that in certain cases of emotional insanity the medical man would experience the greatest difficulty in certifying from facts observed by himself; that in such cases no intellectual aberration exists, and none therefore can be observed; and that the emotional perversion is frequently to so great an extent under the control of the patient, that it may be impossible to elicit a display of it in the presence of the medical examiner. Such difficulties will no doubt arise, although we apprehend not very often. When they do occur they must be met by increased diligence on the part of the examiner to arrive at a personal knowledge of the facts. In ordinary cases these may be obtained to a sufficient extent at very little expense of time or trouble; but in such extraordinary cases the examiner will be unable to draw just inferences and to discharge his duty without repeated interviews; it may even become necessary that he should avail himself of opportunities for observing the conduct of the suspected lunatic in his work or his amusements, or his behaviour towards his relatives. By the exercise of such diligence, where insanity does exist it cannot in the end fail to be observed either displaying itself in abnormal states of mind, intellectual or emotional, or in conduct not otherwise explicable. We are surprised that any medical man could think it justifiable to certify to the insanity of a patient, on facts alone communicated by others. Such a proceeding would indeed be tantamount to an assumption of judicial functions and a renunciation of the duties and peculiar responsibilities of the physician.

7. The new statute agrees with the old one in making it a misdemeanour to receive a patient into an asylum without the order and medical certificate: but differs from it in making the statement of particulars equally essential. It however, by sec. 87, permits incorrect or defective orders or certificates to be amended by the persons signing the same within fourteen days of the admission of the patient.

We cannot think this section either a wise provision in itself, or consistent with the other parts of the statute. It has already been a fruitful source of irregularities. The act in fact contemplates the continual commission of misdemeanours by officers of asylums, and the 87 sec. is made to stultify the 73.

Under the old act the admission of patients brought with irregular and defective certificates was simply refused, unless the superintendent or relieving officer was willing to incur the risks of a misdemeanour imposed on him by the ignorance, stupidity, or wilfulness of some relieving officer or justice's clerk. Under the new act it appears that he is expected to admit the patient, notwithstanding the misdemeanour; and as to the irregular and defective orders and certificates, he is "to procure the same to be forthwith amended." (*Circular of Commissioners*, Dec. 31, 1853.) And when one of the Commissioners in Lunacy have approved the amendment, "such formal sanction" will serve "for the protection of superintendents and proprietors against vexatious legal proceedings." (*Circular of Commissioners*, Dec. 12, 1853.)

One would suppose it a more simple and satisfactory

plan to insist upon the papers being right at first, than to provide such a complicated system of checks and counterchecks. Besides the act provides no means whereby the officers of asylums may procure amended forms *forthwith*, or *immediately*, or indeed at all.

The patient once admitted and safe in the asylum, the persons who sent or brought him may or may not, as they think fit, take the trouble to obtain amended forms. The act makes no one responsible for this duty, which is clearly beyond the province or the power of any officer of the asylum to fulfil.

It is moreover not always possible to distinguish those imperfect forms which are capable of amendment from those which are not so. A vast number of certificates have been defective because they did not state the professional qualification of the certifier. This omission was in most instances found to arise from negligence only, and could therefore be remedied; but in others the certifier was found to possess no qualification enabling him legally to certify, such consequently could not be amended "by the persons signing the same," and the asylum officer who had admitted a patient under the belief that the defective papers could be readily amended, found that the certificate and the order were from this cause illegal and worthless.

One other consideration, having no reference to the statute, but some at least to common sense, is that if the papers are sufficiently complete to justify the admission of a patient into an asylum, they would seem to be more than sufficient to justify his retention there, so long as the medical officers of the asylum think it necessary to detain him. When a patient is brought for admission, the superintendent seldom knows anything of him, except through the legal documents. If these are sufficiently complete to justify the patient's admission, it would seem that their mission has ended, and the responsibilies of the medical officers of the asylum have begun.

Legal provisions to amend and correct admission papers after the admission has taken place, although just the reverse of locking the stable door after the horse is stolen, appear to be not less unnecessary. When once in an asylum, the patient must be detained or discharged on the judgment and responsibility of the medical officers of the asylum; and the public have no need to fear that any person not insane will be detained longer than is necessary to ascertain the fact, and to observe the proper formalities of discharge.

The statute states that "no such amendment shall have any force or effect, unless the same shall receive the sanction of one or more of the Commissioners in Lunacy." But the circular of the Commissioners directs the officers of asylums to procure irregular or defective papers to be amended forthwith. It is not easy to obey both the statute and the circular, and in this point, we apprehend, that the statute is generally neglected. When a patient is brought to us for admission, with irregular or defective papers, we only admit him after the relieving officer or overseer who has brought him has signed an undertaking to procure amended forms within a certain date; or, in default thereof, to reimburse to the asylum the expenses incurred in procuring such forms. The copies of the amended forms are sent to the Commissioners in Lunacy, who are therefore not called upon to give their sanction to the amendment. We cannot vouch for the legality of this proceeding, but it seems to work well.

The recent appointment of Superintendent to the Lunatic Asylum in Canada.

Our readers must remember that a few months since daily advertisements appeared in the *Times*, and frequent ones in the medical papers, inviting medical men experienced in the treatment of the insane, to apply for the vacant appointment of superintendent to the Government Asylum, Toronto. Salary, £500 per annum, with the best of good living, &c. The asylum men in this country thought the invitation to be a *bonâ fide* one (perhaps on account of the pertinacious advertising), and several most eligible and experienced men applied for the appointment; collected, printed, and forwarded testimonials, sufficient to persuade Minos, incurred considerable expense, and an enormous amount of anxiety. We fear that an old and esteemed friend, who justly reposes much confidence in his personal powers of persuasion, has even gone to the length of crossing the Atlantic, and facing the rigours of a Canadian winter, in order to canvass the committee of visitors. We have not heard of him since the advertisement. And now all this energy of search, this strenuous attempt to discover the best man for an important office, turns out to have been a mere feint; the gentleman predestined to superintend the lunatics of Canada was all the time occupying the place as *locum tenens; locum tenax*, would perhaps be nearer the mark. They do these things in Canada as well as if they had taken a lesson in the city of London itself.

The disappointed candidates, feeling themselves to have been cheated of labor and money and anxiety, and to have been wheedled into troubling their committees and their friends on a fool's errand, are justified in not feeling quite amiable on the subject. But is there no balm in Gilead, no balsam in the pharmacopœa of philosophy, capable of healing the wounded scarf skin of their sensibilities? Let them remember that when a body of gentlemen are determined upon perpetrating what is vulgarly called a job, it is far better that they should outwardly observe the decencies of justice and fair dealing, since by so doing they acknowledge in the eyes of the world that justice and fair dealing are the principles upon which they ought to act. In private life we might say, "Hypocrisy is the homage which vice pays to virtue." But in the conduct of public affairs we are far from saying that this severe maxim is applicable. It was observed by a great man that, "Corporate bodies have no conscience," but this is evidently a mistake. When a gentleman as a member of a board or a body of governors participates in conduct for which he would abhor himself as a private individual, he affords no proof that in his corporate capacity he has acted without conscience, but only that the rules of right and wrong in public and in private conduct are capable of transposition. He exemplifies, in fact, the force of

Mandeville's maxim, that "Private vices are public virtues."

These reflections may have been suggested by a notorious appointment in the metropolis of our own country, rather than by the more recent subject of annoyance to our correspondents. We present them, however, as consolatory and tending to resignation even in the present instance. Again, let the disappointed candidates consider the enormous loss which would be sustained by the press if no appointments were advertised except those which were to be filled up by an honest election. What would the *Lancet*, what would even the mighty *Times* say, if it were possible to render it imperative, that all such advertisements should be issued in a spirit of perfect truth and honesty? Alas, what should we ourselves say if advertisements were as numerous in our columns as we could wish them to be? The vexations of a few disappointed candidates cannot for a moment be weighed against the benefits to be derived from the ostentatious display of fair intentions on the part of governors, and the encouragement of that most meritorious class of men—the editorial and journalistic.

But is no middle path possible, no happy mean available? Could not, for instance, some secret symbol, some masonic sign be introduced into these advertisements which should be hidden from the multitude, but which should enable the initiated to distinguish those elections which were open from those which were not? Or could not some confidential person be empowered to communicate the secret by letter? Some such arrangement would save both governors and candidates from a world of trouble.

We trust that our correspondents on the subject of the Canada election will not think that we are trifling with their feelings. It is natural that we should endure their disappointment with much greater composure than they themselves are able to command. We sincerely hope that on a future occasion they may meet with fair play and no favor, which will ensure their great merits meeting with the success they deserve.

ON THE CHARACTERS OF INSANITY; *a Lecture delivered at the* ROYAL INSTITUTION OF GREAT BRITAIN, *February 17th, (The Right Hon. Baron Parke, Vice-President, in the Chair,) by* JOHN CONOLLY, M.D., D.C.L.

However various the forms of insanity appear to the inexperienced visitor of an asylum, it is found that in every case there is either mania or melancholia, only varying in degree and manifestation. There is either excitement or depression, more or less continued, and more or less influencing the mental faculties. It may perhaps be strictly said, that all the forms of mental disorder are dependent on one of three states of the nervous system,—a state of increased, or a state of diminished, or a state of unequal excitement of that system. There is almost always accompanying disorder of some of the bodily functions; of the circulation, which is so implicated with the nervous system; and of digestion and assimilation; and of the function by which animal heat is preserved and regulated. Sleep is always imperfect. The improvement of the bodily health usually precedes mental recovery. Recent or chronic mania, or recent or chronic melancholia, may appear in paroxysms, or may persist without intervals of mitigation. They may appear alternately. The delusions usually accompanying the malady may appear in the paroxysms only, or remain permanently even in the intervals. All other forms of insanity appear to be mere varieties, or complications, or results.

Mania is usually ushered in by a change in the ordinary habits of life. Impatience in business, irritability, fits of silent thought, inattention to appearances, disregard of hours, characterize incipient disorder. Irregularity as to diet, and restless nights, and a general alteration of countenance and manner are observed. The face and figure undergo unfavourable change; the manners become morose; innumerable letters are written, chiefly on public affairs. The patient thinks he is accused of crimes, and prepares to resist going to prison; or he escapes, and wanders over the country; or rushes into the streets and declaims loudly, or commits actions of violence. In melancholia the patient often thinks himself reduced to poverty, and without hope in this world or the next; and expresses an intention to destroy himself, and attempts to do so. Women are among the most frequent subjects of melancholia; they become indolent, apathetic, silent, indifferent to all around them; they accuse themselves of unpardonable sins, and refuse all religious consolation. This state often arises from disappointment of the affections, sometimes from some sudden mental shock, and not unfrequently from mere debility. The disposition to suicide is manifested with an ingenuity and perseverance which demand incessant watching. But all these miserable symptoms of malady are often recovered from.

In the above forms of mental disorder it is found, in a large proportion of instances, that there is a constitutional disposition in the patient disposing him to such attacks. Another, and a very peculiar and serious form often arises without any known predisposition; and this form of malady seems to be becoming more common than formerly. Forty years ago, it was not known, or not described; and except among physicians familiar with the insane, its characters are scarcely yet distinctly recognized. It appears in men of all classes of life, but seldom in women. Its causes are most commonly to be found in anxieties, over exertion in depressing circumstances, reverses, and shocks. In some instances intemperance, and in others violent injuries of the head, seem to induce it. Its commencement is marked by a more singular disregard of ordinary circumstances and of prudential habits than any other form of insanity. Business is neglected, new pursuits are adopted, expense is needlessly incurred in the gratification of extravagant fancies. The patient considers himself on the eve of possessing great wealth and high rank. He boasts of his accomplishments, and speaks of vast designs which he is to accomplish. His temper becomes capricious; contradiction or doubt exasperate him; and his occasional violence alarms his family. The physician finds these mental peculiarities asso-

ciated with a peculiar lingering in the speech, and a very slight alteration in the mode of walking : but his patient is in the highest spirits, and acknowledges no consciousness of illness : he is pleased, however, to see his physician; pleased to go from home; pleased with an asylum if placed in one ; and satisfied for a time with every thing. Now and then paroxysms of irritability disturb him ; and his malady makes rapid advances ; sometimes, however, seeming to recede, but always, in reality, making progress to more and more indistinct speech, greater loss of general muscular power, and increased feebleness of mind. Nutrition goes on well, and the exhiliration of the spirits often remains when the patient can no longer walk, or speak so as to be understood. Although, by care, the patient's life may be prolonged for some years, I believe this form of malady to be incurable. Its usual denomination is general paralysis. It might, I think, be more correctly called the paralysis of the insane. I have never known it exist without mental disorder.

The insanity of old age is another form of disease incidental to persons of very various intellectual power ; coming on in some instances even before the age of sixty, but more usually in much more advanced periods of life. It is often characterized by melancholy, a fear of poverty, and paroxysms of maniacal excitement associated with the memory of past years ; followed by a tranquil state of imbecility, in which the most familiar faces are feebly recognized, or not at all.

Divisions of insanity have sometimes been based on mere varieties of its mode of manifestation; as pyromania, characterised by a propensity to set fire to buildings, &c.; kleptomania, with a propensity to theft. But in these cases, as in others where the tendency is to homicide, &c., a full investigation generally reveals wider impairment of the mind. Even monomania, or madness on one subject only, and moral insanity, or exclusive disorder of the moral feelings, have been far too extensively applied, and with some inconvenience; although their precise distinction is important in relation to crime. The occupations and amusements of the insane are often as fixed and determined as their more serious propensities. One man is always writing letters; another engaged in calculations; music alone delights others; and gardening and various work form to most of them the chief solace of their lives. Some are only active in devising mischief, and others, more disordered in intellect, talk and write with curious incoherence.

The state of delusion, although common to so many cases, seems at first sight the most unaccountable of all the phenomena of madness: but its nature affords perhaps the clearest illustration of what unsound mind really is. A mere definition of insanity seems impossible. Unsound mind, being the converse of sound mind, is a complicated state: for soundness of mind depends on the integrity and due relation to each other of many faculties; and it is the impairment of this integrity and the interruption of this due relation which constitutes unsoundness of mind. Such impairment may primarily exist in the sensations, or in the attention, or in the imagination, or in the memory, or in the affections and propensities; but it is the degree of the impairment, and the obstruction it creates to comparing and judging, which make the mind unsound, and lead to irrational conclusions and conduct. The various shades of insanity depend upon the extent and nature of the impairment of any of the faculties, and the degree in which it interrupts their due and co-ordinate exercise, and impedes due comparison, and consequently perverts the judgment.

Several instances are recorded of persons being subjected to ocular or aural hallucinations, or to both together and for a length of time; but yet continuing sensible that they were only hallucinations. If the figures and voices are judged to be real in any case, the mind is on that subject unsound; and the consequences of this unsoundness are often dangerous. When the hallucinations are recognised to be hallucinations, the person can compare them with realities, and his judgment concerning them is correct. When they are believed to be real, this power of comparing them is lost, and the judgment is incorrect, and the resulting conduct is that of an insane person. The soliloquy of Macbeth, when, in the agitation of his mind before the murder of the king, he imagines that a dagger appears before him, furnishes a remarkable illustration of the struggle between delusion and reality, and the final triumph of the exercise of the comparing faculty. After the murder, he is less successful; and he believes that the ghost of Banquo fills a chair at the supper-table, although none of his guests are discomposed. For the time, and to that extent, he is then of unsound mind.

This kind of illustration may be extended to cases in which not the senses, but the memory, or even the affections or propensities, are primarily affected: but it is always to be remembered, that it is the degree in which any faculty is impaired, and the extent of its influence over the judgment, and the form and tendency of the resulting actions, which justify interference. A man may think his figure changed, or his rank; or he may believe in monitory voices addressed to him alone; and yet his conduct may be harmless, and he may possess, as regards his property, a sound disposing mind.

We endeavour, but without success, to find any intelligible explanation of the mental functions in health or their disturbance in disease, in what anatomy or physiology have taught us respecting the arrangement and functions of nerves, or ganglia, or the brain. The distinct character and office of the vesicular or grey matter of the nervous substance, and the fibrous or white matter, have been clearly established: the recipient and governing character of the vesicular portion; and the messenger-office of the nerve fibres, with its impassible limits as regards the offices of different fibres and different nerves. The functions of the spinal chords and the nerves proceeding from it; the reflex actions apparently originating in it, independently in ordinary cases, of the brain, and yet not dissociated from it; the offices of the complicated system called ganglionic or sympathetic, extending over important functions distinct from those of the spinal chord, and yet implicated with them, and not depending on the brain or will, and yet, in various exigencies, influenced by them ; the various arrangement of the

vesicular matter in the ganglia, and in the spinal column, and in the separate masses at the base of the brain, and in the larger mass of the brain itself; have all been investigated with the utmost patience and skill. Many general conclusions, and some more minute and precise, have been arrived at. Nerves of motion have been distinguished from nerves of sensation, and traced to distinct portions of the spine; the function of respiration, indispensable to life, has been found to depend on the integrity of a point of grey or vesicular matter in the medulla oblongata; the co-ordinate motion of the muscles has been assigned as one of the uses of the cerebellum; the sense of sight has been proved to be lodged in the smaller masses called the corpora quadrigemina; and, in the higher animals, all these functions are known to be subservient to and dependent on the integrity of the brain for their continuance; whilst to this superadded and large portion of the nervous system we assign the manifestation of the propensities, of the affections, and of the mental faculties of man; as, without a brain, there is no intellectual life. An influence extends from or to the vesicular portions of nervous matter, transmitted along the nervous fibres. If a nerve of sensation or of motion is divided, sensation and motion no longer exist below the divided part; if the spinal column is injured, the parts supplied with nerves from portions of it below the injured portion are deprived of motion and of sensation. If the medulla oblongata is severely injured, respiration ceases. If the brain itself is variously injured or diseased, the sensations become untrue, the movements irregular, all the bodily functions suffer more or less disorder, and the mental faculties are variously impaired. But as nothing that we know of the optic nerve and its association with the corpora quadrigemina explains the wonders of sight or the sense of the beautiful; and, as the auditory nerve and its origins have no intelligible relation to the sense of melody: so, in equal ignorance, we curiously examine the convolutions of the brain, and fail to discover the repositories of memory, or any clue to its capricious failures or revelations. We are incapable of conceiving the connection between these arrangements of matter and the tender affections and divine fancies which are among the privileges of man. The inspiration of the painter or sculptor, the reasonings of the philosopher, the calculations of the astronomer, are, we know, dependent on certain states or actions in these elementary nervous tissues, but we feel that we have not advanced one step to knowing how. Here, as in all branches of enquiry fully pursued, we seem to arrive at the confines of material existence, and can but conjecture a finer agency, of which we only see the effects.

We therefore return and rest upon the idea that the various forms of insanity may depend upon the excess, or deficiency, or inequality, of this nervous agency. whatever it is, in different portions of the nervous system. We find that thinking and muscular exertion equally produce fatigue and exhaustion; and that sleep is the general restorer of power in both cases. Various states of bodily disease declare its partial or imperfect distribution, temporarily or permanently; the consequences being, increased, or deficient, or irregular action. The maniac seems often to require no sleep; the hysteric and the epileptic drop asleep after strong nervous excitement; and in patients affected with delusions, it is impossible not to recognise analogies which make their condition appear to be a state in which some of the faculties are not awake like the rest. The effects of stimulants and narcotics support the same view; and if we could comprehend the manner in which, by the inhalation of certain vapours and gases, all the relations between the external world and the brain are modified, we might arrive at some less vague notion than we possess of the actual condition of the nervous system both in health and disease. Disordered secretions, and a diseased state of the blood, may readily be supposed to act on the nervous system in such a manner as to disturb its functions; and the intimate and universal association of blood-vessels with nerves is additionally illustrated by the almost invariable combination of nervous disorder with imperfection or excess in the circulating system.

Although the doctrines of the phrenologists have met with little favour, and the pretensions of recent professors of occult methods of acting upon the nervous system have thrown an air of absurdity even over the truths of what is called phrenology, no person not altogether devoid of the power of observation can affect to overlook the general importance of the shape and even of the size of the brain in relation to the development of the mental faculties. The head of an idiot always manifests defects in one of these particulars, if not in both. The head of a lunatic is irregularly developed in a very large majority of instances; and in the worst cases of insanity, where the tendency of the disorder is to pass into dementia, the anterior lobes of the brain are very defective. If we refuse to admit that the constitution, size, and shape of the brain have any relation to or connection with the extraordinary manifestation of particular faculties, in various instances, independently of all education, we must deny that the large lobes of the brain in man are of any use at all in relation to faculties which are certainly not seated in other portions of the nervous system. It is more reasonable to consider each of the large and marked divisions of the brain, and each of the convolutions, with their copious supply of grey or vesicular nerve-substance, as possessing distinct offices; and the more or less perfect development of these several masses, and the greater or less nervous energy they possess, as circumstances connected with the varieties of mental character, and with the disordered manifestations of the mind. Each mass, or each subdivision of such masses, may, like each nerve, have a distinct office. Each, however excited, may only be capable of one kind of manifestation of the excitement. Each, when in a healthy state, may be excited simultaneously throughout; and each in disease may be excited irregularly, or too long, or lose the power of being excited altogether.

But, leaving these speculations and analogies, where so much is obscure, experience has taught us that the violent emotions and passions of the mind, and propensities rendered masterly by indulgence, and the undue and exclusive employment of certain intellectual faculties, tend to produce disturbances in the

functions of the brain,—to confuse the reason, to disorder the affections, and to degrade man to the dust. The reason and sense which we boast of should be employed therefore to secure *itself* amidst the shocks and blows incidental to the battle of life, and to guide the whole mind temperately through the sunshine and the storm. Well ordered affections, well directed aspirations, worthy and practicable objects, the pursuit of truth, and the desire to do good,—these things exercise, but do not discompose the understanding. Patience under trials which must come to all, and a trustful hope of a higher life after this life,—these things do not lead to mental derangement. But all vehement passions, and mere worldly ambition, and frettings and envyings, and jealousies and care, and fits of wild impulsive enthusiasm, however directed,—these things carry tumult into the brain, and lead to madness. However ignorant we may be of the primary changes in the brain induced by such injudicious exertion of its functions, we may at least gather wisdom from a consideration of their undoubted results.

On the Examination of the Brain after Death, by J. T. Arlidge, a.b. & m.b. Lond., *late Resident Medical Officer of St. Luke's Hospital.*

(Continued from page 30.)

I will now endeavour to fulfil the intimation made in my previous paper, *viz.* "to set forth some of the circumstances affecting the appearance of the brain after death, which, though not new, are of importance in forming an estimate of the existence, or of the degree of lesion, and which I fear are frequently not sufficiently taken into account in necroscopical researches." Indeed we cannot hope even for an approximation to a pathology of insanity until these accidental circumstances are recognised, their influence measured, and their known effects subtracted from the general sum of post mortem conditions presented to us in every given case.

Every one will admit how little certain knowledge is conveyed in the terms, softening, induration, conjestion, effusion, redness, paleness, opacity, and thickening, as employed to designate after-death appearances of the nervous centres. They are at best terms of comparison without a standard to refer to. What is hard, or soft, or pale, or red to the apprehension of one observer, may be normal to that of another. But setting aside this imperfection, they give little valuable information unless the several circumstances, antecedent and subsequent to death, are also set forth in connection with them. It is these circumstances, as productive of various alterations in the encephalon and its covering, that I shall concern myself with at present: others, implied in the preceding remarks, would belong to a disquisition on the mode of examining the brain.

In estimating the value of necroscopical appearances, we therefore should consider the effects, 1, of position immediately prior to, and more particularly after death; 2, of disease preceding death; 3, of the mode of death and its rapidity; 4, of atmospheric conditions; 5, of the lapse of time since death; 6, of age.

1. The effects of position immediately prior to, and more particularly after death, have been generally recognised, and have been designated hypostatic. They are especially exhibited in the vascular, spongy lungs, where, until a comparatively recent time, they were attributed oftentimes to diseased action. That an unusual vascular fulness and positive congestion does happen in the brain, when the head is dependent, is well shown by Dr. Burrows' experiments. Now it is common after death to leave the body in the horizontal position, and sometimes to permit the head to sink lower than the trunk, when, gravitation operating unopposed by any vital power, the blood will necessarily accumulate in the cranial cavity, and cause an apparent congestion. So in any posture, save the erect or nearly so, the back part of the head, and especially the cerebellum, which, with reference only to the cranial contents, is on a lower plane, will contain more blood. This experience proves, for the cerebellum is found to contain relatively more blood, to be moister, and hence to be softer and more colored than the cerebrum. It would be desirable to secure the same position of the body in all autopsies, and particularly of the head, by elevating it on a block of a certain height as soon after death as possible.

The position at the time of death, and immediately prior to it, has probably been less thought of than that of the body after death; yet it must have its effects on the subsequent appearance of the brain. We must remember that the heart forces the blood into the head at a disadvantage, having to overcome the counteracting force of gravity operating through long tubes rising to a considerable height above it; hence the benefit of the horizontal posture in threatening syncope —a result of heart debility; for this posture favors the flow of blood into the cranium, and demands but little assistance from the heart in overcoming the resistance of the walls of the vessels, to send it there. Therefore, *cæteris paribus*, less blood may be expected to be found in the brain when a patient dies in a sitting than in the horizontal posture. Many an enfeebled invalid has died from having his head raised from his pillow, —from the cutting off the supply of blood to the brain.

However produced, whether by position or otherwise, vascular fulness of the brain is in direct ratio with the rapidity of structural changes after death. A cerebrum holding much blood is found to rapidly soften; but the brain of a patient dead from exhaustion will, *cæteris paribus*, be firm. The cerebral matter absorbs fluid rapidly, and in so doing softens, hence an ædematous state involves speedy softening; and as such a state at times concurs with exhaustion and anœmia, the usual firm consistence of the brain in the latter gives place to softening.

2. The effects of disease preceding death are not, I believe, sufficiently appreciated. I here allude to concomitant disease in some other organ than the brain, or to an abnormal state of blood. Head symptoms are frequent concomitants of various diseases, and mostly indicate derangement in the quantity or quality of the blood: an indication confirmed by post mortem observations. On the other hand, deranged vascular conditions are not uncommon in diseases of many kinds, where cerebral symptoms are absent.

Injection or congestion of the cerebral vessels is a consequence of diseased heart, and of diseased lungs where the transmission of blood from the right to the left side of the heart is interfered with, or the quantity of lung is too small for the duty imposed on it. Numerous bleeding points from cut veins, and even venous congestion and serous effusion are of common occurrence after death by exhaustion. This is due to the heart's want of force in impelling onward the blood, to the *vis a tergo* being deficient, to the stimulating influence of arterial blood being wanting to the nutrition of the brain, and further, to the inability of the right side of the heart to drive its blood through the lungs. Fever is well known to cause changes in the cerebral circulation and substance; congestion, effusion of serum, ædema of membranes, and more or less softening, occasionally induration, of the brain matter are its pretty uniform results. So again the texture of the nervous centres suffers when the blood is poisoned or diseased by lesions of the liver or kidney, by the existence of gangrene in any part, or by the poison of lead or alcohol, or of other noxious agents, such as sulphuretted hydrogen. Where marasmus has proceeded, there will be shrinking of the brain with effusion of serum as its consequence.

These examples and remarks are sufficient to show how necessary it is to bear in mind the effects of concomitant diseases in originating abnormal changes of brain matter quite independently of the consequences of insanity.

3. The mode of death, and its rapidity, exert much influence on the condition of the brain at and after death. Of the several forms of death, that 'beginning at the head' is uncommon, while apnæa (asphyxia) and syncope are usual. Syncope implies a deprivation of blood from the brain, or a degree of bloodlessness; but, as above intimated, this applies rather to an absence of arterial blood, for venous fulness and serous exudation are frequent phenomena after death by exhaustion and syncope. But general congestion of membranes and brain matter is a leading feature of death by apnæa, which may happen from arrested action of the respiratory muscles, or of the lungs themselves, or from the exclusion of air from the lungs. Now general paralysis occasionally so involves the respiratory muscles, that death ensues; disease of the heart and of the pulmonary tissue, and effusions into the pleura, stop the action of the lungs; whilst the necessary supply of air is cut off by mechanical obstructions, or by spasm in the air tubes. The last named cause of apnæa is illustrated in death from epilepsy and from epileptiform convulsions, and from asthmatic symptoms. Congestion in the head is a frequent effect of the last struggle, and of the convulsions attending it.

The rapidity of death, or the suddenness with which it occurs in a patient not worn out by disease, is another point to be observed, the condition of the patient as to his degree of nutrition and of fulness being also kept in view. When a man tolerably well nourished is suddenly struck by death, the post mortem changes are much more rapid in him than in a patient who has perished after exhausting sickness. A body full of juices is one rapid to decay: hence, other things being equal, decomposition proceeds faster after death by apnæa than after that by syncope.

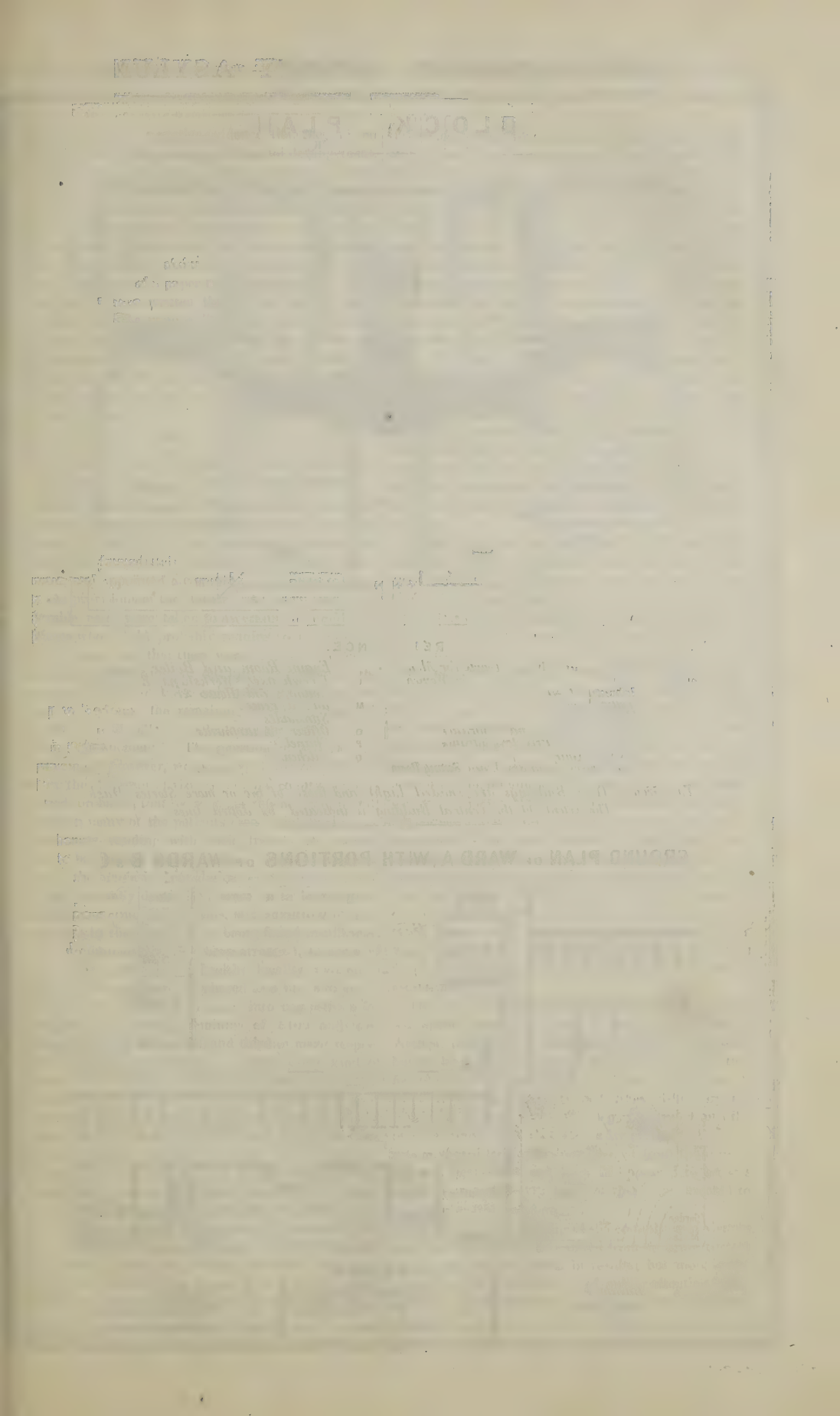
4. The effects of atmospheric conditions are pretty well understood. The influence of heat and moisture in promoting, and of cold and dryness in retarding decomposition, needs no proof, but it is necessary that it should not be lost sight of. Not only should we be informed in tables of autopsies of the time after death at which they are made, but also of the season, the temperature, and the state of the air as to its humidity. The electrical conditions of the atmosphere are not noticed in reference to their influence on the dead body, yet every housekeeper knows the effects of a thunderstorm on the contents of the larder. This familiar example will sufficiently indicate the utility of attending to those conditions; and with respect to these atmospheric influences in general, it is desirable always to place the subjects of examination under circumstances as nearly uniform as possible.

5. The effects of lapse of time since death are always taken into account, if not adequately appreciated. Brain matter is almost, if not quite, the first of all the corporeal tissues to undergo alterations in appearance and constitution. The brain texture of an animal just killed presents a very different appearance from the same tissue examined not until an hour after death. This change, however, at first though so considerable and rapid, scarcely appears to proceed at the same rate. No appreciable difference is noticed, *cæteris paribus*, between portions of brain twelve and twenty hours after death. By the lapse of time, vascular injection, however arisen, may disappear, or an anæmic state may be replaced by some degree of hypostatic congestion; serous effusions may disperse to some extent, and the serum permeate and wet the tissue; exomose of the colouring matter of the blood may stain the nerve substance, and advancing decomposition disorganise and soften it.

But lapse of time will, in its effects, be regulated by the single and joint operation of the circumstances before considered, and is little worthy of note except in relation with them.

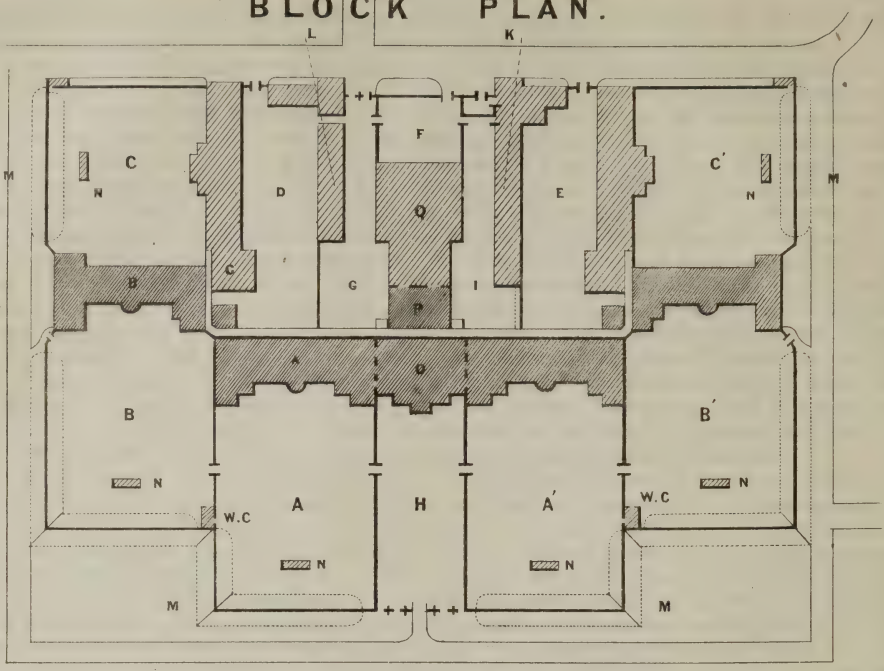
6. Age has some influence in modifying the appearances after death. In old age there is a shrinking of the brain, and a consequent compensatory effusion of serum about it; and an unusual softness is also stated to be a common attendant on it. Again, decomposition proceeds faster in old people, than in those in the prime of life. In women, Orfila says, putrefaction is more rapid than in men, owing to the generally greater quantity of adipose tissue about them. In advanced age the adhesion of the dura mater to the cranial bones is very intimate, so much so, that the two are sometimes inseparable. Again, in infancy and childhood, while growth and ossification are going on, the attachment of that membrane is then also much closer than in middle age.

Such are the leading circumstances affecting the appearance of the brain after death, the operation of which must be allowed for before assigning a value to any post mortem phenomena met with in cases of insanity. Their effects, considered in relation to those proper to insanity, or to the conditions causative of insanity, are clearly accidental, and the detection of



LINCOLNSHIRE COUNTY ASYLUM.

BLOCK PLAN.

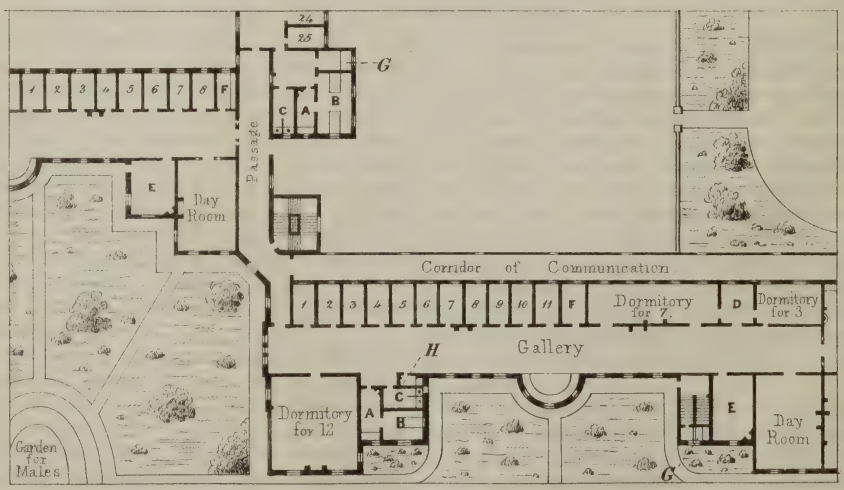


REFERENCE.

A B C	Wards and Airing Courts for Men.		Engine Room and Boiler Room.
A' B' C'	d° d° for Women.	L	Brewhouse, Workshops, Engineer's Lodge, Dead House &c.
D	Artizans' Court.	M	Ha-ha Fence.
E	Drying Yard.	N	Sunshades.
F	Kitchen Court.	O	Officers' Apartments.
G	Carriage Drive and Entrance.	P	Chapel.
H	Garden and Private Entrance.	Q	Kitchen.
I	Servants' Court.		
K	Wash-houses, Laundry, Linen Sorting Room.		

The Ground floor Buildings are shaded Light, and those of two or more Stories Dark. The extent of the Central Building is indicated by dotted lines.

GROUND PLAN OF WARD A, WITH PORTIONS OF WARDS B & C.



REFERENCE.

A	Lavatory.	D	Attendants Sleeping Room.	G	Scullery.
B	Bath Room.	E	d° Sitting Room.	H	Broom Closet & Sink.
C	W.C.	F	Ward Stores.	1 to 11	Sleeping Rooms.

C. Angel, Lith. Exeter.

them thus affords negative evidence, that they are no intrinsic part of the pathology of mental derangement.

I trust the indications of the operation of these extraneous circumstances will be sufficient as such; for to have investigated even briefly the value of each pathological change in the brain, to have pointed out the alterations which various diseases, uncomplicated with insanity, bring about in it, would have far exceeded the limits of a paper like the present.

In what I have written there is no novelty, but I hope there may be some utility. My object has been to collect facts and considerations for our guidance in making necroscopical researches in cases of madness, and to present them in a connected form; and this few have attempted to do; indeed, so far as I am aware, not any.

Description of the Lincolnshire County Asylum, by Edward Palmer, m.d., *Medical Superintendent.*

Lincolnshire being one of the counties unprovided with an asylum for its pauper lunatics, when the County Asylum Act of 1845 came into operation, the magistrates immediately devoted their attention to the matter, and appointed a committee of visitors to carry out the provisions of the statute. As a first step considerable pains were taken to ascertain the number of patients who would probably require to be provided for. It was found that there were in all 379 "lunatics and idiots" chargeable to the different unions in the county; but that of these only 137 were under treatment in asylums; the remaining 242 being reported by the medical officers to be "harmless and not requiring confinement." The question of propriety of confinement, however, was somewhat differently viewed in the different divisions of the county, and it seemed probable, that as soon as the act was in full operation many of the patients then maintained in the workhouses, residing with their friends, &c., would have to be removed to the asylum. Regard was also paid to the increasing population of the county; and it was eventually decided to erect an asylum capable of accommodating 250 patients, and admitting of easy extension in the event of its being found insufficient. Other preliminaries having been arranged, 45 acres of land, in an elevated and healthy locality, two miles south of Lincoln, were purchased as a site, and architects were then invited to enter into competition for furnishing the plans,—premiums of £100 and £50 being offered for the second and third in merit respectively. Forty-three designs, in almost every kind of practicable and impracticable shape, were the responses to this invitation. The walls of the county hall were hung with showy pictures of noble looking buildings, and the table groaned under a mass of architectural puzzles. Palaces, prisons, convents, and workhouses, had each their reflexes on some or other of the broad sheets lying for the inspection of the committee. Many of the most defective plans were accompanied with gay, luring perspective and isometrical views of buildings placed in sunshine and shadow, and surrounded with nooks, groves, and swards, on which groups of happy patients were seen engaged in holiday-looking pastimes. Others presented fine mansion-like elevations with noble carriage drives through useless lawns and gardens to an imposing portico and façade, while the airing-courts for the patients were huddled away behind out of sight, with the culinary and other offices. Others, again, emulated the model prison, and were rich in radiating galleries, high walls, peep-holes, and other expressions of sombreness and security. The estimates appended to these designs ranged from £13,000 to £43,000, but the amount of work included in them was as various as the character of the designs themselves, and it was consequently almost impossible to come to any conclusion as to their comparative cost. In most of the lower estimates so many essentials were omitted, that when carried out and completed, the designs would probably have been more expensive than even the highest. The object of the committee, however, was neither parsimony nor extravagance, but to secure a substantial building in every way adapted to the wants of the class of lunatics for which it was to be erected, and to carry it out in all its details with as great a regard to economy as possible.

Three weeks of close attention were bestowed on the plans, during ten days of which the committee were assisted by the present superintendent. Every plan was minutely inspected, and if found to be in accordance with the regulations of the Commissioners in Lunacy with respect to internal dimensions, it was carried through a day's asylum operations. A large number of showy, beautifully drawn designs were in this manner found to be totally worthless; and about an equal number could only have been rendered suitable by extensive alterations. Three only embodied the chief requisites of construction and arrangement, and were accordingly selected by the committee for premiums. The first of these, an Italian design by Messrs. Hamilton and Medland, was adopted; subject, however, to such modifications as may be suggested by the superintendent, or required by the Commissioners in Lunacy. The superintendent was also requested to report on the best method of warming and ventilating the building, and, in consultation with the architect, to direct the whole of the internal fittings, &c., as well as, subsequently, to furnish the visitors with an estimate of the quantity and samples of the furniture, bedding, and clothing for the whole establishment.

The main works having been completed, the asylum was opened for the reception of patients on the 9th of August, 1852, a considerable quantity of ground-work having been intentionally left as a means of occupation for the male patients on their arrival. It may be remarked, that the patients had been visited by the superintendent previous to their removal from the other asylums, and that the order of their admission was governed by impressions derived from those visits —the urgent cases and such as appeared to be less carefully treated, being the first that were directed to be brought to the asylum.

The mode of proceeding of the committee of visitors has been thus particularly stated from its being correct in principle and successful in results; but more especially from the circumstance of public attention being just now directed to the issue of the very different

course which has been adopted in the case of the proposed asylum for the counties of Cumberland and Northumberland.

The adage "well done is twice done," is nowhere more applicable than in the construction of asylums, and experience has always shown, that the cheapest asylums are those which best answer the purposes for which they were intended, and are at the same time most durable. Repairs and alterations in badly built and badly arranged buildings, soon swallow up any apparent advantages which may figure in the first abstracts of expenditure. The superintendent and architect should invariably work together where usefulness and economy are rightly comprehended, and it is to be hoped that in the few county asylums yet remaining to be erected, the more prominent errors and inconveniences at least of the older asylums will be avoided, even if so many improvements as might be expected are not introduced.

The asylum is situated in the parish of Bracebridge, on what was once the Ermin street of the Romans, and more recently the great north road, but now in railway times little more than a broad bye-way, which is only disturbed from its habitual somnolence by the hebdomadal bustle of a market day. The estate, comprising, as stated, forty-five acres, is at the commence- of the Lincoln Heath (now enclosed throughout and covered with productive farms), and consists of rich loam with a large admixture of decomposed oolite and a trifling quantity of sand lying on a subsoil of loose porous rammil, and succeeded by several beds of oolite, many of which have been found excellent for building purposes. At the depth of twenty-seven feet from the surface the great stratum of blue lias is met with. The natural drainage is consequently complete, and this in connection with the elevated position of the site renders it at once healthful and advantageous for agricultural purposes.

Deducting about fifteen acres covered by the buildings, airing courts, plantations, roads, &c., there remain about thirty acres available for husbandry, nearly the whole of which have already been brought under cultivation. The spade has been applied to ten acres, and a large amount of labour expended in clearing the estate from foul and rank weeds which had accumulated on its surface during the six years of neglect which had preceded the purchase of it by the magistrates. The same amount of labour on land already cleared would almost suffice to drive away the plough altogether, and it is anticipated that this will ultimately be effected.

The block of building, as shown on the plan, is placed facing the south, and with the airing courts and yards covers an area of about seven acres. The plain Italian style is carried throughout the building and its appurtenances. It is of chopped stone quarried on the spot, with 'dressings' of Ancaster stone, and is abundantly lighted and cheerful in all its aspects, but free from any costly enrichment. The central building (the extent of which is shown on the plan by dotted lines) is projected backwards into offices, and has on either side two extended wings and one receding wing, containing five wards. By this arrangement four out of the six airing courts have the advantage of being open to the south, while the whole of the public front of the asylum is kept aloof from the patients.

In the central building are included the committee room and waiting room, the superintendent's residence and office, the visitor's rooms, the dispensary, the medical assistant's apartments, the recreation hall, and the chapel. Directly behind are the apartments of the steward, and those of the housekeeper, each with the clothing and linen stores respectively adjoining. Beyond these are the kitchen, sculleries, and bakehouse, flanked on each side with the provision stores, and having the kitchen yard for the reception of goods, &c., close at hand. Two separate corridors connect the whole of these offices with the male and female wards.

The workshops and range of laundry buildings stand on each side of these offices, and between them and the receding wings of the asylum. Each faces a yard 200 feet long by 90 feet wide.

The block of buildings in the artizan's court comprises the brewhouse, shoemaker's, tailor's, upholsterer's, carpenter's, and plumber's shops, the gardener's tool house, a lavatory and shoe room for patients coming in from field labour, and the dead house and post mortem room. The engineer's lodge is also attached, but has an aspect commanding the carriage drive and entrance gates to the asylum.

The laundry buildings consist of a foul-linen washhouse and drying closet, successively followed by a room for sorting all linen as it comes from the wards the ordinary washhouse, drying and airing closets, laundry, and clean linen sorting room. The boiler room and engine house are in close proximity to the washhouses, and correspond externally with the engineer's lodge. A covered way connects these buildings with the corridor of communication on the female's side. The drying yard is of the same dimensions as the artizans' court, *viz.* 200 feet by 90 feet.

The supply of hot water to the washhouses, the heating of the coppers and drying closets, as well as of the cooking pans in the kitchen, and the warming of linen and clothing stores, is effected by steam pipes.

The wards vary in length from 125 feet to 175 feet, and are 12 feet 6 inches in height. They are light and cheerful, and constructed so as to be fireproof, the wooden floors and furniture being the only parts of them that could be damaged by fire. Care was taken from the first that each ward should be complete in itself, and supplied with every requisite for the treatment of any kind of case. They are consequently all so similar in their arrangements, that after noticing the few differences that exist, a description of one would apply to the whole.

Each of the two wards in the first wing is 150 feet in length, and accommodates 32 patients, of whom 21 sleep in dormitories, and 11 in single-bedded rooms.

In the next wing each ward is 125 feet in length, and contains 18 patients, 11 of whom occupy dormitories, and 7 single-bedded rooms. The ground-floor ward has a half-padded room for epileptics.

The receding wing, of which the ground-floor only has been built, is 175 feet in length, and contains 24 patients, all of whom sleep in single rooms. This ward is provided with a padded room, and four double

doored rooms, and has a large bay open to the gallery in place of the ordinary day room.

The whole of the wards are cased with brick to ensure warmth and freedom from dampness, which is prone to work its way through the oolite of which the building is mainly constructed. The ceilings are of arched hollow hexagonal brickwork, of a warm red tint in the galleries and day rooms, and whitewashed in the sleeping rooms. The window frames are everywhere of iron, opening in the front of the wards on Harwood's principle, and in the back on a simple and effective plan introduced by the builder. They have both been found to combine security with facility of ventilation. Price's system of warming by hot-water circulation has been adopted, and answers extremely well; but it is limited to the single rooms and galleries, open fire places having been considered preferable for the day rooms, dormitories, lavatories, &c. The ventilation is on the principle of ascending currents through flues opening from the ceiling of every room and closet in the wards, and converging into two extracting shafts, one of which is placed at the junction of the three wings on each side of the asylum.

Gas is supplied to the wards by two services, one of which is connected with the lights intended to burn only until bed time, and the other with the night lights in the galleries and dormitories.

As an additional security to that furnished by the night-watch, the attendant's bed room is placed between two of the dormitories, from which it is only separated by a swing door with perforated zinc panels, and the under attendant sleeps with the most tranquil patients in the third dormitory.

The bath-room, lavatory, sink-room, and water closets are brought together in one block for the purpose of facilitating the drainage, and sending the waste water through the water closet drains; the scullery is placed nearer to the day-room, and is used solely for cleaning the crockery of the ward, while the sink room is used for a repository for brooms, pails, &c., and to draw and throw away the water used in scrubbing floors. This arrangement prevents a common abuse of the scullery and closet, and does much to preserve a wholesome atmosphere. The bath-room opens out of the lavatory, which at the usual bathing time serves as a dressing room, and is provided with a fire-place for use during the winter months. Hot and cold water are laid in to all the ward-taps, and in the case of the lavatory pendulum-taps have been employed in lieu of those acting by a spring, which are so liable to get out of repair. The baths are of enamelled copper, and placed in the room with the foot against the wall, so as to leave the head and both sides free for the attendants while bathing the patients. This simple arrangement obviates all the inconveniences which are prone to arise in bathing infirm, invalid, or obstinate patients. The closets all act from the seat, a plan which was not adopted from preference to that of action from the door, but with a view to an economical use of water. In the men's closets are placed urinals with self-acting flushers, which can be regulated to flush at longer or shorter intervals as may be required.

The bedsteads, and, indeed, the whole of the furniture of the wards are of wood; the mattresses of horse-hair for the patients generally, with about a dozen stuffed with cocoa-nut fibre for wet cases; the services for the meals are of white crockeryware; and round ended knives with white metal forks are used by all who are capable of handling them.

In the farm buildings are stalls for ten cows, sties and yard-room for about forty pigs, stables for cart and carriage horses, coach house, cart shed, granary, &c., all of which are arranged in the most improved method. They are placed with the gas works at the north-east corner of the grounds, and are under the management of a bailiff, who with his wife occupies the entrance lodge.

Report on the Establishment, Construction, and Organization, of the best Asylums for the Insane in France and elsewhere. Presented to the Committee of the States of Jersey, &c., by D. H. Van Leeuwen, M.D., *formerly Physician of the Asylum at Meerenberg, North Holland.*

Rapport sur la Fondation, la Construction, l'Organization, &c., &c.

This is a very valuable Report, and will repay the study of all interested in the proper management of the insane. We make the following extracts on the important subject of what the writer appropriately designates the medico-moral treatment of insanity.

"The necessity for what we have now called the *medico-moral* treatment of insanity, as established by experience, will be much better understood if we consider, that amongst the determining causes of insanity, the most frequent and the most powerful are moral disturbances; and above all the excitement of the passions. "At all times," says Cerise, "when we have been able to trace to its source a case of insanity, we have almost always found a vicious propensity, a disordered passion." Every thing which leads a man to extremes in his moral and social position, every thing which leads to excess in his affections, his desires, his thoughts, his actions, tends to insanity. The man of genius and the man of weak mind, how often do they not both diverge into extravagance and eccentricity; eccentricity itself how often is it not a moral mania for life? * * * * * *

"Moral insanity consists essentially in a morbid perversion "of the natural instincts and feelings, the affections, the inclinations, the habits, the temper,—in short, of the whole moral nature and character," and furnishes to legal medicine a large proportion of cases of homicide, which often cause much difficulty in courts of law. * * * * * *

"We thus see, that by the *medico-moral* treatment of the insane must be understood "a combination of hygienic, moral and social means, fitted to act on the general health of the afflicted, and to improve their moral condition, by influencing their feelings, affections, habits, and inclinations, by opposing to disorderly, headstrong, or vicious propensities, more tranquil dispositions, and improved habits, and by substituting other ideas for those which agitate them; in order to lead them to regain by degrees the position from whence they have fallen, their *moral liberty*,

the government of themselves." Such is the principal aim in the treatment of mental disorders; that which distinguishes the psychological physician from the rest of the profession, and separates from other hospitals those for the insane; and this is the object which should regulate the entire organization of asylums.

"According to the general principles of the medico-moral treatment of the insane established by experience, they require in the first place, separation total, or it may be only of residence, from their families and friends; they equally require all the advantages of a country life; liberty, tranquillity, fresh air, agricultural and horticultural employments, with all their moral and hygienic influences, so salutary to all, and of the first curative value, indeed, absolutely necessary in mental disorders. The insane do not require isolation from mankind, but social life, life in a family modified and well regulated, the less afflicted with other insane, that finding some around them more unhappy than themselves, they may be led to resignation and contentment, and have presented to them examples by which they may acquire self-knowledge and self-restraint, and that they may feel less the great distance which separates them from those who enjoy their mental faculties in ordinary integrity. It is absolutely necessary that this social life should be carefully watched over and regulated by a *physician director*, that the patients may constantly be under the influence of hygienic and moral medicine, adapted with skill and judgment to the general wants of all, and to individual cases in particular, in which, on the one hand, order and discipline may be maintained more strictly than in an asylum or hospital for any other class; whilst, on the other hand, any approach to the military or prison system must be avoided, in order to diffuse the spirit of sympathy and natural benevolence, of brotherly love and forbearance, which forms the essence of christianity, and should be the guiding principle in the treatment of the insane."

The pamphlet contains an admirably written report on the asylum at Blois, by Dr. Billod, to which we hope on a future occasion to refer.

Dr. Van Leeuwen devotes a considerable space to the history, and a discussion on the merits of the non-restraint system, and on the reasons which have occasioned its rejection hitherto by the physicians of the Continent, and especially by those of France. His conclusions are greatly to the advantage of our own asylums. He sums up, p. 64, "As far as the impressions made upon me during my visits to asylums permit me to form a judgment, I am disposed to give the preference to the English asylums over the best French asylums in all that relates to the conduct and habits of the patients, their clothing, their obedience and submission to the attendants, officers, and medical men, their general tranquility and air of well-being, and also the cleanliness of the dirty and refractory wards. I should moreover say, that in respect of all these conditions I have experienced a profound disappointment at the Bicêtre and the Salpêtriere of Paris. My expectations have been altogether deceived, so much did my hopes exceed that which I actually found. * * *

"In concluding this important subject, I must add, that I believe the adoption of the English system will be of the utmost importance, a vital question, indeed, for the Jersey asylum, since we expect that it will contain many English patients, and since its adoption appears to me the most certain means of preventing abuses. For let us not forget that there is but a step from the practise of abuses, to recklessness and scenes of inhumanity the most grievous and humiliating. I think I ought to pass in silence certain examples taken from French asylums of an inferior class, and I shall not say more concerning those beds, with inspection doors, like cages of savage animals, placed in obscure restraint cells, where the priest director of Bon Sauveur at Caen, permits the miserable excited patients to be shut up during the night. Of the painful things I have witnessed during my visits to the asylums in France, there is one only which I wish to record. It will suffice to prove how the examples of humanity given by Pinel and Esquirol excite, at the present day, but little emulation at the very place where these men, as generous as they were learned, struck off the chains, and threw open the cells, where, before their time, the unfortunate insane were deprived of all liberty.

"One of the saddest things I saw, in my visit to the Bicetre, certainly was the state of decadence of the school for Idiots, which had neither garden nor piece of land to work, nor gymnasium to develope the bodily strength. But what was this compared with the deplorable condition in which I found the quarter appropriated for dirty patients. In no other asylum have I seen anything so gloomy, so filthy, so disgusting! At my entrance, I found no attendant there, notwithstanding thirty-six paralytic or dirty patients were there; some of whom were seated upon by no means comfortable chairs, and others upon benches, without resting places for their backs or hands. Twenty-six of these wretched patients wore neither trowsers nor drawers, a method (as an attendant afterwards told me) which is generally applied in about two-thirds of such cases, to avoid the dirtying and spoiling of clothing! Besides which some of them were tied down on their backs, and seven had on the strait-waistcoat. Notwithstanding the anmoniacal odour of urine, with which the benches, the chairs, the very ground of this lugubrious residence was permeated, I remained some time to examine these unhappy individuals, and to convince myself of the necessity of the strait-waistcoats; I was able to discover no sufficient reason for their employment, unless it might be the intention of the director of the Bicêtre to avoid, by this method, a larger number of attendants, and to spare to those attendants which he had the task of attending."

After reading the above our readers will not be surprised at the conclusion to which the author arrives, namely, "That in the proposed Jersey asylum, neither the strait-waistcoat nor any other means of coercing the free movements of the patients ought to be admitted."

We are sorry that our limited space prevents us from giving further extracts of the Report, which is the production of an able man, who can not only use his eyes and his intelligence, but who has the courage to speak out freely and boldly when he sees humanity outraged. We had hoped from the interesting sketches

of Dr. Webster, that the French asylums were not so bad after all, but Dr. Leeuwen has painfully changed this opinion.

This Report of Dr. Leeuwen's is a state paper, since his visits of inspection were made, and his Report written by order of the Government of Jersey. The latter has every reason to be satisfied with the ability and integrity with which the task has been discharged.

JOHN THURNAM.

Practical Observations on Mental Diseases and Nervous Disorders, by ALFRED BEAUMONT MADDOCK, M.D., 8vo. pp. 236. Simpkin, Marshall, and Co.

A book written '*currente calamo*,' in an agreeable and readable manner.

The author abstains from dogmatizing in a degree very unusual with writers on the class of obscure diseases called nervous. From some curious twist in the ultimate fibres of our nature, we are ever most positive and tyrannical in those opinions which we are least able to support by valid reasoning.

Mysticism and dogmatism are twin brothers begot by ignorance out of pride. The work before us is delightfully free from this fault; and, although very discursive, and treating incidentally "*de omnibus rebus et quibusdam aliis*," it must be admitted that the opinions of the author are expressed modestly and temperately, and are evidently the results of a sound judgment and extensive observation.

In the preface the author states: "The work is submitted rather as 'materials for thinking,' and as forming a *point d' appui*, as it were, for further extension by abler or more leisurely hands, than offered as a finished production. On the freehold ground of literature and science there is 'ample room and verge enough' for every man to build his own tenement, and the present construction is too meek and lowly to intercept another's prospect, devoid as it is of those ornate appendages and architectural embellishments, that might provoke the jealousy, or challenge the rivalship of his more formidable neighbours."

This is modest and sensible, though, as to the absence of ornament, not quite correct. If quotations from Latin and English classics are to be considered ornaments, then is this work profusely adorned; sparkling here with a true diamond, there with a bit of paste, and proving that the author's literary appetite is hearty, and by no means fastidious. "*That on the freehold ground of literature and science there is "ample room and verge enough" for every man to build his own tenement*," is a noble sentiment, which none will have the hardihood to contradict, and few will even dare to oppose by miserable sophisms, or the more miserable assertion of shop interests and vested rights. Yet there are to be found men who, in the domain of literature and science, brook no rivalry, assert supremacy, and strive to take possession of a continent of science, as America was claimed by planting thereon the flag of Spain, though without the right derived from discovery.

The limits of such literary audacity and oppression are only reached where forbearance is exchanged for bold opposition. Perhaps daring of this kind, like that of the Spaniards, has within it the seeds of decay, in the enervating influence of golden success. At all events, literary rivalry is too often professional rivalry, this of itself is a struggle for what poets call "the root of evil;" and if Dr. Maddock is ever tied to the stake of adverse criticism, let him think himself the subject of an "auto de *fee*."

The work before us contains a large number of graphically written cases, the treatment of which appears to have been judicious.

But on one very essential point, the foundation in fact of Dr. Maddock's views, we differ from him entirely. He states, "The primary object in the composition of this work is to shew, that the larger proportion of mental and nervous diseases are of a *secondary* and sympathetic nature; that they are not nearly so frequently, as is commonly supposed *organic*; or necessarily involving lesions in the normal structure of parts, but are simply manifestations of some derangement of the cerebral masses, or of their spinal prolongation, excited and perpetuated by irritating causes applied to their peripheral extremities, or by vitiated and abnormal secretions conveying erroneous impressions to the sensorium."

It is quite time to get rid of the absurd division of diseases into organic and functional. All diseases are organic, even blood diseases, and secondary diseases from so-called sympathies. For, in the present condition of physiology, we can only conceive of the blood as a part of the organism; and, moreover, not as a fluid part merely, but as a fluid filled with living cells, upon whose changes its functions depend; and, if any disease affects cells, how can it be deemed that it is an inorganic disease, seeing that all organs are but essentially an accumulation of cells. Of course, the same may be said of nervous diseases, since there is every reason to believe, that no change, either healthy or morbid, either direct or sympathetic, can take place in any part of the nervous system, without a change in the nerve cells, or the granular contents of the nerve tubes.

Before the time of microscopic pathology, physicians recognized the grosser changes effected by disease in the framework of organs; they called such changes organic, and designated those diseases in which no changes were by them appreciable, functional or inorganic. At the present time, a sounder pathology prevails, and we recognize a similar foundation of morbid cell change, whether the product be soluble and capable of excretion, as of sugar through the kidney, or insoluble, and therefore destined to be deposited within the tissues of organs, in the form of tubercular, fibrous or fatty deposit. Essentially, therefore, all diseases are organic, and the author's attempt to prove the contrary of nervous diseases is a mere *brutum fulmen*, a blank cartridge which is not worth the trouble of exploding.

There are certain faults of taste in the book, in the dedication for instance, which we do not care more particularly to specify. We must also express an opinion that a perusal of it will be more profitable and satisfactory to those who have not made a special study of mental pathology, than to those who have. It is distinguished by well written, but not very remarkable cases, and by pleasant discursive remarks,

rather than by any profundity or novelty of information or speculation, which would recommend it to the instructed specialist.

J. C. B.

Neglect of a Lunatic in the Asylum of Norwich Workhouse.

On Friday, March 17th, *Robert Scotter*, of St. Augustine's, appeared before the Mayor, H. Woodcock, Esq., H. Bolingbroke, Esq., E. Willett, Esq., J. Sultzer, Esq., R. W. Blake, Esq., and J. H. Barnard, Esq., charged with ill-treating and wilfully neglecting a lunatic named Daniel Fransham, who had been committed to his care, as one of the porters of the workhouse infirmary asylum. The charge was preferred at the instance of the Commissioners in Lunacy, who were represented by their Secretary, R. W. S. Lutwidge, Esq., and Mr. Law, solicitor, of London. Mr. Wortley appeared for the defence.

Mr. Law, in stating the case, said the information was preferred under the 9th section of the 16th and 17th Vict., cap. 96, which provided that if any superintendent, nurse, or porter, or other person employed in any hospital or house licensed for the reception of lunatics, abused, ill-treated, or wilfully neglected a lunatic, he should be guilty of a misdemeanor, be subject to an indictment, and forfeit for every offence proved against him before two justices, any sum not exceeding £20. He should prove, from the evidence he proposed to adduce, that the defendant had clearly rendered himself liable to the payment of this penalty.

Mr. John Bilham was then examined and said,—I am superintendent of the workhouse infirmary asylum in this city. It is a duly licensed house. I have been superintendent for ten years. A person named Daniel Fransham was admitted in the asylum on the 10th of July, 1851. When he was first admitted he was put in ward B, and afterwards he was in ward A for a long time. He was under the care of a porter named John Middleton when he was in ward A. I cannot say how long he was in ward B. He was removed back again to ward A on the 29th of January last, and I think he had then been in ward B about three months. When he was in ward B he was under the care of the present defendant, Robert Scotter. He was altogether unable to take care of himself at this time. He was completely unable to state his wants, to complain when he was neglected, or to ask for his food when he wanted it. It was Scotter's duty to get him up in the morning, to take care of him all day, and to put him to bed at night. He was not able to dress or undress himself. It was Scotter's duty to wash him.

Mr. Law.—Was it his duty to wash his person all over?—It was his duty to wash his face and hands, and to see that he had no sores about him.

Mr. Law.—Did it at any time occur to you that the man was wasting away?—Yes, I observed he was wasting.

Mr. Law.—When was this?—About three weeks before we removed him.

Mr. Law.—In consequence of what you saw, did you speak to Scotter?—I spoke to Scotter several times about him. I asked him if the man took his food regularly, and he said he did. I then asked him if there was anything amiss with the man, and he said nothing that he was aware of. I then communicated the state of the man's health to Mr. Cooper, our surgeon, and took care to see him every day.

Mr. Law.—Did you subsequently have the man removed from ward B?—Yes.

Mr. Law.—Where was he taken to then?—On the 29th of January he was taken to ward A.

Mr. Law.—On the occasion of his removal, was anything discovered about his person?—Yes, almost immediately after he was removed, Middleton came to me about him. I saw he had two bad sores about him.

Mr. Law.—How long do you think those sores had been there?—I cannot say anything as to that. They must have been there some little time,—ten days or a week at the least.

Mr. Law.—During that week had you enquired of Scotter respecting Fransham?—Yes; he told me nothing ailed him.

Mr. Law.—Do you think the person who undressed him could have avoided seeing the sores?—I feel satisfied he could not. I don't recollect speaking to Scotter about the man after he was removed. He then came under the care of Middleton, and was attended to by Middleton and our surgeon.

Mr. Law.—Assuming that Scotter knew of the existence of the sores, what was his duty?—He ought to have reported the fact either to me or to Mr. Cooper, the surgeon.

Mr. Law.—Did he do so?—No, he did not.

Mr. Law.—Did you observe anything particular about Fransham, which led you to imagine that he was in pain?—I observed he drew his mouth about a great deal; I thought by that he was in pain, and I said as much to Scotter; but he replied that there was nothing the matter with him.

Mr. Law.—How long was it before he was removed from Scotter's ward that you saw him drawing his mouth about?—I should think a week or ten days. I can't recollect the time exactly, but as far as my recollection serves me it was about a week.

Mr. Law.—Was there another man in the ward?—Yes; but Scotter was the only person who had charge of Fransham.

Mr. Wortley.—Was not Fransham a large, heavy man?—Yes.

Mr. Wortley.—So that it was almost impossible for Scotter to have washed his person all over?—I don't think he could.

Mr. Wortley.—And therefore these sores might have been on the man's body without Scotter's seeing them at all?—They might have been, but I should think it hardly possible.

Mr. Sultzer.—Do you remember my calling your attention on the 6th of January to the painful expression of the deceased's countenance?—Yes.

Mr. Sultzer. Did you mention the fact to any one?—Yes; to Scotter, under whose care he was at that time.

Mr. Sultzer.—How long had Scotter been a porter at the asylum?—About three years altogether.

Mr. Sultzer.—Has he ever been suspended?—Yes.

Mr. Sultzer.—For what?—I cannot recollect.

Mr. Sultzer.—Was it for neglecting a patient?—No, I think not.

Mr. Sultzer.—I think you stated to the visitors that you were extremely dissatisfied with Scotter's being continued in his office?—I never considered him a fit person, from his age, to be porter.

Mr. Wortley.—Since his dismissal have you not expressed a wish to the Guardians to have him back again?—I was asked to take him back again, and I agreed to do so.

Mr. Wortley.—What was his general conduct to the lunatics?—I always considered him very kind. I never had any fault to find with him in that respect.

Mr. Sultzer.—I think one or two members of the Court of Guardians were desirous of having him back again, and asked you whether you were willing to have him?—Yes.

Mr. Blake.—You don't know what he was previously dismissed for?—No, I think it was for general neglect.

Mr. Blake.—Have you no means of ascertaining?—I don't think it was ever entered. I can't recollect.

Mr. Wortley.—Was it not in consequence of a dispute between him and his partner?—There was a dispute between him and his partner.

The Mayor.—But you think it was on account of his general neglect of duty?—Yes; and on account of his age.

Mr. William Cooper, Surgeon, said,—I am medical officer at the asylum, and have filled that situation since last July. When I first saw Fransham his bodily health was very good; mentally he was quite lost. He was quite unable to take any care of himself. When I first saw him he was under Mr. Middleton's care. He was removed to Scotter's ward some time in October. I observed he was wasting away. It was about five or six weeks after he had been in Scotter's care that the wasting commenced. It was on the 20th of November that I first made a remark in the report book in reference to the case. I was particular in asking Scotter as to the man's diet; and whether there was anything amiss with him that would at all account for his emaciation—whether there were any sores about him. Scotter told me he knew of nothing which could account for the man's appearance.

Mr. Law.—Did you make this enquiry of Scotter more than once?—Yes, frequently.

Mr. Law.—How long before he was removed from ward B?—Till within a day or two of his removal I was disposed to attribute his emaciation to his not taking his diet, and that was the principal reason why I had him removed.

Mr. Law.—You imagined then, that he was not properly attended to?—Yes.

Mr. Law.—When did you first see him after his removal?—The next morning.

Mr. Law.—Will you tell us what you then observed?—I found the man had two sloughing surfaces and an abrasion on his back.

Mr. Law.—What size were these sores?—One, which extended partially over the right hip joint, was three or four inches in circumference; the other was smaller.

Mr. Law.—Are you able to tell us whether they had been there for any length of time?—I should think they had been there a week or two; but such sores slough very rapidly, and particularly in a patient in the deceased's condition.

Mr. Law.—Do you think they had been there a week?—Undoubtedly.

Mr. Law.—Then they had been there during the time you made your communications to Scotter, and received from him the replies stated?—Yes.

Mr. Law.—I understand that this man was dressed and undressed by Scotter every morning and evening. Now, is it your opinion that a man who had to perform that duty could have failed to see these sores?—I think he must have seen them.

Mr. Law.—Had you ever observed any indications of pain on the part of the lunatic?—I had seen him writhe his face occasionally, but I attributed the circumstance more to his mental state than to anything else. It was a usual thing with him from the first.

Mr. Law.—What steps did you take after the man was removed?—I had his sores properly dressed, and an increased amount of nourishment given to him. In short, I ordered him to be regularly and properly attended to.

Mr. Law.—But I believe he sank notwithstanding, did he not?—Yes; at the end of five days he became gradually comatose.

Mr. Law.—Did you make a *post mortem* examination of his body?—Yes; and I found sufficient to account for his death.

Mr. Law.—Have you formed any opinion as to the effect of these sores?—I think they accelerated the progress of his disease.

Mr. Law.—As regards Scotter's duty. Assuming that he knew of these sores, what was his duty?—To have reported their existence to me or to the master.

Mr. Law.—Did he do so?—No.

Mr. Law.—But, on the contrary, he declared to the last, I think, that he knew nothing about them?—Yes.

Mr. Blake.—You were not aware of any previous inefficiency on the part of Scotter?—No; I was not.

Mr. Blake.—You did not think it your duty to examine the man yourself, I suppose?—No; I was satisfied with making enquiries.

Mr. Blake.—As surgeon, you did not consider it your duty to ascertain for yourself?—No.

Mr. Sultzer.—It was quite impossible for any man to look at the deceased without observing that he had a most painful expression of countenance. I observed that in him from the first, and I thought it proceeded from mental disease.

Middleton, the other porter, having been briefly examined and corroborated the previous evidence,

Mr. Wortley addressed the bench for the defendant, and contended that no act of wilful negligence had been proved against him. He had been guilty, no doubt, of some slight acts of neglect, but no intention of injuring the deceased was proved. Under these circumstances, he trusted the summons would be dismissed.

The magistrates retired for the purpose of consulting together, and after an absence of a quarter of an hour, the Mayor announced that they had decided upon fining the defendant £20, and in default, committing him for three months. They would allow him 24 hours to raise the money. As he was unable to do so, he was committed on Saturday for the period stated.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

NOTICE.—Those MEMBERS of the ASSOCIATION who have not paid their *Subscription* for the present year, ending the 24th of June next, are requested to forward the same to me without delay.

The Subscription has been received from the following Members:

ALLEN, DR., Abergavenny, Monmouthshire
BOYD, DR., Wilts, Somersetshire
BROWNE, DR., Dumfries, Scotland
BUCKNILL, DR., Exminster, Devonshire
CAMPBELL, DR., Brentwood, Essex
CORSELLIS, DR., Wakefield, Yorkshire
CORNWALL, JAMES, ESQ., Fairford, Gloucestershire
DAVEY, DR., Northwoods, Gloucestershire
GREEN, THOS., ESQ., Borough Asylum for the Insane, Birmingham
HITCHMAN, DR., Mickleover, Derbyshire
HOLLAND, JOSEPH, ESQ., Prestwich, Lancashire
HOOD, DR., Bethlehem Hospital for the Insane, London
JONES, GEORGE TURNER, ESQ., Denbigh, South Wales
KIRKMAN, DR., Melton, Suffolk
KIRKMAN, WILLIAM, ESQ., Exminster, Devonshire
LEY, WILLIAM, ESQ., Littlemore, Oxfordshire
MADAN, RICHARD, ESQ., Hook Norton, Oxfordshire
MANLEY, DR., Crediton, Devonshire
NISBETT, DR., Northampton, Northamptonshire
OLIVER, DR., Joint County Hospital for the Insane, Shrewsbury
PRITCHARD, DR., Abington Abbey, Northamptonshire
THURNAM, DR., Devizes, Wiltshire
WILLIAMS, CALEB, ESQ., York
WILLIAMS, DR. LLOYD, Denbigh, South Wales
WILLIAMS, DR. W. W. Gloucester, Gloucestershire

NEW MEMBER.—DR. TUKE, of the Retreat, York.

THE ANNUAL MEETING OF THE ASSOCIATION will take place at the FREEMASONS TAVERN, Great Queen Street, Lincoln's Inn Fields, on *Thursday, the 22nd day of June*, at 2 P.M.

W. W. WILLIAMS, *Secretary.*

Appointments.

HAMPSHIRE LUNATIC ASYLUM.—T. F. Wingett, M.D. Superintendent of the Dundee Royal Asylum, has just been elected the Superintendent of this Asylum.

COUNTY LUNATIC ASYLUM, GLOUCESTER. — The Rev. Herbert Haines, M.A., Second Master of the College School, Gloucester, has recently been elected Chaplain to this Asylum.

KING and QUEEN's COLLEGE of PHYSICIANS IN IRELAND.—SUGDEN's PRIZE ESSAYS.—At a Meeting of the College held on Monday, April 10, 1854, the first prize of £25 was awarded to JOHN CHARLES BUCKNILL, M.D., Medical Superintendent of the Devon County Lunatic Asylum, as the author of the best, and the second prize of £15 to Dr. JOSEPH WILLIAM WILLIAMS, 3, Harcourt-street, Dublin, as the author of the second best Essay on the following subject:—Unsoundness of Mind in relation to the question of Responsibility for Criminal Acts.

WM. ED. STEELE, M.B., *Registrar.*

ROYAL HOSPITAL of BETHLEM —WANTED, a MATRON. Candidates must not be under 30, nor above 45 years of age, and must be unmarried, or widows unencumbered with families. The person elected will be required to devote the whole of her time to the service of the Hospital; other qualifications being equal, preference will be given to a person having experience in the treatment of the insane. The salary will be £150 per annum, with apartments in the Hospital partly furnished, and without rations, also an annual allowance of coals, not exceeding ten tons, and a limited supply of gas. All applications and testimonials must be accompanied by answers to a printed form, which, with a copy of the duties, may be obtained at my office here, and such applications must be forwarded to me on or before Saturday, the 20th of May next.

B. WELTON, *Clerk.*

Bridewell Hospital, New Bridge-street,
Blackfriars, April 25, 1854.

All communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 15th day of June next.*

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" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

THE ASYLUM JOURNAL,

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CONTENTS.

The Restraint System, *as practised at the North and East Ridings Asylum, and at the Asylum for the County of Bedford.*

When the future historian of the manners and customs of the present age shall seek for the most prominent fact which in this country distinguishes the prevailing spirit as that of humanity, he will scarcely hesitate in awarding the post of honor to the Non-Restraint system of treating the insane. The change which the system of which the total abolition of mechanical restraint is the key stone has effected, has been, where adopted in its entirety, a total one. The change is so complete, that its extent is hard to realize; just as a denizen of this fair country experiences difficulty in picturing to his imagination the hill sides clothed with dense forest, the pastures occupied by poisonous fens, the whole inhabited by painted Celts and other savage animals. But it has not taken ages nor even the brief space of one man's life, to substitute the most benign features of human gentleness for the savagery of the old mad house. In a public speech at Stafford, the Lord Bishop of the diocese stated, "He never came away from the asylum without a feeling of gratitude and thankfulness. Much had been said of the great improvement which had taken place in the treatment of the insane, he might, perhaps, be allowed to mention one fact which had been told him by Sir Charles Clarke, but which Sir Charles (who was present) had not stated to them. Sir Charles told him, that he remembered when a student, he had often passed Bethlem, and heard the rattling of the chains and the shrieks of the patients. Only think of that, in the crowded streets of the metropolis to hear the rattling of the chains and the shrieks of the patients! And now, as had been stated by Lord Harrowby, they might go over their own asylum, containing between three and four hundred patients, and not see a single patient placed under restraint of any kind, but all enjoying the utmost possible comfort which their cases would admit of. What a contrast to the rattling of chains and the shrieks of the patients!"

We had flattered ourselves that the day had been gained, the victory secured, and that practises which had rendered the name of mad house an abomination, and even the mad doctor odious, had been finally discarded from all the public asylums of this country.

It was therefore with much disappointment and sorrow that we perused in the Report of the Committe of Visitors of the Lunatic Asylum for the North and East Ridings of Yorkshire, the following Report of the Commissioners of Lunacy.

"*Report of Commissioners in Lunacy.*

North and East Ridings Asylum, near Clifton, 18th March, 1854.

"There are now 298 patients (151 males and 147 females) in this asylum. We have seen and examined all of them, and found them remarkably quiet, orderly, and comfortable. *One female who under paroxysms of excitement is apt to seize and shake her fellow patients very violently, was placed for a short period under restrait, in the course of our visit, her hands being tied behind her by means of a handkerchief. In three other*

cases the spencer has been occasionally employed, to prevent acts of violence and destruction.

"The general health of the patients is now very good: as many as fifteen are registered as being under medical treatment, but their ailments, for the most part are not serious. One female who is keeping her bed is in a precarious and apparently sinking state.

"We went through and inspected the different galleries, day rooms and dormitories, as well as the yards, outbuildings, and offices, and found the whole of the premises in excellent condition, clean, sweet, and in the best order.

"The clothing and bedding also were clean, and of good quality.

"As usual, a very large proportion of the patients (at least five-sixths of the entire number) were engaged in various kinds of suitable employment. A great number of the men in the garden, grounds, and offices, others in the workshops and yards, the women chiefly in the laundry, and at their needle, and in household work. The great success which has attended the exertions of the Superintendent in this point must be equally gratifying to him and encourageing to others.

"No material alteration has taken place in the general arrangement of the institution since the visit of the Commissioners in June last; but the whole establishment is now on so steady and *satisfactory* a footing that the details of its daily management are carried on with great ease and regularity, and *we did not observe any thing as to which we could suggest any change likely to be useful.*

"We examined the provisions supplied for the patients, which we found to be of excellent quality.

"Upwards of 180 patients, as many as the chapel can comfortably accomodate, attend Divine Service in the chapel attached to the asylom.

"Since the Commissioners' visit on the 13th June last, 29 male and 30 female patients have been admitted; within the same period 44 patients, vix: 19 males and 25 females have been disharged, of whom 33 were recovered. The deaths have amounted to 19, and do not suggest any special remark.

"The institution, in our judgment, continues to maintain its deservedly high character, and to reflect great credit on those to whom more immediately its management is committed.

J. W. MYLNE, } Commissioners
J. R. HUME, } in Lunacy."

The means of restraint which were adopted in the presence of the Commissioners may not appear to have been very stringent; but when it is remembered that the wrists cannot be tied securely by a handkerchief or any other flexible bond, unless it is pulled tight enough to produce painful pressure, it will be seen that the imposition of the hand-cuff or the fetter could not have been more objectionable.* And to prevent what frightful and dangerous propensity was this patient restrained? What extraordinary necessity demanded such a remedy? She was restrained because she was apt to seize and shake her fellow patients very violently!

In three other cases the spencer (an euphonious name for the strait-waistcoat) had been used to prevent acts of violence and destruction. And thus in an asylum containing less than 300 patients, four of them were occasionally under restraint to prevent acts of violence and destruction. At the same rate there would at the present time at Colney Hatch be about sixteen patients mechanically restrained from acts of violence and destruction, and at Hanwell there would be thirteen patients in the same predicament.

When we observed how the praises of the Commissioners were piled up until they culminated in the avowal that in an establishment so perfect they "could not suggest any change likely to be useful," we at first thought it impossible that their record of the employment of mechanical restraint without an earnest protest against it, could not be attributed to forgetfulness. But when we called to mind the spirit in which for many years they have discharged the important functions confided to them, we felt constrained to admit the probability, that charmed by the perfect display of the lower but more conspicuous attributes of an asylum for the insane, they had neglected, by an oversight which they will be the first to regret, to denounce with vigor any recurrence to the evils of the past.

The North and East Ridings Asylum is held up as a pattern institution, and therefore the system adopted in it challenges enquiry. The Commissioners state that the success of the Superintendent in the employment of his patients "must be equally gratifying to him and encouraging to others." And he himself states, (p. 9,) "The asylum continues to attract numerous visitors, many of whom are magistrates from other counties interested in the welfare of the insane poor." We most willingly add our own testimony to the admirable condition of the institution. No nobleman in the country could have his home farm in more beautiful condition than the asylum farm at Clifton, and the whole place is a pattern of neatness and of administrative efficiency. Country gentlemen are quick to appreciate results of this obvious kind, and of a nature kindred to their own pursuits, but they may notwithstanding be grossly ignorant respecting the more important duties and responsibilities of the mental physician. The farming establishment of a county asylum may be perfect, while its medical arrangements may be lamentable; and while the country gentleman will admire and envy the one, the experienced physician may grieve over the deficiencies of the other.

We have said that the Clifton Asylum is placed before the public as a pattern institution: we must add, that the Superintendent of that asylum aims to be the founder of a system. The merits or demerits of the hard-labor system in its influence upon the welfare of lunatic paupers and the diminution of maintenance rates, we must take a future opportunity to discuss at length. We need only state in this place our conviction, that if Mr. Hill with all his experience, his tact, his humanity, and self-devotion to his purpose, cannot carry out this system without binding up his more troublesome patients in strait waistcoats, his imitators will not be long in returning to all the barbaritics of the

* In proof of the greater danger arising from bonds than from the use of iron fetters, we may refer to the painful case of the Windsor policeman mentioned by Mr. Ley in our present number, p. 00.

past. Even before the time when Ellis promoted employment at Wakefield, certain Scotch farmers gained reputation in the management of mad people by chaining them to plough handles. And if work at all price, even at the price of restraint, is to be the main object of lunatic management, what advance have we made upon the practice of these worthy agriculturists?

So far are we from objecting to agricultural employments for the insane, that in this respect we gratefully subscribe ourselves as one of those who have derived instruction and encouragement from Mr. Hill. Not in what he has done, but in what he has neglected, do we differ in principle from that gentleman. These ought he to have done and not have left the other undone. In his enthusiasm for employment he has neglected to abolish restraint: In his devotion to his duties as a public steward he has forgotten the higher duties of the mental physician.

He has mistaken the means for the end, and he is actively engaged in disseminating among county magistrates error of the most infectious, the most pernicious kind. Infectious because there is apparently nothing more desirable than a well-administered establishment appealing to the eye by its order and prosperity, and to the public selfishness by its effects in the diminution of maintenance rates; pernicious because it ignores the highest duties of the physician in the medico-moral treatment of the mind diseased; because it retains the old abomination of mechanical restraint, and pushes the employment of the insane beyond its legitimate use as a remedy, to a mischievous extent as a source of income.

If this system becomes a popular one, magistrates, when looking out for persons to superintend their county asylums, will be apt to despise diplomas obtained in Pall Mall or Lincoln's Inn Fields, and will not without reason prefer a recommendation from Mr. Pusey's Agricultural College at Cirencester.

Of the asylum for the County of Bedford we have little to say. Its character is of such a nature, that its Visiting Justices are reasonably desirous to get rid of the existing institution altogether. The following passage occurs in the Report of the Medical Officers.

"On the subject of restraint, we beg to say, that we have seen nothing to alter our opinions; and we feel assured that the so-called system of "*non-restraint*" is fraught, and is likely to be fraught, with far greater evils than that of judicious restraint."

The Visiting Justices of this institution are under Mr. Hill's tutelage, and it is a matter of some congratulation that he will not have to instruct the medical officers in the use of restraint. The Visiting Justices have recently advertised for a Superintendent at a salary which would be paltry, and even absurd, if offered for a man with any pretensions to skill as a physician, but which is quite commensurate with the duties of a farm bailiff. Of course the justices know what they want, and the salary they offer proves their consistency.

If anything we have written should give Mr. Hill pain, we shall, on that account, exceedingly regret the necessity which has compelled us to express, without fear or favor, our deep convictions. We greatly admire Mr. Hill's energy, his devotion to his work, and his many excellent qualities, and we earnestly trust that he may become a convert to the system of treating insanity which is now happily prevalent elsewhere throughout the kingdom. At one time we had hoped that the efficacy of the non-restraint system once proved and admitted, might, like the use of quinine in ague, or colchicum in gout, be safely left to its own merits. But we are now convinced that the advocates of that system are not destined to enjoy any long-continued repose. They must live, like the Dutch residing below the level of the sea, in a state of constant watchfulness against the beginnings of evil. The use of restraint in the management of the insane is so easy, so tempting, so accordant with many of our strongest motives of action, that we fear the time will never come, when the great principle of non-restraint will cease to need zealous guardians and stout defenders. The infringement of such a principle "is like the first running of waters" and imperatively demands the earliest and most earnest resistance.

TRANSACTIONS OF THE ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE, *held at Freemasons' Tavern, June 22nd*, 1854.

PRESENT:

Dr. BEGLEY, of the County Asylum for Middlesex.
Dr. BUCKNILL, of the County Asylum for Devon.
Dr. CAMPBELL, of the County Asylum for Essex.
JAS. CORNWALL, Esq., of the Fairford Asylum.
Dr. FOOTE, of the County Asylum for Norfolk.
Dr. KIRKMAN, of the County Asylum for Suffolk.
Wm. LEY, Esq., of the County Asylum for Oxford and Berks.
Dr. SUTHERLAND, of St. Luke's Hospital, London.
R. STEVENS, Esq., of Ditto.
Dr. THURNAM, of the County Asylum for Wilts.
Dr. TUKE, of the Manor House, Chiswick.
Dr. FORBES WINSLOW, of Sussex House, Hammersmith
Dr. WILLIAMS, of the County Asylum for Gloucestershire.

On the motion of *Dr. Campbell*, seconded by *Dr. F. Winslow*, *Dr. Sutherland* was requested to take the Chair.

The MINUTES of the last meeting were read by the Secretary, *Dr. Williams*, and confirmed.

The Secretary read a letter from the Treasurer, *Dr. Hitch*, expressing his inability to continue to discharge the duties of his office.

Dr. Thurnam moved, that "in accepting Dr. Hitch's resignation, the best thanks of the Association are due to him, for his great services in the establishment and support of the Association, and in the discharge of his duties as Treasurer."

Dr. Kirkman seconded the motion, which was agreed to unanimously.

Dr. Bucknill moved, that "*Mr. Ley* be appointed Treasurer." The Members were well aware of that gentleman's zeal for the welfare of their Association, and would feel that his acceptance of office would further promote its prosperity.

Dr. Kirkman seconded the motion, which was carried unanimously.

Dr. Forbes Winslow moved, that *Dr. Kirkman* be appointed to the office of Auditor, vacant by the lamented death of *Dr. Wintle.* Dr. Kirkman was one of the oldest Members and stauncheſt supporters of the Association.

Dr. Tuke seconded the motion, which was carried unanimously.

The *Secretary* submitted, for *Dr. Hitch*, the Treasurer's Report. The expenses of the present Meeting not being included, it shewed a balance in favor of the Association of £28. 16*s.* 9*d.* The Report was submitted to *Dr. Kirkman* for audit.

The *Secretary* stated, that he was entrusted with a message from *Mr. Commissioner Gaskell* to the Association, expressing his regret that he was unable to attend the present Meeting, in consequence of not having observed the notice of it given in their Journal.

Dr. Tuke stated, that *Dr. Conolly* also regretted his absence, which arose from the same cause as Mr. Gaskell's, and it was determined by common consent, that it will be advisable for the future to give notice of Meetings, not only in the Journal of the Association, but also by circulars addressed to each Member.

New Members.—*Dr. Sutherland* proposed, and *Mr. Ley* seconded, that *Mr. Stevens* of St. Luke's Hospital, London, and *Dr. Arlidge* late of St. Luke's, be admitted Members of the Association.

Dr. Bucknill proposed, and *Dr. Thurnam* seconded, that Booth Eddison, Esq., Surgeon to the Nottingham Hospital, etc., be admitted a Member of the Association.

A discussion arose whether the election should take place by ballot or by show of hands, and it was determined, that on the present occasion the latter mode should be adopted. This point having been decided, the above gentlemen were unanimously elected.

Dr. Bucknill moved, and *Dr. Tuke* seconded, "that the Chairman at the Annual Meeting should always be the President of the Association for the ensuing year." Carried unanimously.

Dr. Kirkman moved, and *Mr. Ley* seconded, that "a List of the Members of the Association should be annually published in their Journal." Carried unanimously.

Mr. Ley moved, that "a Committee be appointed for revising the Rules of the Association. The Committee to consist of the Officers of the Association, namely, of the President, the Treasurer, the Editor of the Journal, the Auditor, and the Secretary, with power to add to their numbers. The Report of the Committee to be presented at the next Annual Meeting of the Association."

The Rules of the Association had been framed many years ago, when it was not known how they would act. Some of them had been found inexpedient, and had been departed from in practice. The Association now contained a far greater number of Members than it did when those Rules were made. The objects it embraced were more extensive and important. He looked upon the present period of the Association as one of transition to a more active and vigorous state, and it would be necessary to adapt their Rules to their altered circumstances.

Dr. Thurnam seconded the motion; he thought the revision of the Rules most necessary. The Rule for the election of Members was inexpedient, and if strictly conformed to would interfere with the prosperity of the Association, and diminish their finances. Carried unanimously.

Dr. Forbes Winslow moved that, "for the future no person should become a Member of the Association who was not proposed, seconded, and elected by ballot, at a General Meeting of the Association." He would give up the point of the month's notice required by the old rule. It had been stated, that the rule as it at present stood, had not been adhered to in practice, and that the practice had been, to permit the medical officers of public asylums and public hospitals for the insane, to join the Association without any other formality than a notice to the Secretary of their desire to do so; while the medical officers and proprietors of private asylums were required to be elected at the meetings of the Association. He thought this distinction between two classes of medical men engaged in the same pursuit exceedingly objectionable ; and that justice required that all the Members of the Association should gain admittance at the same portal and in the same manner.

Mr. Cornwall seconded the motion.

Dr. Thurnam thought *Dr. Winslow's* motion informal. The rule for the admission of Members was a fundamental one in all societies ; the existing one was undoubtedly inconvenient, but he thought that it was not desirable for the present meeting to deal with it at once, and without the opportunity of due consideration; he therefore moved as an amendment, that "the rule for admission of Members be submitted for revision with the other Rules to the Committee appointed for that purpose."

Dr. Bucknill seconded the amendment.

The amendment was then put to the meeting, and carried by a majority of seven to three.

Dr. Thurnam moved, that "the commencement of the Association Year should be on the 1st of July, and that the annual subscription of one guinea should be paid up to the 30th of June."

Dr. Campbell seconded. Carried unanimously.

Dr. Campbell moved as instruction to the Committee for revision of Rules, that "any Member in arrear of his subscription twelve months after the termination of the year in which it is due, shall cease to be a Member of the Association."

Dr. Kirkman seconded. Carried unanimously.

Mr. Ley moved, that "a Committee be appointed to watch proceedings taking place in Parliament, likely to affect the interests of Members of the Association, and of the institutions with which they were connected."

He observed that great dissatisfaction had been expressed, that during the passing of the New Lunacy Acts through the Houses of Parliament last year, no measures had been taken by the Association to afford information, or in any way to aid the labors of those entrusted with the passing of these statutes; and although he was aware that several Members of the Association had given their active assistance as individuals, it would have been much better if such information had been tendered as coming from the Association. Gentlemen would remember that a Bill

called the County Financial Boards' Bill had several times been before Parliament, and although it had hitherto been rejected or withdrawn, it must be borne in mind that the Government had conceded the principle of the Bill, and had given their promise to introduce a similar measure. If that Bill as it originally stood became law, it would greatly interfere with the government of county lunatic asylums, and would be likely to cripple their utility. For these and other reasons he thought it was desirable that a Committee such as the one he proposed should be appointed.

Dr. Bucknill said, that Members were aware that the principles of the Bill referred to by the mover, and mainly advocated by Mr. Milner Gibson, was this, that those who paid taxes of any kind had the right to direct and to superintend the expenditure of those taxes. Now he would not undertake to deny, that this principle might be a sound one while applied to the granting and the supervision of the expenditure of the general taxes by the representatives of the taxpayers. Though even here in times like the present the principle was but a theory. In county expenditure it might be right to give the rate-prayers a voice in the expenditure of their money, when it was for purposes of mere utility, as in the erection of bridges, buildings, etc. But he must protest against the application of this doctrine wherever the interests of the insane poor were at stake. He need not remind gentlemen of the unutterable misery inflicted upon this class of sufferers, from motives of economy, so long as their care and maintenance was entrusted to parochial officers, and to persons employed by them. The cry of anguish then raised had been loud enough to bring relief in the several statutes which had been passed, entirely removing the insane poor from the control of those who were immediately interested in the economy of their maintenance. If the doctrine referred to was to be adopted as the principle of new legislation, as to the expenditure of county and local rates, it would be liable to convert much of the Asylums' Act into a dead letter. It had been said that justices of the peace would continue to be the real governors of asylums and other public institutions; the new legislation only interfering with that business which was now done at the court of session; but he could not but believe that those who held the purse strings would always be the real masters. There was, strangely enough, both in the new and the old Asylums' Act, a clause which would seem to have been dictated by the principle of Mr. Milner Gibson's Bill. It was section 129 of the new Act, section 82 of the old one. It provided that, "The Council of a borough giving notice to Secretary of State within six months of the passing of the Act, of intention to take upon itself the duties and powers imposed and conferred upon Justices of borough, shall be subject to and exercise such duties and powers, in erecting and providing asylums, &c. Matters and things required by the Act to be done at meetings of Justices shall be done at meetings of Council, and notices required to be given to Clerk of the Peace shall be given to Town Clerk."

Now the body of the statute throws all the duties and powers of providing for the insane poor of boroughs upon the justices. But this clause enables a body elected by the rate-payers from among themselves, and resembling in its constitution no body in the counties except the boards of guardians, entirely to supersede the justices in making provisions for the care and maintenance of the insane poor. If the statute had contained a clause enabling the several boards of guardians in every county collectively to elect a committee to supersede the courts of quarter Sessions and the committees of Visiting Justices in the erection and government of county asylums, the working of such a clause would have been precisely similar to the one in question.

He was aware of instances in which the Town Councils of Boroughs had availed themselves of this clause to wrest the management of their insane poor from the hands of the Justices. He hoped he might never see the management of the insane poor of counties wrested from the hands of Justices of the Peace. As a rule, the latter were the most educated, the most humane, and the most disinterested men to be found in country districts, and were therefore the best fitted to carry out the humane intentions of recent legislation with regard to the insane poor. He believed that Mr. Milner Gibson's doctrine was entirely fallacious, when applied to the control of expenditure on behalf of those suffering from the combined afflictions of insanity and poverty, and with whose well-being the interests of the Members of this Association were so closely identified.

Between the ratepayer and the insane pauper the Legislature must be pressed to maintain a humane intelligent, and disinterested executive, anxious to do justice to both; and, while maintaining a wise economy, to avoid infringing upon any means of cure, or sources of happiness, of which the poor lunatic is capable. He had much pleasure in seconding Mr. Ley's motion.

The Chairman observed that, during the last session of Parliament, the whole weight of watching the lunacy bills had fallen upon Dr. Forbes Winslow, who had devoted much time and trouble to that duty; and that any Committee named on the present motion would be very imperfect, unless he was a member of it.

Dr. Forbes Winslow said that he certainly had carefully watched the progress of the Private Asylum Bill through Parliament, and that he had used his influence to obtain various modifications of that measure. He was not, however, so conversant with the law as it related to public asylums, and he would wish to be associated in the Committee with gentlemen who had knowledge of that kind.

The Chairman thought that the Committee would find it desirable to employ a Parliamentary agent, in order to give them notice of proceedings.

The motion having been put, was carried unanimously, and the following gentlemen were appointed members of the Committee: Dr. Sutherland, Mr. Ley, Dr. Forbes Winslow, Dr. Bucknill, Dr. Begley, and Dr. Kirkman.

Dr. Bucknill said he was desirous of obtaining the opinion of the Association as to the feasibility of the Members co-operating with each other in the engagement and discharge of servants and attendants. The

new statute, by section 26, required that notice of the dismissal of any attendant for misconduct should be given to the Commissioners of Lunacy. The circular of the Commissioners states that "the object of this provision is, by means of a central registrar, available for general purposes, to prevent improper persons from being employed in the care of the insane." Now, as the Commissioners did not, indeed could not, make known to all Superintendents the names of all persons so dismissed, and as Superintendents were not in the habit of applying to the Commissioners for information respecting persons seeking appointments as attendants in asylums, the good intentions of this clause were completely nullified. He therefore proposed that the meeting should adopt the following resolution:

"That the Members of this Association pledge themselves not to engage any attendant or servant who has been in service in any other asylum, unless they receive from the Superintendent of that asylum a character of the applicant sufficiently good to justify his or her engagement.

"And they also undertake to afford to each other on application a full and faithful account of the qualifications and conduct of any attendants or servants who may have been under their control."

Mr. Stevens thought the proposition of the most useful character, and had much pleasure in seconding it. If adopted, it would tend greatly to facilitate duties which Superintendents generally found most responsible and difficult; but upon the successful discharge of which, the welfare of their institutions in a great degree depended.

Dr. Campbell thought the resolution would be a most useful one, if it only served to discourage and impede the practice which prevailed in some asylums, of permitting matrons and stewards to interfere in the engagement and discharge of servants and attendants.

Dr. Thurnam thought the resolution was somewhat too stringent, and would suggest the following modification: that the words from "unless" to "engagement" be omitted, and that the words "without a character from the resident medical officer of that asylum" be substituted.

Several other Members having spoken in favor of the resolution,

Dr. Bucknill said he wished the resolution to be carried unanimously, and would adopt *Dr. Thurnam's* amendment.

The resolution was therefore put in the following terms:

"That the Members of the Association pledge themselves not to engage any attendant or servant who has been in service in any other asylum, without a character from the Resident Medical Officer of that asylum.

"And they also undertake to afford to each other, on application, a full and faithful account of the qualifications and conduct of any attendants or servants who may have been under their control,"—and was carried unanimously.

Mr. Ley begged to state some particulars of a remarkable case which had recently been admitted into the Oxford and Berks Asylum.

C. S., of the A division of the metropolitan police, was one of two policemen always on duty at Windsor Castle. He assisted to extinguish the fire which occurred last autumn, and was for many hours very wet. He subsequently had pains in the limbs, and was easily fatigued. In January he had a distinct attack of fever and became delirious. Being a powerful man he was not easily managed. Neighbours were called in to assist a person who was said to have had experience in the management of the insane. He resisted them and liberated himself from the strait waistcoat. Then then tied him by the wrists and ancles by means of cords to the bedstead. In the morning the medical practitioner whom his wife had called to see him found him tied up in this manner, and ordered his immediate liberation. He was brought to the asylum at Littlemore with his wrists and ancles bleeding; the integuments having been cut through by the cords. The tendons of the left wrist sloughed from the amount of injury thus inflicted. He is now convalescent in mind. The wounds on the left wrist are not yet healed. He has lost the use of the left hand entirely, and has but very imperfect use of the thumb and fore finger of the right hand. Both arms are also contracted at the elbow.

Mr. Ley then read a letter from Mr. Chatto, the Librarian to the Royal College of Surgeons, requesting members of the Association, who were Superintendents of asylums, to forward to him their annual reports, in order that a complete series of these documents might be formed, and placed for reference in the Library of the College.

He then referred to the occurrence of deaths by fire, and stated that, during the last season, there had been no less than six deaths of patients in the asylums of this country, from the accidental or suicidal burning of their clothing. He had applied to some of the Superintendents of the asylums in which these occurrences had taken place, requesting to be informed of the particulars, in order that they might be published in the *Asylum Journal*. He had found that Superintendents were very reluctant that these misfortunes, and others of a similar kind, happening in their institutions, should be made known; a reluctance which he deeply regretted, as it was opposed to the spirit of general improvement. He was particularly anxious respecting these deaths by fire, not only because he thought the large number which had recently occurred might be taken as an indication that the abolition of all forms of fire guards, and even of high fenders, which was now so fashionable, had been pushed with a rash haste, but also because the asylum under his own management was not fire-proof, and he felt considerable apprehension lest an accident like those referred to might result, not only in the death of the individual, but in a more serious catastrophe.

Dr. Bucknill submitted to the Meeting two new buckles or locks to fasten dresses or boots in patients who strip themselves. He referred briefly to the various means which had been employed for that purpose: from the small padlock which had been used at Hanwell, when restraint was first abolished in that Institution, to the small screw button invented by Dr. Powell. His friend, Dr. Begley, had stated objections

to all these means; the screw button, which was the best of them, being too small for clumsy or benumbed fingers, and the screw wearing out. He had accepted Dr. Begley's challenge to invent something better, and submitted to the Meeting a modification of the buckle used in a lady's bracelet: the spring being divided by two cuts into three parts, which acted independently of each other, so that unless they were all three pressed down simultaneously, the clasp would not be freed. This simultaneous pressure was made by the key through three openings in the face of the clasp. The operations of opening and closing were instantaneous. The other plan was a small spring lock not exceeding three-quarters of an inch square. The Members generally preferred the clasp, as being more simple than the lock, and expressed opinions that it was a great improvement upon the means now in use.

Dr. Foote exhibited two beautifully executed models of the liver of a patient, who had died in the Norfolk County Asylum, with that rare affection commonly called apoplexy of the liver. He also exhibited a portion of the organ itself. The patient, a man of middle age, was afflicted with epilepsy and moral insanity. Two months before his death, he suffered from œdema of the legs, with urine of a sp. gr. of 1.014, and containing a considerable quantity of albumen. Under appropriate treatment, his condition improved; but, in May last, he was seized with a series of epileptic fits, of which he died in thirty-one hours.

The Post-Mortem Examination presented the following appearances:

Thorax. Heart. After all the blood was washed out, and the pericardium removed, the heart weighed twenty-one ounces. Right ventricle much dilated, left ventricle much dilated and hypertrophied. The mitral valve admitted three fingers. Lungs much congested.

Abdomen: covered with fat about two and half inches in thickness. The mesentery much loaded with fat.

Liver: weighed four pounds seven ounces. On the upper surface of the right lobe it was very adherent to the diaphragm; the left lobe was free.

On examining the liver after removal, a large firmly coagulated clot was found on the upper surface of the right lobe, situate beneath the peritoneal covering, extending over its anterior two-thirds, of a heart shaped form, and about seven inches by six in diameter superficial, almost resembling in appearance a smaller liver placed on the right lobe. The left lobe was rather small.

On slicing the right lobe, the clot was found to be about one inch in thickness anteriorly, and gradually becoming thinner as it proceeded backwards. In the centre of the substance of the liver were two or three other clots, smaller in size, which, however, were connected with the larger clot, situated on the periphery. The substance of the liver was pale.

Around the latter clots was a substance looking like tubercle, and which, upon microscopic examination, was found to be fat.

The Kidneys, when cut, showed a very thin cortical substance, having a yellowish, fatty, or albuminous appearance, which extended also to the interpyramidal substance. Weight of left, five; right, five and quarter ounces.

The stomach was empty.

Apoplexy of the Liver.—Having examined various authors who treat on the pathological anatomy of the liver, I have been unable to find this disease described except in Rokatansky, who says, "Apoplexy of the liver is a very rare occurrence; it results from congestion which has rapidly attained a very high degree, and undoubtedly commences in capillary hœmorrhage; an apoplectic spot is thus caused, which may enlarge and induce a rupture of the vessels. According to the seat of the hœmorrhage we find two varieties, *viz.* peripheral and deep-seated hœmorrhage; both may occur, however, simultaneously. In the former the hepatic peritoneum, especially that investing the convex surface of the right lobe, is detached in a varying extent, and underneath it is found fluid or coagulated blood, to a larger or smaller amount.

"These hœmorrhages occur chiefly in infants, as a consequence of impeded respiration and pulmonary circulation, from suffocative catarrh. The hepatic peritoneum may become ruptured, and thus cause an effusion of blood into the abdominal cavity.

"The liver is in a state of permanent congestive tumefaction, and being over charged with blood, presents a dark red colour, and looseness of texture. We are reminded by these effusions of the analogous bleedings in the cranium, accompanied by a detachment of either the pericranium or the dura mater, which constitute the so-called thrombus, or cephalœmatoma.

"In the second variety, apoplectic spots of various forms and sizes are found in the parenchyma; there are in general several of them dispersed through the organ. This variety is found more frequently in adults than the former, but the two may take place at the same time." The case presented to the attention of the Society presents this combination.

Dr. Bucknill observed, that the portions of the liver not implicated in the sanguineous effusion, appeared to be in an early stage of fatty degeneration. The albumimous condition of the urine, dependant upon organic change of the kidney, was, according to his experience, a very unfrequent condition in insane patients; and Dr. Blackall, of Exeter, one of the earliest investigators into the pathology of dropsy, and for many years a physician to a hospital for the insane, had made the same observation. Perhaps *Dr. Sutherland*, who had paid so much attention to the state of the urine in insanity, would be able to give them information on this subject.

Dr. Sutherland said, that, according to his experience, albuminuria was very rare amongst the insane, although, in the wards of St. Luke's, it did occasionally present itself.

Dr. Foote also exhibited a larynx, with the adjoining parts, taken from a patient who had suffered from chronic cough, and who had died suddenly in a convulsive fit (the second he had experienced), with symptoms of apnœa. The necroscopical examination presented the following conditions.

The cartilages of the larynx externally were dense

and inelastic. The epiglottis was shortened, contorted, and thickened, its free edges incurved and partially approximated. The soft tissues around the arytœnoid cartilages were thickened and approximated, the upper cornua of thyroids about seven-eighths of an inch apart, the whole of the cartilages unyielding and almost bony. All the soft parts of the pharynx and upper part of the œsophagus were thickened. True chordæ vocales not thickened or swollen, mucus membrane of trachea and the larynx a little reddened. Uvula and tonsils a little red and swollen.

The whole effect of the thickening of soft parts when first noticed was to close in a great measure the upper opening of larynx, and the thickening of mucous membrane of the epiglottis, appeared partly chronic and partly recent. The case was thought to be interesting, from its bearing upon the question of Tracheotomy in convulsive affections.

Dr. Bucknill read a letter from Dr. Macintosh, of the Glasgow Royal Lunatic Asylum, respecting the establishment of a branch Association in Scotland, and moved that "It is desirable that a branch of this Association should be formed in Scotland, and that the Secretary do communicate with the Superintendents of the Scotch asylums for that purpose."

This motion was duly seconded, and carried unanimously.

Dr. Bucknill then being called upon to make any statement respecting the *Journal* of the Association, said, that he had little to communicate which the Members did not already know. They must judge for themselves of the literary success which had attended the undertaking which they had entrusted to his care. From numerous letters he had received from Members of the Association, he felt that, in a literary point of view, the *Journal* had given complete satisfaction. If he were tempted to make the slightest complaint that he had not been well supported, the number of original papers from different members of this Association, which the *Journal* already contained, would at once refute him. He trusted that the Members would continue to supply him with similar communications in increasing numbers, and that they would bear in mind Dr. Conolly's remarks when, at the Oxford Meeting, they determined to establish the *Journal*, that the case books of asylums contained an unworked mine of golden wealth, which it was their duty to make productive for the public good. He trusted to their active co-operation in opening the veins of this treasure. He must not forget to mention that, having applied to his friend Mr. Ley for a paper, he had received in return a bank note for £5. In a financial point of view, he must tell them, what they were no doubt well prepared to hear, that the *Journal* was not a remunerative investment. It was, in fact, addressed to a very limited audience, and the sale was therefore not likely to be extensive. They could only hope to extend its sale by rendering it more generally attractive, and consequently less professional, and less special. This result he did not think they would desire to see effected, and he felt well satisfied in pursuing the useful and unambitious course in which they had set out. He felt sure that Dr. Forbes Winslow would acknowledge that their *Journal* was conducted in no spirit of rivalry to his own excellent publication; but, on the contrary, he hoped that the two might even extend the usefulness of each other.

The Associations of public officers of asylums for the insane had long supported Journals devoted to their specialty both in France and America—(*Dr. Sutherland*, and Germany)—he had forgotten Germany; and he trusted that they experienced some satisfaction in no longer lagging behind the other civilized nations in this respect.

Dr. Forbes Winslow spoke of the *Asylum Journal* in the most handsome manner. He did not consider it a rival of the *Psychological*, and he begged to move that "The best thanks of this Association be given to Dr. Bucknill, for the manner in which he has conducted the *Asylum Journal*."

Dr. Begley seconded the motion, which was carried unanimously.

Dr. Thurnam moved, "That the balance in the hands of the Treasurer, at the end of the present year, after the payment of the debts owing by the Society, be handed over to Dr. Bucknill, on account of the expenses incurred by him in conducting the *Asylum Journal*. Dr. Bucknill's accounts to be forwarded to the Treasurer, and duly audited."

Dr. Forbes Winslow seconded the motion, which was carried unanimously.

Dr. Williams read a letter from Dr. Hitchman, regretting his inability to leave Michelover to attend the present Meeting, and suggesting that the Annual Meeting of the Association should always be held at the same time and place as that of the Medical Provincial Association.

A discussion took place on *Dr. Hitchman's* suggestion, in which several members joined. It appeared to be the general opinion that it would be more convenient to hold the Annual Meeting always in London; but that, whenever the Medical Provincial Association Meeting took place in a neighbourhood possessing attractions to men engaged in the treatment of insanity, an additional Meeting of this Association might take place concurrently with it. With this expression of opinion, the Meeting left the subject to the consideration of the Committee appointed for the revision of the rules.

Dr. Sutherland having vacated the chair, it was taken by *Dr. Campbell*,

Dr. Begley moved, "That the best thanks of this Association be given to *Dr. Sutherland* for the manner in which he has presided over this Meeting."

Dr. Kirkman seconded the motion, which was carried unanimously; and the Meeting separated.

The Members afterwards dined together, and spent a most agreeable evening.

The New Asylum for the Middle Classes at Coton Hill, near Stafford.

This institution is at length open for the reception of patients under the superintendence of Dr. Hewson, late of Salisbury. Mr. Wilkes, the Superintendent of the neighbouring County Asylum, to whose public spirit and indefatigable exertions the undertaking owes

Warrington sc.

27, Strand.

INSTITUTION FOR THE INSANE.

COTON HILL, STAFFORD.

its origin and successful completion, having in the most noble and disinterested manner declined the honor of its management.

We reserve to a future opportunity the discussion of the only questionable principle involved in the foundation of this and other similar establishments, that, in fact, which makes it to a certain extent a trading speculation, and which contemplates deriving the sources of charity for the insane poor, from a profitable investment in medical science and appliances in treating the mental diseases of the rich. We believe this principle to be an unsound and dangerous one; and we earnestly hope that the patrons and managers of the new asylum will in the course of a few years be enabled to derive funds sufficient for its support from sources less open to objection. The principle referred to might be applied to other diseases besides those of the brain, and would, if carried out, tend to convert the medical profession into an army of stipendiaries.

We are glad to observe that the real object of the new institution at Coton Hill is to afford relief in mental sickness to that class which intervenes between the rich and the absolutely poor: those who earn a good livelihood and maintain a fair position so long as the faculties of mind and body are sound and healthy and ready to answer to the calls for exertion, which the exigencies of life make upon them; those whose capital is in the toil of the brain and the cunning of the skilful hand, but who are plunged into destitution, which to them and to their families is felt to be disgrace, when they are overtaken by prolonged and serious illness.

"The rich, when insanity falls upon them, are surrounded with all the care that wealth can command or sympathy suggest; the poor can apply to the parish and be received into a county asylum, but the class between the rich and the poor suffer without resources and often long unknown. All the prolonged pains and griefs of concealed poverty beset and torture them, and no relief presents itself until they have wholly fallen into the rank of paupers."—*British and Foreign Medical Review*, No. 37.

For this class of patients it is that "the institution is primarily intended," and their "admission will be secured to the fullest extent compatible with the success of the undertaking." We sincerely hope that no long time will elapse ere the bequests and subscriptions of the benevolent will enable the managers to devote the institution entirely to this class, and to dispense with that objectionable source of income, "the excess of payments imposed on the more affluent."

The committee have taken as a model in principle, though not perhaps in management, the asylum near Oxford founded by the munificence of Dr. Warneford. In which, of 536 patients admitted from its opening in 1826 to the close of 1847, 21 were clergymen, 71 of other professions, 34 wives and children of professional men, 84 farmers, their wives and children, 219 tradesmen, their wives and children, 107 servants, either domestic or in husbandry, but not chargeable.

The Staffordshire General Lunatic Asylum has always contained a considerable number of opulent patients and of patients belonging to the charitable class. It having, however, become necessary to provide additional accommodation for the pauper lunatics of the county, it was determined to devote the whole of this asylum to the pauper lunatics, and to provide a new building for the rich patients and those who were not chargeable. A most successful public meeting to promote this object was held at Stafford on the 27th of November, 1851. Thirty acres of land admirably suited for the purpose, and within half a mile of the old asylum, were purchased as a site, plans for a building to accommodate a hundred patients were obtained, and the building was forthwith commenced.

The structure, which will add greatly to the fame of Messrs. Fuljames and Waller, of Gloucester, from whose designs and under whose management it has been erected, and who have designed and arranged similar structures at Abergavenny and Denbigh. It is in the beautiful Gothic style of the domestic architecture of the fifteenth century, so eminently suited, from the rich variety of outline which it affords, for an open site such as Coton Hill, and the effect of the design, relieved by rich successions of light and shade, produced by projecting gables, bay windows, and elegant towers and chimneys, affords the highest testimony to the taste of the architects as the thoroughly excellent execution of all the works furnishes to their practical skill. Looking at the building from the south, that is, from the Trent Valley Railway or the Uttoxeter road, the spectator will observe a long central range of buildings extending from west to east, to the length of two hundred and forty feet, flanked at either extremity by two wings which project in front, and serve to enclose three sides of a quadrangle, in the centre of which is a fountain. The view here described is the principal front, and in the centre is the front entrance, over which is a piece of beautiful scroll work inscribed, "Blessed are the merciful for they shall obtain mercy." Immediately over this doorway is a very elegant octagonal bell turret, surmounted by carved pinnacles. At the end of each wing are grounds appropriated to the patients of the highest class, enclosed with pierced stone work. To the left of the observer, that is, nearly opposite the extremity of the west wing, there is now in the course of completion a beautiful little church, consisting of a nave and chancel, with a total length of seventy-eight feet, and the ground gradually slopes to the road, where there is a very handsome lodge by the entrance gate. The church will be one of the most pleasing features connected with the establishment, not merely on account of its architectural beauty and the fine effect it will give to the landscape, but as an agreeable proof that the patients are to participate in the benefit of those Christian ordinances which are so well calculated to afford solace and repose to disquieted minds. Proceeding along the Uttoxeter road towards Stafford, a view is obtained of the west façade, which is a precise counterpart of the eastern. On that side will be seen a square tower, and rising from the corner of it, a small octagonal turret, which serves as an extraction shaft for the ventilating flues, an apt illustration of the facility afforded by Gothic architecture of rendering those features which are necessary for domestic convenience, as chimneys, windows, &c., the most striking ornaments. A similar tower is connected with the

east wing of the building. An elegant shaft, rising to the height of ninety feet, and exactly opposite the bell turret in the south front before referred to, receives the flues from the cooking and washing offices, which project from the back of the central range. The other servants' apartments occupy the basement. From the west façade the ground slopes considerably, and is enclosed in a similar manner to the grounds to the south by pierced stone work, and is laid out in a very tasteful manner. The whole length of these eastern and western wings is two hundred and three feet. The aggregate length, measuring from east to west over the two wings and along the central range, is three hundred and twenty-six feet; and the whole building, with the pleasure grounds and kitchen gardens, covers an area of nearly nine acres. The material employed in the erection of the building is bricks made on the spot, and rendered pale (similar to bricks commonly employed in buildings in London) by mixing chalk with the clay; and the dressings are of Bath stone, a material highly famed for its beautiful architectural effect, and which is likely, we should imagine, from the fine specimen this building affords of its adaptation to architectural purposes, to be more generally used in this neighbourhood. Although the cost of carriage renders it much more expensive, in the first instance, than stone obtained in the district, the ease with which it can be worked, makes it scarcely, if at all, more costly than the best Staffordshire stone. When first quarried it is so soft that it can be cut with saws similar to those employed by carpenters; and circular saws worked by steam power have been used by Messrs. Fulljames and Waller for the purpose. The pierced stonework, which encloses the terraces, was thus cut; and the blocks so removed have been employed in the erection of the chapel. But however readily this stone yields when new, to the workmen's tools, by exposure to the atmosphere it becomes exceedingly hard, never vegetates, and is impervious to wet.

The western portion of the building, that nearest Stafford, is appropriated to female patients—the eastern to men. The apartments for the accommodation of the patients look either into the open country to the east and west or into the quadrangle in front. At the south extremity of each wing (that is, to the front) two suites of apartments are provided for the highest class of inmates. Each consists of a drawing room, lighted by a large bay window, 16 feet long and 11 feet wide, exclusive of the recess formed by the window, and a bed-room of the size above given, without the recess in the bay. Between these two rooms is an attendant's room, and a small corridor passing in front of the attendant's room, connects the patients bedroom and sitting-room. A bath-room and closet are attached to these suites of apartments, and the whole is separated from the rest of the building by a double partition across the corridor, and a separate door affords access to the grounds allotted to these patients. These rooms, and the whole of the first floor, are 12 feet 4 inches high. The corridors are well lighted, The ceilings are composed of iron beams, covered with concrete 6 inches thick, securing to a very great extent that safety from fire which arched ceilings afford. The window sashes are of wrought iron, and, by an ingenious contrivance, are self-fastening, and can only be opened by the attendant's key. The doors are of pitch pine, varnished; and it may be remarked that, except in the servants' apartments, there is no painted woodwork whatever in the building. The doors have been hung by an ingenious contrivance: the hinge, instead of being an unsightly projection, forms a part of the bead which runs round the edge of the door lining, andaffords the additional advantage of enabling the door to shut completely back. The whole of the rooms, and the corridors, are skirted with Keene's cement. The furniture in the sitting rooms is of oak, that in the bed-rooms is of larch, stained by a peculiar process by Messrs. Cooke, of Warwick; and it is a striking proof of what can be done with common materials, that a surface of the most beautiful polish and the richest shades is here produced from a wood commonly applied to making ordinary posts and rails. Passing through the double partition, which contains a "hoist" for raising the food conveyed by a railway, in the basement story, we enter the apartments of the ordinary first-class patients. The bed-rooms are 12 feet by 8 feet, and an apartment is provided for an attendant in each ward. These inmates have no private sitting-room, but have in common a dining-room, 25 feet long and 18 feet wide, opening by wide folding-doors, by which means the two rooms can be connected into one. On the male patients' side is a billiard room. The ceilings are open, and the woodwork stained in imitation of oak. Each ward is provided with a bath-room and closets. Extending towards the back are the apartments for the second-class patients, consisting of bed-rooms, with attendant's room, a general dining-room, equal in size to the dining-room for the first-class patients, bath-room and closet. At the extremity of each wing are rooms for refractory patients, consisting of a dining-room 16 feet square, and single rooms, 10 feet long and 9 feet in width. The walls and floors of these rooms are to be padded. The doors are self-fastening, and can only be opened from the outside; they are provided with inspection plates. An additional door serves to deaden the noise a patient in this unfortunate state may make, it is also completely excluded from the other apartments by other double doors, which open from the main corridor into the refractory ward. Distinct grounds for exercise are provided for this class of patients. An arrangement of bed-rooms, bath-rooms, etc., of precisely similar character, prevails on the first floor, where, above the dining and billiard-room for first-class patients, are a drawing room and library, corresponding in size with the rooms below. In the centre of the building, on the first-floor, is a room 36 feet long and 20 feet wide, lighted with three large windows, with an open Gothic ceiling, richly carved, which will answer the double purpose of a committee room and an assembly room, where patients of both sexes may occasionally meet, and enjoy in common social entertainments. Above the first-floor, in the higher portions of the building, are attics, containing bed-rooms for second-class patients. The central apartments are appropriated to the superintendent's and matron's apartments, and a

beautiful carved oak staircase rises opposite the entrance door. The arrangements for warming and ventilation are very complete. A double line of iron pipes, heated by steam, passes along a large flue, into which the external air is admitted; and these flues, passing by the side of each room, the air warmed by the steam pipes enters the rooms through a perforated plate at the bottom of the wall, which can be closed to any extent desired. At the top of the room a similar perforated plate opens into a flue for conveying away the foul air, and this flue terminates in one of the octagonal shafts before described. By these means a current of air will constantly be passing through each apartment. The flues, through which the steam pipes pass, are equally adapted for conveying cold air in summer.

It is a gratifying fact that, although the cost of the land and the building will amount to upwards of £30,000, a very large part of that sum has been already raised. A debt of about £5,000, however, still remains, and will, be likely to impede the operation of the institution so far as it relates to those patients whose friends may be unable to pay at a rate fully remunerative for the expenses incurred in their maintenance. This would be a matter of the deepest regret. It is to be hoped that the same public spirit which has so far provided the means for the establishment of this noble institution will not fail speedily to remove this remaining clog to its beneficent operation. The committee would be greatly assisted in their endeavours if the annual subscriptions were increased in amount.

They would also be happy to receive gifts of books for the libraries, and musical instruments for the use of the inmates.

The new institution commences operations with from fifty to sixty patients transferred from the old asylum. We heartily wish the asylum complete success in the development of its charitable object.

On the Medico-Moral Treatment of the Insane, by Dr. H. Van Leeuwen, m.d., *formerly Physician to the Asylum at Meerenberg, North Holland.*

"*Ce qui est malade chez l' aliéné, ce n' est en règle générale, ni le corps seulement, ni seulement l' âme ou l' esprit ou la raison humaine; mais c' est l' homme pris dans tout l' ensemble admirable mais compliqué, de ses facultés physiques, intellectuelles et morales; c' est l' homme entier, pris comme individu.*"—Dr. H. Van Leuween, *Rapport sur la Fondation, &c.*

The principal aims of the *medical* and the *moral* treatment of the insane, and their relative value in the cure of Insanity, have of late been very differently estimated. It has been said, that in every case of Insanity the medical treatment is equally essential with the moral treatment, and ought to stand in juxtaposition with the latter. The most essential aim of the moral treatment has been thought by some clergymen to be a spiritual one, insanity being "one of the curses imposed by the wrath of the Almighty on His people for their sins." By the modern philosophers and many psychological physicians, adhering to the dualistical theory on matter and mind, it is considered to be a psychical or psychological one, intended to operate upon the mind as upon an instrument or organ, while the target of the medical treatment would be the body alone. One is induced to believe from the following passage, that Dr. Forbes Winslow considers the moral treatment more exclusively an intellectual or syllogistical method of cure, operating by the faculties of the human understanding upon the mind. "If the mind be the instrument," says Dr. F. W.,† "upon which we are to operate, in carrying out any systematic plan of moral treatment, if it be the duty of the physician perseveringly to combat with delusions and hallucinations, and to substitute for them correct and healthy impressions; to strengthen these impressions by judicious and repeated repetitions; remove perverted trains of reasoning, replace them by correct inductions, and give them the power and influence of habit and frequent association,—how, I ask, can he make any progress in this mode of treatment, so long as he is ignorant of the material with which he is to work,—in fact, with the faculties of the human understanding?" From this passage one would infer, that mental disease and intellectual disease are to be considered synonymous. But this accomplished physician must acknowledge that mental disease may much more correctly, although not exclusively, be considered as synonymous with moral disease, and he will certainly agree with the practical description of the Commissioners in Lunacy, who, in their interesting Report of 1847 to the Lord Chancellor, stated: "the moral treatment of Insanity comprehends all those means which, by operating on the feelings and habits, exert a salutary influence, and tend to restore them to a sound and natural state." An eminent French author describes in the same way the most essential aim of the moral treatment thus: "Ici il ne s' agit pas de ces consolations banales, qu' on prodique si souvent comme des formules tout aprises; mais bien de l' art fort difficile de combattre les passions par les passions, en opposant aux penchants désordonnés, emportés, vicieux, des inclinations plus tranquilles, des penchants meilleurs, en substituent d' autres idées à celles, qui font le tourment des malades."

Experience however has now sufficiently established, that neither in private practice, nor in ordinary hospitals for general disease, this excellent prescription of moral treatment of the insane can be carried out satisfactorily. The individual moral treatment does not influence the insane properly as social beings, and it is the characteristic of proper asylums for the insane, that by their social and home-like arrangements they alone can realize that modern system which the French *aliénists* have called the 'general moral treatment,' and which I would suggest to call the 'medico-moral treatment of the insane.' Again, some important peculiar hygienic measures are found to constitute an inseparable and essential part of the medico-moral treatment. In many cases it is impossible to say whether the well known benefits of rural life, of agricultural employment, etc., are to be ascribed more to their moral or to

† First Lettsomian Lecture, p. 123 of *Journal of Psychological Medicine, &c.*, 1854, No. XXV.

their general hygienic influence. In order therefore to complete more satisfactorily the last given general description of the moral treatment of insane, it seems to me useful to compare the characteristics of the means of cure in medical hospitals for general disease with those essentially peculiar to lunatic asylums. We thus find that, while the medical treatment of ordinary diseases, and also of insanity, consists in "an individual administration of pharmaceutical, surgical, and dietetical means, accompanied by some general hygienic measures," The medico-moral treatment of the insane on the contrary requires "a proper combination of peculiar pharmaceutical, hygienic, moral, and social means, fitted to operate on the general bodily health of the insane, and to improve their moral condition by acting upon the feelings, affections, habits, and inclinations,

From this general description of the moral treatment of the insane, drawn from experience, it seems that the most essential aim of any systematic plan is neither an exclusive medical one nor an exclusive psychological one, intended to operate upon the mind as upon an instrument; but that it is a much more comprehensive, a true anthropological one, operating upon man as an *individuum*, that is indivisible or inseparable in two heterogeneous portions, body and soul.

To illustrate this sentence, it may be here observed, that, although in the medical treatment we cannot overlook entirely the more or less morbid condition of the human organism taken as a whole, yet here we aim at making a special pathological diagnosis; we look out for some peculiar organ as the principal seat of the disease, and we aim to detect in this organ a morbid condition of a peculiar nature as the cause of the symptoms, and a guide in the administration of pharmaceutical and other remedies. In the medical treatment we always desire to refer the influence of our drugs as much as possible to some part of the brain or the nervous system. In the medico-moral treatment, on the contrary, we do not look out for any particular organ as the seat of insanity, nor ought we to pretend to operate directly upon the mind or soul of the sufferers; but here we aim at making an *anthropological* diagnosis, we study the patient as a unity, as an *individuum*, in all his physical, intellectual, moral, and social relations, such as he is born from his parents, from whom he often has derived various resemblances or family-likenesses, (hereditary predispositions,) and such as he has been modified or transformed for the better or the worse by the subsequent circumstances of life, by the place where he has lived, the air he has inhaled, by the developement of sex and age, by physical, moral, and social education, by habits of living, the examples he has imitated, the society in which he has moved, the diseases which have befallen him, the social condition he has chosen, in short by the wisdom or want of wisdom with which he has made his way through life! All our general principles of the medico-moral treatment, those which guide in the construction of lunatic asylums, and those upon which the general management of asylums depends, may be said to have been derived from our increasing anthropological knowledge of the insane, as regards, 1st, their moral and social condition, whether, for instance, capable of employment or not, whether dangerous to others or to themselves or not, etc.; and 2nd, as regards their bodily and intellectual infirmity, whether completely helpless or able to help themselves, whether accessible to reasoning or not, etc.

In the classification of asylums, in the system and choice of various employments and amusements, etc., we everywhere find things carried on, not so much on principles dictated *a priori* by psychological studies and by acquaintance with the faculties of the human understanding, but rather by that experience which is acquired by looking upon insanity as principally a disease of man as a moral being.

Equally it may be regarded as an important practical result of the biographical and anthropological researches of the present day, that we distinguish between moral insanity and intellectual insanity; that we recognise insanity not only by delirium or unsyllogistical reasoning, but by the actions and deeds of the insane, by their habits and want of common sense, and by the want of that harmonious development of the of the bodily, moral, and intellectual faculties, upon which our moral freedom as individuals and as members of society, is grounded; for while as pathologists and psychologists, guided by the theory that insanity is a disease of the intellect, we are continually striving to unravel the physical nature of insanity as a disease of the brain and nervous system, the medico-moral treament has taught us long since that the moral nature of insanity, *viz.* its most general and essential character is moral weakness, want of moral energy and self-control, or in other words, a slavery of man to his natural instincts and inclinations, to disordered propensities, bad habits, passions, hallucinations, etc., in fact the loss of his power of self-government and moral liberty.

To doubt whether the effects of this moral weakness, for instance, the habit of abusing the use of alcoholics; intoxication (which is, as already the old Greek expressed it so well, a μανια μικρα,) may be cured or relieved by physical or pharmaceutical means, would be to doubt whether sleep and opiates can restore the intoxicated. When frequent intoxication produces at last *delirium tremens*, medical treatment is more beneficial than any regular medico-moral treatment. But *delirium tremens*, and all the symptoms of any specific or "non-specific action of the hemispherical ganglia, ranging from irritation, passive and active congestion, up to positive and unmistakeable inflammatory action," found in the bodies of drunkards and other insane, or observed during life, are again the effects, the consequences of that moral weakness, which is the first and most essental symptom, the root of all insanity. A radical cure of insanity, of bad habits and inclinations, etc., must therefore not be expected from an exclusively medical treatment. While the pure medical treatment of insanity may be considered as applicable only to, perhaps, thirty or forty per cent. of cases, the medico-moral or anthropological treatment of insane always constitutes the true radical indication in every case of insanity. By a judicious combination of medical and

moral remedies, whenever possible, perhaps seventy per cent. of cases may be obtained in cases of recent insanity. Of course excluding from the computation all cases wherein the hope of cure is forbidden by epilepsy, paralysis, organic disease, or other well recognized indications.

Essay on the Classification of Mental Alienation, by Dr. M. Baillarger, *Physician to Salpetrière, Paris, being the Introductory Lecture for the Summer* 1854, *communicated by* J. H. Blount, m.b. *Londin., etc.*

Gentlemen, It is my intention to give you in this our introductory lecture, an exposition of the classification of insanity. I shall endeavour to make it as practical as possible, and so to furnish you with a method which may serve to guide you in your relations with your patients; and in order to be the more certain of its application, we will endeavour to prove it, by examination of patients after the lecture.

If, as you already know, pathological classifications are in general so very difficult, how much more so must they be in those mental diseases, so varied, so changeable, so subject, as all the neuroses are, to a thousand sudden and successive transformations. The *alienist* physicians, whose especial study, besides their *amour propre*, has led them to attempt to classify these diseases, have mostly started from a psychological point of view, and have thence formed their classification, upon an examination of the elementary lesions of the intelligence.

Theoretically speaking, these classifications have doubtless their value and their merits, but do they equally answer any clinical purpose? I doubt it. First, they are of difficult application to the patient, then, in order to use them, they must be regarded from the same points of view, and with the eyes of their authors.

Permit me to give you an example of the difficulty of their application: six months ago the question of the classification of insanity was mooted in an assembly unquestionably most competent to judge in the matter. The Medico-psychological Society, the one of which I speak, consists of members all more or less occupied with the study of mental disease; I had to discuss a classification which had been proposed some time ago, by Mons. Delasiauve, in which mental diseases are divided into *intellectual* or general, and into *sentimental* or partial. Now the only objection which I had to offer to this apparently so simple a classification was this. In the first rank of intellectual alienation, I said, you have placed mania; but compare this with the definition of the celebrated and justly esteemed professor, Mons. Guislain, "It is," he says, "a disease of the moral faculty apyretic, irresistible, in which there is an exaggeration of one or more of the phrenitic functions, most frequently characterized by a state of agitation, and sometimes by a manifestation of the active and violent passions." Thus the class of insanity which you consider as the type of intellectual alienation is precisely that which Mons. Guislain regards as a moral alienation. Contrariwise, the sentimental or partial alienations of the physician of Paris are almost all ranged by the Professor of Ghent, in the class of delusions characterized by disturbance of the *ideas*.

It is sufficient to point out here, this fact of contradictory appreciation, in order to draw the natural conclusions which result from it; when two men who have devoted their entire life to the exclusive study of mental disease, can take, the one for the moral faculties, that which the other takes for the intellectual, can in a manner substitute them or rather confound them, what do you think a physician can do, who has only studied mental alienation as an accessory branch; above all, what will the practitioner do, when he is called to apply these classifications to an insane patient? You see then the inconvenience of the most simple classifications, when they are made on the single foundation of psychology. Even yesterday, I saw the advertisement of an analytical table of mental disease by a Belgian physician. I at once procured it and consulted it, but there are the same principles of division presiding at its conception; in it lesions of the understanding were divided into five classes. Lesions 1st, of the sensitive receptivity. 2nd, of the moral receptivity. 3rd, of the intellectual activity. 4th, of the voluntary activity. 5th, of the instincts.

My experience gives me the right to tell you, that with such classifications, one would be in a very embarrassed position in the presence of patients.

Before giving you the classification that I believe to be the most useful in practice, it seems to me indispensable to regular study, to define first what is to be understood by the words *insanity, delusions, (delire,) mental alienation, etc.*, and I shall support my explanations by facts, in order to be the better understood.

It is not rare, when an insane patient recovers, to see him retain a remnant of his disease; thus, we have at this moment, a very curious example of the kind. A woman who was completely insane for seven or eight months, some years ago, but who now fills a situation of considerable difficulty in this establishment, with great ability, nevertheless retains a very grave symptom of her former malady. She remains subject to hallucinations of hearing, but at the same time accounts to herself perfectly for the phenomena she experiences. This causes me to say that, though neither insane nor alienated, she nevertheless retains an important lesion of the intelligence.

This little preamble is necessary, in order to proceed regularly, and we shall soon see, when and how mental alienation distinguishes itself from isolated lesions of the intelligence, and on what basis we can form a true definition of insanity.

Keeping to the above example, let us endeavor to ascertain what was more or less her state when she was insane and what changes have subsequently taken place.

When insane, she was not conscious, that her understanding was diseased, she did not account to herself respecting the mistakes of her condition, she did not notice them, or she believed them to be realities, in a word, she was deceived by her disease.

The change that has taken place is, that she now judges altogether differently, she thinks of her actual hallucinations, in the same way as the physician does, she judges and knows them as sensations without objects, in a word, the patient knows that she has a ner-

vous disease, and consequently she is no longer insane. I have recently read the account of a voyage, in which the author,not thinking, perhaps, of defining insanity by its strongest pathognomic character, says, " madness is a misfortune which ignores itself," now nothing can be more true, and in my opinion, it is a very good definition, science might adopt it, with the exception of the word " misfortune," which not being medical, must be replaced by another word more appropriate. In the mean time, let us keep to this point, that the lesion of the intelligence, and the loss of the consciousness of this lesion, are two very distinct facts, and that both are necessary to constitute a true mental alienation.

We can, it is true, make an objection, and say that there are patients, who, having a perfect knowledge of their condition, are still not the less insane. This is true of those persons, subject to what are called *motiveless impulses;* they are indeed impelled in spite of the knowledge, or the consciousness of their affection, to acts of violence against themselves and against others, by impassioned movements which they recognize, which they disapprove of, and which they would repress, but to which they yield, notwithstanding all the obstacles opposed to their execution; in other words, the will is powerless, it is vanquished, and the subject rests so thoroughly conscious of his disease, that it is upon it that he throws the blame, having no power whatever over those actions to which he is impelled, he says, in spite of himself.

In the former case, we have seen that insanity proceeds from the loss of the consciousness of lesions of the intelligence, here it proceeds from the impotence of the will. But these instinctive impulses are not sufficient of themselves to constitute insanity, and I shall relate to you, in a subsequent lecture, the history of a man struggling for twenty years against the impulse to murder a tenderly beloved mother. This man left his own country in order to escape the danger which threatened him, and it was only after twenty years that this impulse succeeded in overcoming the efforts of the will. The patient perceived himself vanquished, and desired to be confined; from that moment he became insane; but up to that moment, though with the voluntary faculties very much weakened, yet he was not insane.

Thus lesions of the intelligence, and of the will, are so distinct from insanity, or alienation, that they may exist, as in the above cases, without there being either insanity or alienation.

These distinctions teach us, that insanity has two sources: the one which consists in the loss of the consciousness of the lesions of the intelligence; the other, in the want of power to govern certain impulses. Now, whether insanity comes from one or other of these sources, the result will be the same to the patient; for, in either case, he is deprived of his free agency; as madness and liberty are two terms which mutually exclude each other. Hence, the lunatic becomes incapable of governing himself, incapable of managing his affairs, incapable of the acts of personal responsibility, and therefore he falls under an especial legislation, the regulations of which we will some day study.

We have now prepared a definition of insanity; for it results from the distinctions which we have just established, that insanity is *a privation of man's free agency, in consequence of a disorder of the understanding.* It is important to remark, that the free agency represents, at the same time, the integrity of the conscience and of the will. Up to the present time these two elements have not been sufficiently distinguished, namely, the disorder of the understanding, and the loss of the free agency.

For example, Esquirol defined insanity, as an apyretic disease, ordinarily of long duration, and characterised by disorders of the intelligence, of the sensibility, and of the will. Georget, one of the most distinguished pupils of Esquirol, particularly insists on the essential character of insanity being the lesion of these faculties; it even seems, according to him, that these lesions alone were sufficient to constitute all the species of insanity.

But these lesions, these disorders of the faculties, which are, so to say, the material of insanity, do not constitute it, since they are compatible with the existence of the conscience and the free will. It is not possible that man should be mad and responsible which would be the case, if the definition of Georget was at all correct. Let us repeat, then, that the first character on which a definition of insanity should be founded, is the loss of conscience, and the impotence of the voluntary power of the subject.

Setting out from this, as from a fixed point, I may add, that I am of the opinion, that the word insanity (*folie*) ought not to be applied to particular diseases, either of the understanding or of the will, as long as they are such only; that is to say, so long as they are not associated with any general disorder of the reason, in short, whilst there is a rational discernment and domination of the reason, there is no insanity. This point fixed, we will pass to another.

Authors have, moreover, divided alienation into partial and general; but you will see that this division accords ill with the ideas I have just laid before you. Can it be, that insanity, as we have just defined it, is capable of existing in a greater or a less degree ? Can any one be more or the less insane,—half mad,—more mad than another madman? No, gentlemen, we are mad, or we are not mad,—as we are free or are not free, as we have consciousness or we have it not, as we govern our actions or we do not govern them. If insanity consisted only in the lesion, or the disorder of the intellectual or voluntary faculties, it would be right to divide it into general and partial; for these lesions may be confined to any one, or may comprehend them altogether: but we have pronounced against such a conception of insanity, and we persist in our opinion, that insanity is an entity, or it does not exist.

The most that I can admit is, that insanity may be complete or incomplete: understanding by the word *complete,* the total overthrow of the reason; and by the word *incomplete,* that state of vagueness, or of momentary interruption of the reason, which constitutes something analogous to the mental situation of him who dreams while half-asleep, and who yields for the moment to illusions and to disordered impulses, but soon resumes the empire over himself.

This is all that I can concede, but let us repeat it again, insanity has two distinct elements: first, the lesion of the intelligence; and then, the loss of the consciousness of that lesion, or the impotence of the will. I need scarcely tell you, which of these two is the most important to the physician,—it is the lesion; for when you have cured that, you have almost cured your patient.

The same may be said of hallucination; for, after having been for a greater or less length of time recognised by the subject as an error of the senses, it terminates by vanquishing the reason, and destroying the consciousness. Here also, if you can cure the hallucination, you may hope that the conscience and the reason will return to their integrity.

But the lesion of the intelligence is not the most important element for the magistrate; for him, the question is the loss of the conscience, or of the power of self-control. It is, indeed, the failure of the free agency, or of the responsibility, that places the insane under a different jurisdiction than that which governs the sane.

The questions for the magistrate and for the physician are then very different; but these two create a general point of view, which should at least be kept in sight in giving a veritable definition of insanity. Gentlemen, you now see how I understand insanity, and how it seems to me it ought to be understood; and now we will consider the value of the terms which are commonly used in the study of mental alienation.

The word *delirium (delire)* which is found in all authors is generally used as synonymous with insanity *(folie)*, but with this difference, that it is more particularly applied to perturbations of the intelligence connected with acute affections of the brain. It will be easy for you to make the distinction in the cases where this word is used in science generally, or in mental alienation.

The expression *mental alienation* is also synonymous with insanity, yet it has a wider significance, since it includes *idiotcy*, which is not included in the term insanity. Idiotcy being, as you know, the congenital privation of the intelligence. Idiots are not mad, we may even say, they are not diseased, in the sense that having possessed nothing they have lost nothing, and are, in respect to the understanding, as he who, in respect to the body, comes into the world with a member or an organ the less. More extensive in its signification than the word *insanity*, from including idiotcy, *mental alienation* has also the advantage of pointing out the foundation of the disease. The word *alienari*, which is its etymological root, signifies to cease to be master of something, to cease to govern it. Such is the case with our patients; we have seen, in the definition of insanity, that they cease to direct their intellectual faculties, and to govern as masters their voluntary acts; they are ruled, instead of ruling; passive, instead of active. Therefore it is that the word alienation should be taken by us in its absolute passive sense.

The word alienation has been also derived from the adjective *alienus*—foreign—and it is correct even in this sense. Is not the alienated a foreigner to himself? Does he know what passes in himself? Has he a valid personality? In both these acceptations, the word alienation conveniently expresses that which was intended, and the term mental alienation is preferable in this respect to the word insanity.

I now come to the plan of instruction that I propose to follow in this course of lectures, for it seems to me that you will understand better, when you know how we are to proceed with our subject.

Up to the present time, and I appeal to the memory of those among you who have read the general treatises of our authors, the study of insanity has been made under the two titles of general history, and of particular history, or the history of the different forms of mental alienation. With most authors, the scientific importance is all given to the general history, to the prejudice of the more practical history of particular forms. Thus, in the treatise of Georget, we find contained in less than twenty pages, the entire description of idiotcy, mania, monomania, melancholia, stupidity, and dementia. Look at the articles on insanity in the more recent dictionaries of medicine, and you will find the same predominance of general history, with the same negligence of the practical history of the various forms of insanity.

Such a method is subject to great objections.

How trace the general history of alienation without being exposed to all sorts of contradictions which change the general homogeniety? Thus you will read in the same author, that insanity has for a symptom, a great exaltation of the faculties, and a profound depression of the same faculties, that it is characterized by very limited and very extended disorders of the intelligence. In regard to the progress of the disease, you will read in the same treatise, that insanity is essentially continued, intermittent, remittant, periodic, etc., and in truth the general history of insanity is only the union of contradictory characters, because the most different indications are observed in it.

Thus there is discordance throughout, and nowhere any homogeneous conception. This follows from the nature of the subject, and from insanity being considered as a pathological entity, whilst in reality it is the union of very different morbid forms, having, however, among them points of contact. It is assuredly possible to study the *vesaniæ* in a general manner, and this study will not be without important results; but it is necessary to know, how to restrict it to certain points, among which, I shall give as an example, the influence of hereditary tendency.

We must then distinguish alienation conceived in an abstract or general manner, as we should expect philosophers and magistrates to define it, from the alienation which is given to the physician to observe, to consider, and to submit to a particular treatment. In a word, to wish to make a history of insanity in general, with all the signs and types that characterize its various forms, would be to expose oneself to all the contradictions which we have noticed in authors; and then, after all, we should lose our great object, namely, practical utility.

The general notion and definition of insanity, such as we have given it, is what ought to be given, and is no more than what is required in commencing a course of lectures founded on clinical study as ours is, stamped

above all things by utility, which is the aim and end of all instruction. The course, in consequence, will be divided into two parts: the first relative to general, the other to special pathology; which latter, I need not tell you, will merit on your part an especial study.

1st. In the general pathology, we shall study what are called the elementary lesions, those which, united among themselves, are found at the bottom of the different forms of insanity. This is the manner in which we proceed in the study of all classes of disease.

The general pathology of mental alienation includes the study of pathological physiology. It is as necessary to understand the manner in which the morbid phenomena produce themselves in the lesions of the faculties, as in the organic lesions; and this work is preparatory, otherwise it would be necessary to make a digression before each patient, and in relation to each disease, if we have not taken the precaution to do this in advance. The general pathology will include the physiology of delirium, and all other generalities, which precede in a methodic instruction the study of particular diseases; thus, for example, we must study the pathological physiology of hallucination before examining any patient subject to that phenomenon.

2nd. In the special pathology, I need not tell you, is ranged the description of the different forms of mental alienation.

The Microscope, and its Application to Clinical Medicine, by Lionel Beale, m.b., Lond., *Professor of Physiology and Morbid Anatomy in King's College.* London: Highley. 8vo. pp. 303.

This book, one of Mr. Highley's *Library of Science and Art*, is by far the best adapted for the medical practitioner which has yet appeared on the subject.

We will mention two or three of the things which it does *not* contain.

It does *not* contain a series of elaborate steel plates of various forms and modifications of microscope stands, adapted for the entertainment of those who are curious in the subtleties of mechanics. It does *not* contain a minute description of all the bad microscopes which ever were invented in past ages, displaying an amount of research worthy of the Society of Antiquaries. It does *not* contain a philosophical disquisition on the principles of optics, adapted for the study of gentlemen who are preparing for honours at Cambridge. It does *not* contain an account of the construction and manufacture of the microscope; *neither* does it pursue and describe the capabilities of the instrument in botany, geology, mineralogy, etc. Lastly, it does *not* contain a number of large gaudily colored prints, representing the tissues of the body as they appeared to the imagination of some observer, unfortunately too small to serve as diagrams in a lecture room.

It is not written in a manner to bewilder or mislead; and, in truth, it has evidently been written for the use and instruction of that busy and practical race, who value the instrument as a ditcher values his spade, hoping by its means to delve deeper and deeper still into the secrets of disease.

It will, perhaps, be fair now to state what the book does contain. It contains 232 well executed woodcuts, mostly "copied from drawings taken by the author from objects actually under observation." It contains 303 pages, in which it would be difficult to point to a paragraph which the most utilitarian reader would condemn as superfluous; and it describes, in an agreeable and simple style, the whole art and science of medical microscopy. We know it as a fact, that many men who have been perplexed by their microscopes, and still more by former books of instructions, have made rapid progress by the aid of this excellent treatise.

We hoped to have given extracts on the examination of the brain and nerves, but want of space forbids: and we are the more reconciled to the omission as most of our readers will probably get the book.

Appointment.

In consequence of Dr. Wingett having withdrawn, Dr. Manley, late Assistant Medical Officer of the Devon County Lunatic Asylum, has been appointed Medical Superintendent to the Hants County Lunatic Asylum.

Notice to Correspondents. W. A., Esq.—We reviewed Dr. Maddock's book on its own merits, without any knowledge of the author. A more honest plan, we think, than that of reviewing a book according to its author; though, as it appears, not without certain inconveniences.

All communications for the forthcoming Number should be addressed to the Editor, Dr. Bucknill, *Devon County Lunatic Asylum, near Exeter, before the* 1*st day of August next.*

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" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

The Employment of Mechanical Restraints in the Treatment of the Insane.

There is this difference between that which is in principle good and that which is evil: the former may by abuse or misuse be converted into evil, while the latter can by no conversion become other than it is by nature from the beginning. One evil may mask or master a lesser one, but that which is bad in principle can never become good in practice.

That however which is good in principle constantly becomes bad in practice. Generosity terminates in reckless extravagance, prudence makes the miser, courage the brawler and peacebreaker, and even religion engenders the fanatic. The use of food begets gluttony, the use of clothing ends in dandyism, profligacy and debauchery originate in the strongest and most necessary instincts of our nature.

" So little knows
" Any but God alone, to value right
" The good before him; but perverts best things
" To worst abuse or to their meanest use."

The gentleman, whose letter will be found at p. 111 of our present number, maintains that the principle of mechanical restraint in the treatment of the insane, is in itself good; that like the virtues, the social affections, food, clothing, and other good things, all that can be objected to it is, that it is capable of abuse. We differ from him entirely, and believe that the principle of mechanical restraint is bad, and that its practice is always unnecessary and mischievous; that it may be employed but can never be of use, and therefore can never be correctly said to be in abuse.

Dr. Simpson observes that, "the greatest *boons* to mankind have not unfrequently been converted into the greatest curses through their abuse," &c. And he compares mechanical restraints to that medicine which of all others has in skilful hands proved the most generally useful in combatting the diseases of mankind; because the latter when unskilfully employed has been productive of evil. He might with equal justice have compared it to bread and meat, because these in aldermanic constitutions cause gout and surfeits and apoplexies.

The following passage from Dr. Simpson's recently published Report will more fully explain his meaning: "That the abuse of that which is in its nature *good* should to a greater or less extent detract from and injure the *good itself*, is a truism applicable not only to *restraint*, but to all science and to every human system and creed; and of the truth of which a moment's reflection will suggest multiplied illustrations. Nevertheless, granting the vast evil of its *abuse*, we cannot regard this as inseparable from or as constituting an essential element of the *principle itself*; neither can it be admitted as detracting from its intrinsic efficacy and value when referred to peculiar and rarely exceptional cases; but should serve to remind us not only of the great caution and judgment required in its use; but more especially *of the necessity of exercising a watchful supervision of those more immediately entrusted with its application.*"—p. 7.

If in the York asylum the immediate application of

restraints is entrusted to servants, Dr. Simpson may with confidence expect, that notwithstanding the most watchful supervision, he will not need to wait long for an opportunity of observing gross abuses (as he will call them) of this *boon* to suffering humanity.

Dr. Simpson has chosen his simile to illustrate the blessings and the abuses of restraint from medical science. We will select what we consider a more appropriate one from that of surgery.

When monarchs first began to employ "that villainous saltpetre" in their martial amusements, the army surgeons who before that time had been accustomed to treat wounds made by glaives and bills in a cleanly and gentlemanly fashion, found that the new sort of wounds almost invariably underwent some degree of sloughing; this they attributed to the parts having been burned by the ball or to their having been poisoned by the powder; and in order to obviate these inconveniences, they, on principles since rendered scientific by the great Hannehman, were in the habit of pouring *boiling oil* into them. This employment of boiling oil in the treatment of gunshot wounds was in our opinion an exact counterpart of the employment of mechanical restraints in the treatment of insanity; both of them being unnecessary and unmitigated evils, both of them adding fuel to fire, and increasing the mischief they pretended to alleviate.

We doubt not that a vigorous controversy was carried on by our surgical forefathers before this practice was finally abandoned; that first there was a Charlesworth to conceive and a Conolly to exemplify the possibility of treating such wounds without the use of the ardent fat; and that long after the barber surgeons and leeches of the period had adopted milder practices, there was a Dr. Simpson to maintain that although it was barbarous to pour from the cauldron with an unsparing hand, that *boiling oil* was notwithstanding "a boon to mankind," and "*that the abuse of that which is in its nature good*" should not be permitted "to detract from and injure the good itself." But medical journalism existed not when that controversy took place, and so alas for human fame, the name of this stout partizan has not been transmitted to us.

The last public asylum in this country, where the patients will be accustomed to the enjoyment of mechanical restraints, will very likely be within sight of York Minster; but who was the man who last poured *boiling oil* into the living track of a musket ball? Alas! his name is lost for ever.

Dr. Simpson is right in maintaining, that if mechanically restraining the insane is right in principle, the "mass of abuse" to which the principle has led should not cause us to lose sight of the "element of good" it contains. Principles and theories embodying them are alone worth fighting for, and we do not number ourselves among those who on the question of slavery can be ardent abolitionists in America, and contemplate without repugnance the Circassian beauty and the Ethiopian eunuch standing at price in the markets of Stamboul, or the Russian serf doomed to remain for ever an agricultural chattel. If the principle of slavery is bad, it is bad in the west and the east. If the principle of using mechanical restraint in the treatment of the insane is bad, it is as bad now as it was forty years ago; and as bad under the spencer of Mr. Hill as under the chains of Bethlem. To use another illustration; not many years ago the discipline of the British army was maintained by the unsparing employment of the cat-o-nine-tails, and every one believed that its use was essential to the welfare of that class of our fellow subjects who wear red coats: that in fact it was quite a "*boon*" to military humanity. But a soldier having been flogged to death at Hounslow, the public was induced to ask itself, whether discipline might not possibly be maintained without lacerating the dorsal region of our heroes with leather thongs. And through Mr. Wakley's exertions a parliamentary limitation of flogging powers was provided. Since that time the use of the lash has been abolished in one regiment after another, until at present the non-flogging regiments comprise a large proportion of the entire army, and the opinion prevails pretty extensively that the existence of flogging marks the commanding officer of any regiment as negligent, or brutal, and unfit for his duties. Few people can doubt, that if the savagery and license of war does not fillip us back again a few paces towards barbarism, flogging regiments will soon become as rare as restraint asylums.

Flogging the soldier and straight-waistcoating the lunatic have indeed many points in common. The most pernicious quality of both exists not so much in the suffering they occasion, as in the degradation of humanity which they exhibit. When a soldier is subjected to the lash like a recreant cur or a bit of proprietary human flesh, every man in the regiment necessarily feels himself degraded. In the Clifton or York asylum, a patient is put under mechanical restraint, in order, says Dr. Simpson, that "he may associate with the inoffensive, the industrious, and the cheerful of his companions." Is it possible that these companions can avoid the most painful sense of abasement at such a sight? Seeing a fellow patient tied up like a ferocious dog, will not each one with deep shame reflect that his turn may come next? Whether in regiments or asylums, the old system of control was made by appeals to the lowest and basest of the motives of human action: by fear of the lash, fear of the bond. Under a better system lunatics at least are controlled by appeal to higher motives, motives, however, which it is impossible to evoke, until the brand of shame and degradation, the use of mechanical restraint is removed absolutely and for ever.

Dr. Simpson restrains his patients by means of *the muff* and *the spenser*. We called the spenser "an euphonious name for the straight waistcoat:" in this it appears we were mistaken. We must plead ignorance of any new fashioned methods of mechanical restraint, an ignorance of which we are not ashamed. If restraints are to be used at all we quite agree with the physicians who gave evidence before the Parliamentary committee on this subject, that the simple handcuff is much to be preferred to all sorts of waistcoats. Like many other things which have got a bad name, the straight-waistcoat has gone through several changes of appellation. Its first change was into a *vest*, then it became a *camisole*, (we presume from the French

camisole de force, gilet de force,) and now some modification of it is called the spencer. An ordinary spencer is a great coat without tails, worn by old gentlemen who affect quaintness and comfort in their costume. It is generally observed in combination with gaiters and knee breeches, and its peculiarities will be brought to mind by recollecting Mawworm's joke about it. Dr. Simpson unfortunately leaves us in ignorance of the exact construction of the binding up apparatus which he employs. We have no doubt it is very scientific, and possesses great advantages over the modes of restraint formerly employed at the asylum of which he is the Superintendent, for instance, over that instrument found there by Mr. Godfrey Higgins, which he describes as "a gyve." "It is a strong bar about two feet long, with a shackle at each end, intended to keep open the legs of a patient; and has two chains to it, and handcuffs for the hands of the patient. I took it directly to the weighing scales, and that part of it which was there, for the chain was wanting, weighed twenty-four pounds."—See Parliamentary Committee on Mad Houses, 1815.

So between 1815 and 1854 the practise of the York Lunatic Asylum has advanced from the gyve to the spencer and the muff. But after all what is the difference? Dr. Monro being asked before the above Committee, "What are your objections to chains and fetters as a mode of restraint?" answered, "They are only fit for pauper lunatics. If a gentleman was put into irons he would not like it." So, perhaps, the change at the York asylum is but a matter of taste, a mere fashion. Our forefathers were hardier than we are. They wore heavy broad cloth great coats with a dozen capes to them; we invest ourselves in paletots and siphonias, and such like flimy wrapperings. So also the gyve has gone out of fashion and has been replaced by the muff and the spencer. But the asylum at Clifton is a new institution, bound by no precedents, possessing no archives of restraint, and free to adopt whatever fashions or want of fashions its Superintendent may think fit. It is therefore the more to be regretted that it has fallen into the customs of the York asylum and not into those of Hanwell.

But the existence of cases which cannot be managed without restraint is after all a matter of testimony. Dr. Simpson says, "I do not hestitate to affirm that there are cases in which to withhold painless restraint would be as flagrant an act of inhumanity," etc., and accordingly he restrains two and a half per cent. of his patients. On the other hand, Dr. Conolly states that, "From September, 1839, no hand or foot has been bound at Hanwell, by night or by day. In England, in Scotland, and in Ireland, mechanical restraints are unknown in almost all large asylums. No physician who has tried to do without them has failed; and those who defend such means have never attempted to abolish them."—(*See page* 105.) Has Dr. Simpson tried to do without them? That he, Mr. Hill, and the medical officers of the Bedfordshire Asylum, believe that, among the 700 patients they have collectively under treatment, they meet with cases of insanity which are only to be controlled by mechanical means, they have informed us. But is it not more probable that they have been mistaken, than that the Superintendents of all the other public asylums in England, having under their charge nearly ten thousand patients, should have never met with such cases?

Besides, in logic one negative instance is worth a hundred positive ones; and, if Hanwell stood alone in managing patients without restraint, the use of restraint in all the other asylums in the world would not prove that it was necessary. Flogging Colonels asseverate, with all the force of passion and conviction, that regiments cannot be kept in order without the lash; that there are cases in which to withhold the lash would be the ruin of the army, the destruction of the constitution, and the dissolution of society. But other Colonels govern their regiments without flogging, and without finding that the bonds of discipline become relaxed by the omission.

Our observations have extended to some length, we trust they may not be barren of results, and that Dr. Simpson's opinions may be sufficiently shaken, to induce him personally to observe the practical working of the non-restraint system in any county asylum, except those above mentioned. We are convinced that such enquiries would change his opinions, and would conduce not less to his own comfort and happiness than to those of the patients entrusted to his charge. He must excuse us if out of consideration for the patience of our readers we do not attempt to refute the time-worn fallacies respecting the use of restraint in surgical cases,the use of manu-tension and the coercion required to place patients in seclusion. Does the imposition of restraint require no coercion ?

Are we to understand from Dr. Simpson's account of the transactions between himself and the Commissioners in Lunacy, that the Commissioners gave their sanction to his employment of mechanical restraints? They must either have done so, or not have done so: Dr. Simpson ought to have been explicit on this point.

Misgovernment of the Norfolk County Asylum.

The circumstances attending the dismissal of Dr. Foote from the post of medical officer to the Norfolk County Asylum afford a striking proof that an extended publicity in matters affecting the welfare of the insane poor is much needed. A publicity which without delay may inform all who are entrusted with the care of the insane, of the most recent ameliorations in their treatment, and may thus remove from abuses the excuse of ignorance: a publicity which may expose abuses as they arise, and prevent their growth and their continuance: a publicity which can only be secured by a journal devoted to the purpose, and aided by the adherents of the new system throughout the kingdom. The new system of which non-restraint is the key stone, but only the key stone, and which comprises kindly treatment, sufficient diet, decent clothing, cleanly and wholesome lodging, and the skilful application of remedial agents; this system could not in every particular have been set at nought in the Norfolk County Asylum, had not its Visiting Justices been ignorant of the extent to which they betrayed the sacred duties they had accepted; nor could the abuses we shall describe have sheltered themselves under the igno-

rance of the Visitors, had the public been aware of their existence. Before the new treatment of insanity was discovered or at least developed into common practice, the immediate care, or to speak more correctly, the immediate control of the insane was entrusted to persons distinguished by strength of body, firmness of nerve, and inflexibility of temper. The governors also of the places in which the insane were immured, were selected without reference to their possession of any medical skill, or knowledge of mental diseases. They were, indeed, not unfrequently chosen from the ranks of those who were then rightly called keepers, but who are now more properly called attendants. Far be it from us to detract from the merits of any man who has raised himself by his own merits from a menial position to one of honor and responsibility. If the Superintendent of the Norfolk Asylum after having held the situation of attendant in the wards of Hanwell had studied medicine, and having so qualified himself to undertake the care and treatment of some hundreds of insane persons, had then been appointed to his present office, we should have admired and applauded his honorable ambition and his success. His appointment in default of such qualifications we refer to only as a proof that the Visiting Justices of the Norfolk Asylum were under the influence of opinions which are now recognized as erroneous, and which in other parts of the kingdom have become obsolete. In 1843, the Norfolk Asylum, with those for Bedford and Pembroke, were the only county asylums in England Wales without a resident medical officer. The following extract from the Report of the Commissioners in Lunacy for 1844, will shew the value which the Visiting Justices for the Norfolk Asylum then placed upon medical skill in the treatment of the unfortunate persons placed under their jurisdiction.

"The most serious defect in this institution, and one which may be attended with the most mischievous if not fatal consequences, is the want of a resident medical officer. On this subject, we cannot but notice, as a singular anomaly in the law, that whilst it is required in every licensed house containing a hundred patients, that there shall be a resident physician, surgeon, or apothecary, there is no similar provision as to county or subscription asylums, or public hospitals. The liability to apoplexy, and the possible occurrence of cases of suspended animation from strangling, may be mentioned as among the many reasons for the constant attendance or immediate vicinity of a medical man. We put some questions to the superintendent as to what he would do in cases such as we have described. His answer was, that he would not venture upon the responsibility of acting or applying remedies, that he could not bleed, and had no knowledge or experience, medical or surgical. Upon asking, then, what steps he would take in such cases, we were told that he would immediately send to Norwich, the nearest place, three miles distant, for one of the medical visitors.

"He subsequently directed our attention to a pony on the lawn, which he informed us was constantly ready to be saddled as occasion required."

Subsequent legislation has compelled the Visiting Justices to appoint a medical officer, but they have retained the non-medical superintendent. They have attempted to engraft the new system upon the old one; to put a new piece into the old garment, and they have succeeded as such attempts always do succeed. After having appointed a purser to the command of the good ship Thorpe, they have given him a first lieutenant to discipline the crew to navigate the vessel; and to demean himself as becometh a subordinate officer. Such are the plans of Mr. Blofield and his colleagues, but unfortunately they do not answer. They have indeed themselves acknowledged the difficulty of separating power and honor from responsibility and skill. The following is extracted from a testimonial given by them to their steward-superintendent on the occasion of his applying for the appointment of Governor to the Birmingham Gaol. "We were unwilling to part with him, nor do we now desire it, but having experienced the difficulty of a satisfactory division of management between the superintendent and the resident medical officer, we should be glad to see Mr. Owen placed in a situation *more suitable* to a person of so much ability, and who had moreover the entire management of our establishment." The opinion thus forcibly expressed, that their superintendent is better suited for the peculiar duties of the Governor of Birmingham Gaol than for those of his present office we leave without comment.

In the early part of last year the Visiting Justices appointed Dr. Foote, the assistant medical officer of the Wilts County Asylum, to be their medical officer, and all who knew Dr. Foote's thorough adhesion to the most enlightened and humane principles in the treatment of the insane, his activity in the discharge of his duties, and his earnestness of character, felt that in this appointment the Visiting Justices had committed themselves, to the reform of their asylum.

When Dr. Foote took office in the early part of last year, he found the asylum in a disgraceful condition, the classification of the patients was most imperfect; all of them, even those suffering from age, infirmity, and disease, were lying upon straw mattresses, the straw of which was frequently damp. The epileptics had no flannels and they suffered much from cold. There was only one laundress to superintend the washing of the linen of 320 patients, with that of the servants and attendants; and the supply of clean linen to the patients was wretchedly defective. He found that the supply of clean stockings allowed for sixty patients was ten pairs per week: consequently each patient got a pair of clean stockings once in six weeks. He with the Chairman examined the beds, and found that the supply of blankets was insufficient for warmth or comfort; there was no clean clothing to change fifty dirty male patients. The dirty clothes of the patients were washed on Sundays.

He was told by the steward superintendent and the matron, that he had no right to enquire respecting the supply of clean clothing to the patients.

With respect to the condition of the wards, he found that some of them were *very offensive;* that the single bedrooms were very damp; that there were neither close stools nor water-closets in the wards, and that all the patients, even those in bad health, had to go

into the open air to privies, whatever might be their own condition, or the state of the weather: they had thus to expose themselves even when they had recently taken warm baths; that the supply of hot and cold water was very deficient; that the helpless patients were turned out into the courtyards every morning, while the floors of the wards were washed; that the fires for heating the wards were left out by day in April, and that several cases of inflammation of the lungs occurred in consequence.

He found that patients were compelled to take their food by being held by the throat; he found that they suffered by remaining out of bed at night and standing with bare feet upon cold stone floors. He found that blows, bruises, and injuries to patients, were not reported to him, and that the attendants were repeatedly directed not to supply him with information respecting patients. The attendants treated the patients with harshness and severity.

He found great irregularities in the admission of male patients into the female wards, and of workmen into the same at improper times. He found that at meal times the patients were not supplied with the proper means of eating their food in decency and comfort; there were no table-cloths, or knives and forks, and they were allowed to seize and tear their victuals with fingers and teeth. There was no grace said before meals. There were no family prayers.

These and many other faults of omission and commission did Dr. Foote find in the management of the Norfolk Asylum in the spring of 1853; he reported them from time to time to the Visiting Justices, and many of them owing to his importunities have been remedied; some of them and the source of them all remain to the present time.

One fact alone will be sufficient to prove the success of his efforts to improve the dietary. In the year preceding his appointment, the asylum, containing 360 patients, was supplied with 2214 stones of butcher's meat. In the year following his appointment the asylum contained 381 patients and consumed 3410 stones of butcher's meat. The increase in the number of patients was one-eighteenth, which would have been represented by an increase of 123 stones of butcher's meat. The dietary therefore was improved to the amount of 803 stones; and therefore each patient in 1853 was supplied with an addition of more than a third to his allowance of meat.

The above statements are for the most part verified by the Reports of the Commissioners in Lunacy. In their Report, dated May 10, 1853, they state, "We regret to observe that since the last visit of the Commissioners in October, 1851, *the mortality has been very large;* a considerable number of deaths are attributable to exhaustion.

"In looking over the records of death we find that *five of the patients were found dead in their beds;* having expired during the night: no attendant being present."

"We saw the patients at their dinner: *the supply of meat appeared to be very small.*"

"We recommend that water-closets be introduced; that grace be regularly said before dinner; and that the patients be induced to observe order and decorum at their meals."

It may perhaps excite surprise that the Commissioners in Lunacy should have permitted nineteen months to elapse between their visits to an institution so much in need of their vigilant inspection as the Norfolk Asylum. But when the amount of their necessary labors and the smallness of their number is borne in mind, it is obvious that they cannot afford to expend much of their valuable time in the inspection of institutions in which they have no power to enforce the reform of abuses, and where moreover the governing body and the Superintendent may be alike unwilling to adopt their most reasonable recommendations.

In a subsequent report the Commissioners state:

"Some of the flagged floors of the single sleeping rooms on the ground floor were damp, and most of the single sleeping rooms were deficient in satisfactory ventilation.

"We recommend, 1st, A system of night watching.

"2nd, A better description of bedding.

"3rd, That greater care be taken to keep *the straw in a dry state.*

4th, That the wire-work and bars be removed from most of the windows.

"5th, That efforts be made to introduce in-door employments.

"6th, Six deaths having occurred from Pneumonia, we accordingly direct attention to all the means of preventing the recurrence of such disease, such as warm clothing, good diet, prevention of dampness both in the clothing and bedding," &c.

The above particulars will enable our readers to understand Dr. Foote's letter to the Magistrates of Norfolk, which we append. They will easily perceive that he has been too zealous in his attempts to reform the evils with which he was brought into contact, too zealous, at least, to please his employers; that perhaps he has not shewn a sufficient amount of *deference* to the person to whom they had confided the "entire management of their establishment"; an amount of deference which an educated physician would not find it easy to shew to a superior officer who had been raised from the position of a servant, and whom he believed to be incompetent to the duties he had undertaken.

Dr. Foote has been virtually dismissed from the Norfolk County Asylum, because he has resisted the attempts of the superintendent's wife the matron, to place his patients in seclusion, when in his judgment such seclusion was unnecessary and injurious, and because he has endeavoured to procure some respect for his female infirmary, and to establish there at least, a little of that "quiet and decorum," the want of which appears to have been so much felt in all parts of the establishment.

We write in no spirit of partizanship for Dr. Foote, and still less with any feeling of hostility towards Mr. Owen. The former has met with the common fate of reformers; he will, we trust, have little occasion to regret the loss of the paltry appointment which he is now leaving.

Mr. Owen has very probably done the best which his knowledge and his abilities enabled him to do; and not to him but to the Visiting Justices must be attributed the blame of his having been placed and

maintained in his present position. Were it not for the interests of the poor lunatics entrusted to his care, we could wish that for the tranquillity of himself and the establishment, the vacancy effected by Dr. Foote's resignation might be filled by some person of gentle manners, tranquil temperament, and a just appreciation of the *dolce far niente*; one who would confine his attention to the treatment of diseases, without busying himself about the causes of their production; who would readily leave the seclusion of the female patients in the hands of the matron, and who would be able to contemplate with placidity the irruption of strangers and objectionable persons into his female infirmary, and the consequences thereof, namely, one patient fainting, another much excited, and another in hysterics.

We could inform Mr. Owen how such things have been managed with complete satisfaction to all parties, only excepting those whose strongest interests are for the welfare of the patients.

But the blame of whatever has taken place that is wrong at the Norfolk Asylum cannot justly be laid upon Mr. Owen's shoulders. Both he and Dr. Foote have been placed in a false position; and the Justices who made that position are alone responsible for its consequences. Indeed, the Justices are responsible for all which is known to take place in this asylum. They have almost unlimited power in the institution; and responsibility and duty are the necessary equivalents of power. The Visiting Justices had a sacred duty entrusted to them by the magistracy of the county, being no less than to protect and to provide for the well-being of the most unfortunate and the most helpless of their fellow-creatures. How they have discharged that duty may be gathered from the few details above given. The most charitable construction we can arrive at is that they have erred through ignorance; and that they have really not been aware of the nature of the "care and maintenance" which pauper lunatics require, which they have a right to receive, and which is provided for them in almost every other part of the kingdom. We believe, however, that they have been led into grave errors by a desire to appear economical in their management: a desire which, if not worthy of praise, may be deemed scarcely deserving of censure. True economy in public affairs is an absolute virtue; but the Visitors of the Norfolk Asylum took the wrong course to obtain it, and succeeded in presenting to their constituents the semblance only of a prosperous finance. They placed on the county rates charges which, by law and custom elsewhere, are borne by the maintenance fund; and in this manner they made it appear that the patients in their asylum were maintained at a very low cost; while, in truth, the actual cost of their maintenance was equal to that in some of the most liberally conducted asylums in the kingdom.

How could the Visiting Justices expect to obtain true economy, while their household was in disorder throughout? Economy, "house law," primarily meant the good management of a household, and its secondary meaning, of financial saving, was taken to express the *result* of such management. Wherever there is disorder in management, however sordid and penurious that management may be, there will be waste; and where there is waste, there can be no true economy.

Are the magistracy of the great county of Norfolk satisfied with the manner in which the duties delegated to their Visiting Justices have been discharged? The disinclination of influential justices to join the existing Board is a clear indication that they are not satisfied.

In other counties the most influential and the most distinguished men in the magistracy feel it a pleasure and an honor to participate in the government of asylums, managed on the modern principles: men do this, who would have shrunk from all contact with the *regime* of the old mad-house, with its damp straw bedding, its filthy clothing, its scanty dietary, and its stinking wards. Among the large body of noblemen and gentlemen who form the magistracy, some may be found to whose dispositions the perpetuation of abuses is not uncongenial; others who are competent to effect reforms: but a much larger class is composed of those who are not partial to either of these employments, but who delight to lend their influence and their services to all works which are creditable, orderly, and humane. If the present Board of Visitors of the Norfolk Asylum could, by any possibility, render that institution a credit to the county, they would not need to persuade influential magistrates to join in their good work. A seat at their Board would no longer be shunned; it would be an object of desire, almost of ambition.

But we do not believe that a Board, which could tolerate the state of affairs above described, will ever obtain this amount of success; and, in our opinion, the only hope for the inmates of the Norfolk Asylum is an entirely new Board of Visiting Justices. We sincerely trust that this change may not be far distant. It is a matter in which the honor and interest of the magistracy, not only of Norfolk, but of the whole kingdom, are interested. As a rule, the governing Boards of county asylums are distinguished by the most enlightened and disinterested humanity; but glaring exceptions ever strike the attention of the public with force.

If the magistracy of Norfolk desire to maintain the high character of their order, as the protectors of the insane poor, let them not delay to appoint a new Board of Visiting Justices.

Appointment of Medical Superintendent to the Bedfordshire County Asylum.

We are delighted to learn that, since the issue of our last number, the Visiting Justices of the Bedfordshire County Asylum have reconsidered the conditions of this appointment. They advertized for candidates, offering the paltry salary of £100 per annum. They have elected a gentleman at a salary of £300 per annum, with board, etc., for himself and his family. They have, moreover, elected the medical officer of an institution containing one thousand patients, and wherein "no hand or foot has been bound, by night or by day," for the last fifteen years. The election of Mr. Denne is honorable to the Visiting Justices, as a proof of the readiness with which they can retrace their steps when they discover they are not in the right path.

Letter of Dr. Foote *to the Magistrates of Norfolk.*

Gentlemen,—On Tuesday last, the Committee of Visitors at their meeting, at which four only were present, called upon me to resign my appointment, in consequence of conclusions which they had formed in reference to my conduct; I having laid before them circumstances in which I considered that my directions, as to the treatment of patients, had been disobeyed, and myself grossly insulted.

As I feel it a duty which I owe to myself, and as I believe that the future treatment of the patients in this institution is greatly concerned, I feel bound to lay the facts before you.

I will state as briefly as possible the reasons which the committee assigned for such a demand; for I was, I consider, acting strictly up to my duties, and interfered with unnecessarily in the treatment of my patients, by non-medical officers of the institution; and I believe that the committee would not have arrived at the same conclusion had they acknowledged, that, as far as the treatment of patients is concerned, the medical officer should not be interfered with by the steward-superintendent and matron.

The whole number of Visitors had not been summoned to consider the matter as I proposed; this was objected to; but those present stated, that the frequent disagreements between the superintendent and myself had alone led them to arrive at their conclusion. I asked the committee if ever I had in any way broken the laws of the institution, and *whether I had not entirely* fulfilled my duties, points which they did not attempt to deny.

I will now state the circumstances under which the demand of resignation was made.

I have always objected to male persons being indiscriminately admitted into the female sick wards, where patients are in bed; for it occasionally happens that no one but females and the medical officers should enter.

On Sunday afternoon, one of the female attendants, named C., admitted, without my knowledge, and in the absence of the matron and superintendent, a male and female stranger into the female sick ward, where there was in bed a patient, E. P., who has lately been very ill with uterine disorder and much excitement; and also a female attendant, B., suffering from uterine hœmorrhage for the previous fourteen days; whose life has been in great danger. I have on more than one occasion stated my objections to the sick attendant being disturbed by the intrusion of any one into the infirmary, except the matron, deputy matron, and the nurse who had charge of her. I have more particularly expressed my disapprobation as to the visits of C. On one interview which I had with the matron, I told her that C. had on the previous evening caused much excitement in the sick ward among the patients from the way she talked to attendant B., and desired that she might be kept away, as her conversation had considerably excited P., through talking with B. This order was known to the matron and all the female attendants.

It is not now necessary for me to say that I reproved attendant C., for disobeying my orders, by entering the infirmary in opposition to my wishes, as I had previously told her, that I wished her to keep out of the infirmary.

When the steward superintendent returned on Sunday evening, I informed him of what had taken place, and the excitement produced upon the patient P., by the presence of the male stranger and the female attendant C.

Notwithstanding this, on Monday, C. continued to enter the apartment, and stated in the sick wards publicly to attendants and patients, that she had *orders from the superintendent and matron* to go into the infirmary as often as she liked, and that *the medical officer had no business to give any directions to the attendants.*

The result of the perseverance of this person to enter the room (time after time) considerably excited both patients, P. and B., on former occasions. At 3 30, P.M., the nurse to whom E. P. belonged came to report the state of P., &c., produced by the frequent entrances of C. Whilst she was reporting to me the state of these patients, C. again entered, the matron standing outside the door, as she stated, for the pur- of watching P. The irritation of the patient was now considerably increased, and P. insisted on leaving the room, but was prevented by the matron, who called immediately to her assistance two other attendants, who took this delicate woman to a room, where they locked her in. On receiving instructions from me the nurse returned. She found P. was removed; *a patient had fainted; another much excited; and B., the sick attendant, in hysterics.*

The infirmary nurse returned to me; I immediately saw P., and ordered her a bath at 70° F.

Finding that I had entered the ward, the matron brought her husband, the steward-superintendent, and two female attendants—one C., who had been the cause of this excitement, and another P., who had on a former occasion caused much disturbance to the patient P.

I was told, in the presence of these two attendants, in the hearing of the infirmary attendant and some patients, that my conduct was not that of a gentleman, and that he, the superintendent, would not allow me to do as I thought proper.

The matron said she must have the patient kept in seclusion.

I then ordered the two attendants to open the door where my patient was secluded. Being refused admission, I obtained a key and opened the door myself, and remained until E. P. was taken to the bath. She was afterwards, *by my orders*, moved by the infirmary attendant to her bed in the infirmary, where she now remains quite manageable, so long as the cause of excitement is prevented.

In the presence of the two female attendants, and within their hearing, and in the hearing of patients, I was insulted by the remarks of the matron and superintendent; and by the latter I was called a "*humbug.*" I was told by them that I had no right whatever to give any orders at all to the attendants, and that the committee would support them.

To shew further how far the committee should rely upon the evidence, and whether I was not justified in

my opinion, I have to state, that one was discovered by myself to have been at twelve o'clock last night in the grounds of the asylum with another female attendant in company with two male servants of the asylum; at the same time, I also discovered the sleeping rooms of two female patients unlocked, one of whom was not in bed, and the other walking about her room not undressed, neither of which circumstances was known to the female night attendant who accompanied me. I further found that the approach to the female patients was quite free to the male attendants, and even from the road by scaling the wall, and there was nothing to prevent either of these patients escaping. The master and matron were in bed, but were called up to witness the ingress of the attendants who were out.

I am quite certain that no man of mind, and integrity of purpose, will long hold the situation of medical officer in this institution, if the superintendent can insult him as he thinks proper, and oppose him in the treatment of his patients; and if he has not entire control over the superintendent, matron, and servants of the asylum.

It must appear to any one of proper feeling, that a female sick ward should be one of strict privacy, and not be entered by male persons; and certainly not when the medical officer considers that such entrance may place in jeopardy the lives of his patients, or in the slightest degree retard their recovery.

I have omitted to state, that I have repeatedly objected to the seclusion of this patient, E. P., when the matron has importunately desired it, as I have seen the sad effects produced upon her by it, and as she was so easily managed by the nurse to whom she belonged.

I propose in a future letter to give you a statement of the condition of the asylum when I entered, and the changes which have been effected during my residence.

I am, Gentlemen, your obedient servant,

R. F. FOOTE, M.D.

20th July, 1854. Medical Officer of the Norfolk County Asylum.

Inauguration of the Statue of the late Dr. Charlesworth.

The ceremony of the inauguration of the statue of the late lamented Dr. Charlesworth, senior physician of the Lincoln Lunatic Asylum, took place on the 12th of July last, in presence of a large assembly. When the statue, which stands in an area at the south-east corner of the asylum grounds, visible both to the patients and the public, was exposed to view, all present uncovered; and, after a moment's silence, a burst of applause followed. It consists of a full-length figure of the doctor, in a position in which he frequently appeared, having his right hand advanced a little, grasping a small scroll, and his left resting on his hip; his head is reclining to the left, and the expression of the countenance is exceedingly faithful, expressing that studious habit and decision of character for which he was so remarkable. The statue is 6 feet 6 inches in height, and stands upon a pedestal of Yorkshire granite of the same elevation. The attitude of the figure is natural and full of character, and from whatever quarter viewed the features are a striking resemblance. The material is most suitable to the peculiarity of our variable climate, the sculptor (T. Milnes, Esq.) having selected Sicilian marble, the statue being worked from a block weighing upwards of six tons. It is of the finest texture, a beautiful colour, and will long retain its freshness. The following inscription is on the pedestal:

CHARLESWORTH, M.D.,

Vice-President and Physician of the Lincoln Lunatic Asylum, Died February XXI, MDCCCLIII, having laboured with zeal and success for the welfare of the inmates from the opening of the Institution, November IV, MDCCCXIX.

"His disinterested and persevering benevolence, "his original and enlightened views, now happily "influence the treatment of the insane through all "civilised nations."

The effect altogether of the appearance of the statue on a site, not only exceedingly appropriate, but so well adapted for a work of art, is most happy.

Eloquent and affecting speeches were made by the Rev. the Precentor, the Hon. A. L. Melville, and others. But the interest of the occasion was centred in the following address of Dr. Conolly's.

Dr. Conolly said, I have been most anxious to attend on the present occasion, not only that I might assist in the performance of a public duty, but because I have always acknowledged how large a debt of gratitude I personally owe to Dr. Charlesworth, whose services in the cause of the insane you are now met to commemorate. To those services I must confess myself chiefly indebted for the determination to do what afterward I had opportunities of effecting in the same direction. There had been great benefactors to the insane before Dr. Charlesworth, and he willingly bore testimony to what they had done. Pinel, in the stormy time of the first French revolution, had liberated many lunatics from chains and dungeons. The Society of Friends had established the Retreat at York, where every humane principle was carried into practical effect. Still, the state of most of the asylums of this country remained very defective, and the condition of the insane very miserable. The York County Asylum, and the great Asylum of Bethlem, presented deplorable examples of neglect and cruelty at that time: and in every asylum there were to be found patients who had been chained and fettered for years; ill fed, ill clothed, and ill treated in every possible manner. The records of the Lincoln Asylum shew, that as early as the year 1821, two years after the opening of the institution, Dr. Charlesworth's attention was strongly directed to the improvement of the treatment of insane persons. Step by step may be traced in those records the mitigation of the condition of the patients; the substitution of various means of security, without the necessity of resorting to severe mechanical restraints. Increased liberty was given to them, their superintendence was rendered more efficient, and one by one the terrible inventions for fastening them up became unnecessary and were destroyed. It appears to me that it was Dr. Charlesworth's peculiar

merit, and that it constitutes his peculiar claim to our grateful remembrance, that he persevered in this great work, year after year, regardless of opposition, and undaunted by difficulties; and that he so animated the resident officers of the asylum that at length, with his superintendence, they accomplished that which perhaps he had scarcely been sanguine enough to expect, and found that the total abolition of mechanical restraints was possible; and actually effected it. This had taken place a short time before I visited the Lincoln Asylum, in May, 1839. I was then about to take the direction of the Hanwell Asylum; and I visited several such institutions, to observe what was done in them. I found improvements going on in most of them; but restraints still used in them all: strait-waistcoats, hand-cuffs, leg-locks, various coarse devices of leather and iron, including gags and horrible screws to force open the mouths of unhappy patients who were unwilling or even unable to take food. At Lincoln alone, I found none of these things. I do not mean to say that I found a perfect system; but I found watching and care substituted for mechanical restraints. From Dr. Charlesworth's lips I afterwards heard an exposition of his views and principles; and I certainly left Lincoln with a hope, almost with a determination, of carrying out those principles which were, I knew, the real principles of Pinel and Samuel Tuke more fully developed. It was my privilege, and has been the happiness of my life, to effect this at Hanwell: and whilst I live I shall always be proud to acknowledge my debt to Lincoln. *From September, 1839, to the present time, no hand or foot has been bound at Hanwell, by night or by day.* In my first printed Report of Hanwell, and on numerous subsequent occasions, my acknowledgements to Lincoln have been fully and gratefully expressed, and I repeat them now before the statue of Dr. Charlesworth, because but for what I saw at Lincoln, I might never have thought of what it was afterwards in my power to effect on a larger scale at Hanwell. The system of non-restraint has yet its opponents. *There is a tendency in too many places to adhere to or return to the indolent system of mechanical coercion.* The French and German and American physicians still maintain that restraints are in some cases necessary. But yet, in England, in Scotland, and in Ireland, mechanical restraints are unknown in almost all the large asylums. *No physician who has tried to do without them has failed; and those who defend such means have never attempted to abolish them.* Within the last few years new county asylums have been opened in many parts of England, and in these there is not to be found one instrument of mechanical restraint. If we take the instance of the asylum at Colney Hatch alone, we find an asylum for the reception of twelve hundred insane persons; and this great asylum, with its farm, its gardens, its workshops, its entertainment room, its chapel, and all the means of amelioration and cure, is opened without any instrument of mechanical restraint being admitted within its walls; so confident are physicians now that they can manage and cure insane people better without such instruments than with them. Such examples are more forcible than any arguments: they are unanswerable. For all these great results, I believe we are largely indebted to that great physician before whose statue I address you. I rejoice, therefore, to see this beautiful work of art raised to his memory. The sculptor has given a noble embodiment to the feelings you would express; and I trust the contemplation of it will animate many a young medical man who sees it when he visits the asylum, the scene of Dr. Charlesworth's labours, to emulate them elsewhere. We raise statues in memory of the dead, to whom all our warmest tributes are no longer matters of consideration or importance; but such memorials reflect good upon the living, and this, raised this day, will, I trust, for many years to come, give rise to a determination in many connected with asylums, that in those abodes of suffering, severity shall exist no more.

Suicide of Dr. Grahamsley, *Medical Superintendent of the Worcester County and City Pauper Lunatic Asylum.*

Our readers will learn with deep grief the melancholy end of this promising physician. The following brief summary we condense from the *Worcester Herald.*

Dr. Grahamsley had disagreed with the former attendants of the asylum, and with one of the officials. The single officer above referred to, the Matron of the asylum, made an application to the Visitors for an increase to her salary. This application was referred to Dr. Grahamsley, who refused to recommend it, and informed the Visitors that he had privately advised the matron not to present the application. He had carefully examined the statistics of such institutions, and found that her salary (£60 a year, with board and lodging) was rather above than below the average of the emoluments of such officials. Some time ago the attendants objected to sign the body of rules drawn up by the Visitors for the government of the asylum, and they "struck,"—*i. e.*, they resigned their situations in a body,—no doubt intending thereby to frighten the medical superintendent into compliance with their terms; but he accepted their resignations, and at the expiry of the usual notice they nearly all left, there having been less difficulty in filling up the vacancies than they imagined. The matron did not resign; and the discharged servants, whose conduct in leaving simultaneously had been so evidently based upon anything rather than consideration for the convenience and welfare of the asylum, clubbed together, purchased a silver salver, and presented it to the matron with a suitable inscription.

It may easily be conceived that a sore feeling between Dr. Grahamsley and the matron was created by his conscientious refusal to sanction an addition to her wages. The state of their relations has, in short, been greatly disturbed ever since, and Dr. Grahamsley has frequently made complaints upon the subject to the Committee of Visitors.

An investigation was demanded by Dr. Grahamsley on the subject that the matron had accepted a present of a piece of plate from a body of servants discharged from the asylum under the circumstances above stated, whereby that harmony and confidence which ought to exist between himself and so important a subsidiary officer had been greatly impaired.

It appears that the matron was the sister-in-law of Dr. Grahamsley, and that the Doctor had not stated that fact to the Committee of Visitors.

We think it probable that to his sensitive mind the feeling that at all events he had been deficient in candour, if not in concealing, at least in not making known this fact to the Committee of Visitors, had become unsupportable But the conclusion we arrive at is this, that there has not been stated, and that there does not exist, any one single fact in the brief career of the deceased, sufficient of itself to have caused aberration of intellect; but that there are enough of irritating circumstances in his unhappy history, when collected, by their continual irritation, to have unseated reason and driven this amiable and accomplished man to seek for peace in the grave.

So far as can be traced, Dr. Grahamsley was last seen alive by Thomas Coomber, who usually attended to the deceased's pony, at twenty minutes to nine o'clock on Sunday evening last, August the 6th: Coomber was coming out of the stable door after "supping up" the pony. On approaching Coomber, the deceased directed his attention towards the asylum and said to him, "Tom, whose carriage is that at the front door?" Coomber replied, that he thought it was Lawyer Elgie's, who had come to see the matron; whereupon the deceased put up his hands to his face and said, "Oh! I shall be a ruined man," and at the same time tears burst from his eyes. Deceased then took from his pocket a shilling, which he gave to Coomber, and further said, "Perhaps I shan't see you again just yet, and you may want some money." Coomber then put the coin into his pocket and went towards the asylum, whilst deceased took an opposite direction leading to the gas house. As the deceased was not at home by ten o'clock, Mrs. Grahamsley became anxious about her husband, and sent a servant to the residence of the house steward, Mr. Hume (which is located on the estate though distant from the asylum), to enquire if he was there. A negative answer was returned to Mrs. Grahamsley; but as the deceased had not arrived at half-past eleven o'clock, her anxiety became intense, and a second messenger, in the person of Passmore, the head attendant was dispatched to Mr. Hume. Immediately upon this Mr. Hume and Passmore set about an earnest search of the premises, and at five minutes past two o'clock found the Doctor lying dead in the retort room of the gas-works belonging to the asylum. His body was extended on the floor and his face covered with a white handkerchief. He wore the whole of his clothing except his hat, which lay near his left foot. Underneath his head was carefully placed a napkin. On his left hand side, within reachable distance, supposing the body in a sitting posture on the floor, was a small-sized barrel, on which was placed an empty purple phial with the following label upon it:—"Hydrocyanic acid, of Scheele's strength—minimum dose, one drop." This bottle had evidently contained prussic acid, and close to it was an empty gallipot. In a window near was found a second empty bottle which had contained chloroform, and it is conjectured that previous to taking the fatal draught he imbued the handkerchief which was found upon his face with the contents of the chloroform bottle, for the purpose of mitigating the agony arising from imbibition of prussic acid.

The above facts were stated at the Coroner's inquest, which was held at the asylum, on Tuesday the 8th instant. *Coomber* also stated that the Doctor had told him that the attendants had been putting down the hour he had passed through the wards, and the number of times. The attendants had told them that the Matron had given them orders to take this notice. Another witness, *Dr. Turley*, deposed that "the deceased was a man of very sensitive mind. About three weeks ago I was with him, and he then appeared very low-spirited, and in the course of conversation he told me there was one person in the establishment who would break his heart. He said the person he meant was the Matron. *Mr. Curtler*, the Clerk to the Committee of Visitors, stated at the inquest that he had been requested by the Committee to attend, for the purpose of stating that the Visitors had always been highly satisfied with the conduct of Dr. Grahamsley, and to express their deep regret at his untimely end.

The jury, without hesitation, found a verdict that the deceased destroyed himself in a fit of temporary derangement.

At the time of his decease Dr. Grahamsley was in his 30th year. He was a native of Northumberland, and was formerly Assistant Physician to the Morningside asylum at Edinburgh. He leaves a widow (a most amiable lady, now *enceinte*) with one child, about two years old, to lament their irreparable loss.

As a public officer, the deceased was well known and greatly respected throughout the county, the news of his death was received with incredulity, amazement, and deep regret. Dr. Grahamsley was elected to the office which he held in the asylum, two years and a half ago, and it is not too much to say, that no public appointment was ever made more completely upon public grounds—upon the force of recommendations and testimonials of the highest order; and the correctness of the choice has been amply testified. The Committee of Visitors have repeatedly felicitated the county upon having secured the services of a gentleman so capable of performing the responsible duties entrusted to him.

How profoundly ought we not to be affected by the sad spectacle of the cunning physician, who could detect at a glance the most disguised approaches of insanity in others, falling himself a victim to that mental disease, which it was the pride and great object of his life to detect and cure.

This awful and distressing occurence is but one of several which have taken place within a recent period, proving the injurious mental tension caused by poor Dr. Grahamsley's occupations. "I am at length rewarded" says Müller "since after twenty-six years intercourse with the insane, I have not become insane myself." In a letter to Pinel it is observed, "the labourer in lead works is thankful if he escape lameness, and the medical attendant of a mad-house, if he does not there leave his reason, a more deliberate sacrifice to the mightiest good of mankind is not conceivable."*

* Dr. Winslow's Lectures.

Observations on Sanguineous Tumours of the External Ear, by Dr. Francis Fischer, *Physician to the Asylum of Illenau, Baden. (From the Allgemeine Zeitschrift für Psychiatrie.) Translated with Notes, &c., by* J. T. Arlidge, A.B. and M.B., *Lond.*, L.R.C.P., *late Resident Medical Officer, St. Luke's Hospital.*

(Continued from p. 48.)

Causes. Opinions are divided respecting the causes of this condition of the external ear. The one most in vogue refers it to mechanical injuries, such as blows, bruises, and the effects of pulling or of rubbing the ear. F. Bird has not recognized the operation of external violence, and when such has happened he has regarded it as only an accelerating cause; for he considers necessary a peculiar condition consisting in persistent congestion about the head and enlargement of the vessels. Flemming, on the contrary, believes an external hurt to be always the cause, mostly self-inflicted by the patient, who, from severe and painful feelings about the head, strikes it against hard objects. He would, however, not deny the existence of a predisposition to the morbid condition resulting from a cachectic state. Ferrus discovers the cause in the long continued pressure and rubbing, &c., to which the ear is submitted. Friedreich concurs with Bird, and adduces in illustration two cases of dementia in which an inflammatory swelling of the ear manifested itself along with evident signs of congestion, occurring after maniacal paroxysms. Belhomme believes it to spontaneously originate from the feeble, retarded, circulation, the consequence of paralysis, and from the proneness to stagnation in extreme parts. Again, Wallis, Leubuscher, and Schmalz, assume the presence of cachexia as necessary to the production of the swollen ear; whilst Riedel and Rupp are of opinion that external violence is in itself a sufficient cause.

Dr. Fischer expresses his belief, that without a peculiar predisposition swollen ear is never developed among the insane. He has often seen patients strike, bruise, and scratch their ears most severely, without producing any swelling. As a predisposing cause of most moment he regards chronic inflammation of the cartilages of the ears and their coverings. On examining the ears of many more or less cachectic patients, which do not exhibit a swollen state, excavations of greater or less size, may very often be seen, either in the cartilage itself, or between it and the perichondrium. Those in the cartilaginous lamellæ commence by a breaking up of the tissue into irregular plates or granular fragments; their walls are of unequal thickness, and frequently at spots constituted alone of perichondrium. On the other hand, the cavities between the cartilage and perichondrium arise from a gradual detachment of the latter from the former, and generally become evident on the outer aspect of the ear. Both sorts of cavities enlarge gradually as time elapses; but in the former variety this does not often happen from increasing divergence of the cartilaginous plates, but by separation of the perichrondrium from the margin of the excavations. The cavities vary in diameter from one to six or more lines; are seldom empty, but more commonly contain a few drops of a greyish or yellowish, and at times viscid, fluid. Not rarely, indeed, the cartilage undergoes actual loss of substance, and then in a moderately capacious cavity only a portion may remain adherent to the perichondrium, presenting a dusky, grey, appearance.

The cartilage, moreover, exhibits as a rule, less lustre. In some few cases it is only rather swollen, and its perichondrium looser than usual.

Dr. Fischer feels convinced that from these conditions the sanguineous tumour is developed as an after phenomenon. Nature seems to make an attempt at repair, which ends in thickening and induration of the part. The process is for the most part chronic; in one case only did Dr. F. witness a rapid course, where both ears became the seat of a tumour, the size of an almond, with a detachment of the perichondrium and subsequent sanguineous effusion. An opportunity rarely offers to discover the early condition in the living subject by the eye; yet it is readily detected by careful handling of the ear. Under the circumstances detailed, where the cartilage and its coverings are torn, an effusion of blood occurs in the ready formed cavity, accompanied by a high degree of inflammation. In almost all cases there is a greater or less diseased condition (dyscrasia) which exerts some influence in the production of the sanguineous tumour; and Dr. Fischer thinks that the antecedent inflammation of the cartilage and of its coverings stands in some direct relation with the depraved habit of body originating in the serious lesion of the nervous centres, and pre-eminently of the brain.

It is a well known fact that the condition of the nervous centres is not without influence on the quality of the blood. Engel remarks, that "in acute diseases of the brain and of its membranes, in inflammation of those parts, the blood becomes so altered in quality that it is not easily distinguished from that in typhus." In demented paralytic patients indeed, some such abnormal condition is manifested both by physical and chemical signs, particularly by the great tendency to arrest of circulation, to petechiæ, to ulcers, to gangrenous destruction of parts, &c. According to Thore, the venous blood of paralytic dementia has an excess of serum, and forms a loose diffluent clot. Also the blood in the heart is found imperfectly coagulated, and presenting a thick, unctuous, viscid liquid, of a dark red colour; whilst that in the aorta is more watery. The fibrin is deficient in quantity, and if there be any clot formed, it is small and generally pale, or of an unnaturally red or yellowish colour. The living membrane of the heart and of the great vessels is saturated with this abnormal blood, and assumes a foul, brownish red colour.

Such blood, after long standing, as for twenty or thirty hours, forms a spongy clot, the upper layers of which gradually assume a pale red hue. The serum, both by boiling, and by the addition of nitric acid, precipitates a great quantity of albuminous matters. An accurate analysis of the blood obtained from two bodies, shewed that in a hundred parts there were:

	1st Case.	2nd Case.
Water	79·100	80·619
Fibrin	0·003	0·255
Fat	0·009	0·200

Albumen . . .	10·210	9·801
Casein (Käsetoff) . .	5·620	3·831
Hœmatin . . .	0·352	0·305
Extractive Matters & Salts	3·315	3·284
Loss	1·391	1·105

The salts met with consisted of chloride of sodium, and sulphate of soda, and some phosphate of lime. In the first example a little lactate of soda existed, but in the second this was absent, and some magnesia present.

The small proportion of fibrin and the large quantity of albumen and casein are remarkable facts. It is almost unnecessary to remark that the amount of these ingredients in the blood varies according to the degree to which the morbid state of system has arrived; and that in paralysis not far advanced, in the slighter grades of dementia, and where proper treatment is pursued, the decomposition of the blood does not occur, or does not proceed so far or so readily, and consequently more fibrin is discoverable than in the cases above referred to. Possibly this quantitative, possibly also the qualitative deterioration of fibrin, may be the reason of the rarity of tuberculosis in paralytic-dementia. It must moreover be mentioned, that the actual quantity of blood in the body undergoes diminution. After concussions and traumatic injuries of the brain, Rokitansky has noticed a considerable consumption of blood.

As this depraved habit of body is essentially associated with the diseased nervous centres, the sources of it are especially to be sought in an impure atmosphere, in crowded habitations, in improper or scanty diet, in want, in anxiety, and the like.

Wherein the specific nature of the dyscrasia consists, and why it attacks the outer ear, and in a few cases probably the outer table of the skull also, and the intimately adherent pericranium, are problems difficult of solution.

No doubt the greater fluidity of the diseased blood favors its escape from the vessels; and the sometimes concurring congestion of the head, causing necessarily a dilatation and thinning of the blood vessels, must be regarded as secondary or predisposing causes of the sanguineous effusion into the ear. Bird and Friedreich are certainly wrong in assigning this state of active congestion as the only cause of these tumours, for they are certainly more frequently seen without any trace of active determination of blood to the head than with any. Even where vascular activity and fulness have been present in the earlier phases of mental disease, they are as a rule extinguished in those advanced stages, in which we meet with the condition of the ear in question.

Venous congestion indeed is more common, being due to defective nervous influence, to functional disturbances of the circulation and of respiration, to pressure from exudation within the brain, and probably also to a contraction of the cranial orifices from ossific deposits. It is readily conceivable that, as in such subjects the veins are found enlarged and distended with black blood, or as sometimes happens with those in the vascular membranes of the brain, are ruptured, the vessels of contiguous organs, as the ears, may be similarly distended and burst. Only when such a rupture takes place there is only a simple extravasation of blood into the meshes of areolar tissue, but never the formation of the characteristic sanguineous tumour, when no cavity has been previously prepared to receive the effused blood.

The application of the slightest mechanical force is sufficient to determine the production of the tumour on the ear. The varieties of injuries commonly operating, are blows, pressure, friction, scratching, and pulling, and such are frequently self-inflicted owing to painful and unpleasant sensations about the head, and occasionally to general irritability. The helplessness of the patients further exposes them to harm and to rough treatment on the part of others, which they are able neither to resent nor to appeal against.

Without the operation of the causes alleged, sanguineous tumours of the ear are not produced, though the evidence of external violence may not always be attainable.

Nature of the lesion. This was considered by Bird to consist in inflammation of the cartilage of the ear with effusion of blood beneath the integuments. Neumann presumed it to be erysipelatous, and most recent writers content themselves with describing it as an extravasation of blood under the skin of the ear. Schmalz regards it as a chronic asthenic inflammation of the cartilage, and of the aerolar tissue lying between it and the skin, with an effusion of blood or of bloody serum. Dr. Fischer says, the dyscrasia called forth by the lesion of the nervous centres localizes itself in the inflammation of the cartilages of the ear, and of their integuments; the inflammation runs a very chronic course, the perichondrium loosens itself, and eventually, from some mechanical injury of the ear, becomes detached from the cartilage and more or less torn, the cartilage itself more frequently also partaking in the laceration. This mischief is accompanied by the rupture of the vessels which are dilated in parts by congestion, and which pour out their blood between the cartilages and perichondrium. The inflammation lighted up will always vary in intensity according to the strength of the exciting cause and to the reaction of the system; and besides invading the cartilages and perichondrium, it may also seize on the areolar tissue and the skin. The effused blood coagulates, and in process of time becomes absorbed. It is only when the injury to the ear has acted for a longer time, or an improper treatment has been pursued, and particularly if the cartilage has been laid bare, that an unhealthy watery pus takes the place of the blood, accompanied probably by a partial exfoliation or erosion of the cartilage. Either upon or between the layers of the perichondrium and on the cartilages of the ear new cartilage substance is developed, which, if the disease continue, leads to patches of induration, and may itself become the seat of ossific deposit. The walls of the cavity become covered by firm, fibrous tissue, which eventually fills up the space. These new structures are nothing else than inflammatory products, and in general, are more abundant in proportion to the duration of the inflammation.

The resemblance between these tumours of the ear and the sanguineous tumours seen on the heads of newly born children is very remarkable. The latter

differ from the former only in their developement between the pericranium and the skull bones, and in being more readily absorbed. The two are alike in respect of their mechanical origin, the separation of the pericranium from the subjacent bones, and the consequent laceration of the vessels. Is it not probable that the poverty in fibrin of the blood in newborn infants may be a predisposing cause? The observation of a sanguineous tumour of the head in an insane patient who suffered also from a like tumour of the ear, has convinced Dr. Fischer of the close similarity of the two lesions.

Tumours of the ear are more common on the left than on the right side; in paralytic dementia the pupil of the eye on the same side as the diseased ear is more frequently larger than the other; but no relation is discoverable between the cerebral hemisphere involved by disease and the side on which the swollen ear is found. The organ of hearing is itself always normal.

The state of the external ear (pinna) described entails no further misfortune to the patient. Except the swelling and thickening be very great, the sense of hearing is unaffected; but even when those are very considerable only a slight hardness of hearing is induced.

Neumann remarked, in his Clinical Aphorisms, that the swollen ear was always associated with a decrease of mania, not indeed, so far as he had ever observed, preparatory to a restoration of the understanding, but to a transition to dementia. Flemming says, that the so-called erysipelas of the external ear is no certain basis for the prognosis of mental aberration. In two cases, after the appearance of the swelling, he saw death ensue; in one the patient suffered from dropsy, in the other an effusion was found between the cerebral membranes and a plastic exudation in the abdomen. In two instances he witnessed complete recovery; in one the ear was much deformed, in the other only slightly thickened, after convalescence. In Siegburg, as Jacobi informed Dr. Fischer, cases of complete recovery have occurred. In Illenau, there were two cases perfectly recovered, and three others had much improved.

Treatment. Bird advises antiphlogistic measures, such as leeches behind the ears, warm fomentations to promote the bleeding, and other means to lessen the blood in the head. Flemming recommends poultices and cold water or lead lotions applied freely, and he believes incision of the tumour mischievous, because it sometimes so much increases the inflammation that it attacks the cartilage, and renders it necessary to remove portions. Wallis treated a case at Sonnenstein by laying open the swelling, but the result was so unfavourable that he gave up the practice, and contented himself with using poultices mixed with liquor plumbi. Rupp first uses cold applications, and afterwards punctures the swelling, slits it up, or introduces a seton through the integuments, avoiding the cartilage.

The nature of the disease, says Dr. Fischer, at first demands antiphlogistic means. The local treatment with cold water, snow, or ice, or with solutions of sal ammoniac, or of lead and similar substances, is, during the existence of active inflammation, most to be recommended. In this stage an attempt may otherwise be made to bring about absorption by spirit lotions with arnica. Section and evacuation of the tumour, or the cutting out a small piece of the outer wall, filling the wound with lint, and exerting moderate pressure by bandaging, may sometimes be demanded and be followed by a happy result, where the deformity and swelling are great, and no process of absorption goes on. Cold applications ought not to be omitted. Leeches and astringent lotions are of little avail, and irritating substances and issues are prejudicial. Strong compression does harm, and very few patients will bear with it. Medicines to improve the general health, good nutritive diet, and pure air are of the first importance.

Notes.

Two leading questions of practical moment attaching to the condition of the external ear above considered, are: 1, As to its restriction to the insane, and 2, as to its causes. Both indeed have been treated of by Dr. Fischer, but a few additional notes may not be deemed superfluous.

At p. 48 of the *Asylum Journal* it is quoted, as an observation of Rupp, that the swollen ear occurs in persons not mentally disordered, and two instances of this fact are noted as having occurred in the practice of M. Langenbeck, the eminent surgeon. We are able to add another example recorded by Dr. Wilde, of Dublin, in his *Practical Observations on Diseases of the Ear, (Medical Times,* vol. xxv. 1852, p. 437,) under the heading "Tumour of the Auricle."

"J. E., æt. 24, male, printer. A tumour the size of a small pear occupies the upper portion of the left auricle, between the helix and concha. It is immoveable, has a tense elastic feel, like that of a hydrocele, and the skin covering it is smooth and of a dusky red color. It is of three months' duration, and has been several times lanced, and a quantity of glairy matter discharged. As the wound healed, the fluid reaccumulated. Hearing unimpaired. The whole auricle is very hot, and the pain is not great. Free incision made; a glairy, tenacious, yellow fluid mixed with portions of flocculent matter escaped. Sac smooth and polished. Dressed with lint, and the fluid did not accumulate again, but the auricle presented a hard, thickened, nodulated feel and appearance, which remained for months, and completely effaced the natural curvature and sinuosities of that portion of the external ear." No other instance is referred to by Mr. Wilde, who adds, "This is a rare form of disease in man." This remark and the absence of any allusion to the not uncommon occurrence of 'swollen ear' among the insane, imply the non-acquaintance of this eminent aurist with the latter circumstance. The observation recorded is however very valuable in proving these tumours of the auricle to be not peculiar to the insane. No note unfortunately is made as to the cause of the tumour in the case mentioned, and none as to the physical condition of the patient; but the tenor of the remarks appears conclusive with respect to the mental integrity of the man. The omissions named we could wish supplied by Mr. Wilde, from whom we should also like to learn if his more extended experience has brought other cases to his knowledge?

A remark made by that surgeon must not be omit-

ted, *viz.* that he has "frequently seen it (tumour of the auricle) in dogs, where it forms a hard lump attached to the end of the long flexible auricle." This observation is highly interesting, but to prove the identity of such tumours with those of the ears of the insane, anatomical and other enquiries are necessary. The long ears of dogs certainly present us with conditions favourable to the production of sanguineous tumours, in their tissue, in their remoteness from the centre of circulation, and in their liability to injuries.

But apart from any evidence deducible from comparative pathology, we think there is sufficient proof that the morbid state of the ear in question is not peculiar to the insane. Why it should be especially prevalent among them, we must seek in its predisposing causes.

The reading of Dr. Fischer's essay will, we believe, tend to the conviction that a peculiar 'dyscrasia' is a necessary element in its production; that such is indeed the determining cause, and that external injury, of some kind and degree, is an accessory and immediately existing cause.

The experience of all asylum superintendents proves the association between these tumours of the auricle and a depraved or impaired nervous and circulating force. The victims of general paralysis are particularly prone to suffer from this state of the ear; and next in proclivity are the debilitated demented; but the lesion is also seen among more recent cases without paralysis. We have seen it, at St. Luke's Hospital, in a man suffering from mania with restlessness and terror, passing into stupor; and quite lately, in a female maniacal and constantly restless; and both these cases attended by great debility and wasting, and by extreme nervous exhaustion.

It may be argued that prostration, an impairment of the nervous, of the circulatory, and of the nutritive organs, may be equally a consequence of other disease besides insanity, and does not account for the greater frequency of the local lesion of the ear in that malady. But perhaps in no other disease do we have the same accessory or concomitant conditions, the same nervous erethism and exhaustion, the same gradual and progressive operation of a general pathological process, the same abnormal vascularity of the head, the same proneness to injuries of the external ear, and lastly, the same lesion of the blood as that which the analyses adduced by Dr. Fischer seem to indicate.

Our experience warrants the inference that some external force or injury must necessarily precede the effusion which causes the tumour. The subjects of this lesion of the ear are prone to receive injury either from their helplessness or restlessness, and even lying upon the ear, rubbing or scratching it, may at once determine the effusion. It is an important statement of Dr. Fischer, that the disintegration of the ear-cartilages, the separation of the perichondrium, and the formation of the cavity, precede its occupation by liquids, and that such may be detected by handling the auricle.

In the developement of the lesion we may assume, that the blood is retarded and at length arrested in the capillaries of the perichondrium. This event is favoured in the debilitated patient by the remoteness of the vessels in the ear, by their mode of distribution—approaching the cartilage and then turning back on themselves,—and by their exposure to external agencies, cold and the like, in the thin expanse of the auricle. As the next step, the consequence indeed of the stagnation of the capillary circulation, is the arrest of nutrition, and hence the softening of the cartilage and the separation of the perichondrium; and now it is, as Dr. Fischer has observed, that effusion of blood and of serum from the gorged, dilated, and attenuated vessels so readily takes place.

Attention to the structure of the external ear will at once explain the nature of the tumour and its peculiarity to it, and we need not Dr. Fischer's hypothesis of the dyscrasia localizing or centreing itself in the diseased auricle.

Nowhere else do we meet with tissues of the same character and in the same relation, *viz.* a non-vascular cartilaginous plate covered by its perichondrium, supporting—just like the periosterum of bones—its nutritive vessels, and the whole enveloped by the common integument. Dr. Fischer, as before noted, indicates an analogy between the sanguineous tumour of the head of newly-born infants (the *caput succedaneum*) and the tumour of the auricle; and in the structural relations of the tissues in the two, an analogy is moreover visible, the pericranium covering the cranial bones corresponding to the perichondrium overlying the cartilage of the auricle. Again, we are of opinion that an analogy subsists between the sanguineous effusion into the tissues of the external ear, and that occasionally seen in the same class of debilitated patients, beneath the thick horny integument of the heel of the foot. This latter condition appears to occur spontaneously, and is due to similar pathological conditions as sanguineous effusions of the ear. We have remoteness from the centre of circulation, exposure to cold, to pressure, and to other external agencies, and a large number of tortuous vessels, turning back upon themselves, and rendered still more liable to congestion owing to gravitation opposing the return of their blood.

Dr. Fischer adverted to the opinion of some writers, that external violence would of itself produce sanguineous tumours of the external ear. To this notion few will assent. Dr. Bucknill informs us, that having pointed out the lesion to an experienced 'member of the ring,' he enquired of him whether he had ever witnessed the like, but was informed by that individual that though he had seen men most severely knocked about over the ears, such tumours were unknown to him.

Much has been said about this lesion of the ear as a prognostic. Its developement is certainly of no good omen. Sir A. Morison tells us he has never, in his long and large experience, seen a patient recover in whom this condition of the ear has exhibited itself. In Dr. Fischer's paper, however, it is stated that at several asylums instances of mental recovery have occurred in patients with this lesion. Indeed, as sanguineous tumour of the external ear is not confined to insane patients, its existence cannot of itself be adopted as a prognostic in cases of insanity.

J. T. A.

To the Editor of the Asylum Journal.

York Lunatic Hospital, July 12, 1854.

Dear Sir,—Allow me to acknowledge, with thanks, No. 6 of the *Asylum Journal*, which I duly received on the 9th instant.

As a co-operator with yourself in that most important and interesting branch of science, the management and treatment of the insane, may I not venture to trespass for a few moments on your valuable time, in offering a few remarks, suggested by a perusal of your opening article, on the system of non-restraint.

In doing so, I need hardly observe that, although personally acquainted with Mr. Hill, I am not aware that he has even seen your article, having had no communication with him for some months. I state this with a view of shewing that I am actuated by no *personal* feeling whatever, but am simply desirous of stating my views upon a subject confessedly of vast practical importance, affecting, as it does, the immediate well-being of those entrusted to our care.

Perhaps it will be better to follow out those views as suggested by your observations, *seriatim*. By way of preface, however I must be permitted to say, that (as the accompanying Report will, I think, abundantly testify) in an unqualified abhorrence of barbarities into which restraint had degenerated some thirty or forty years ago, I will yield to none. Common humanity shrinks from such enormities; but it appears most unreasonable to charge upon the *principle* itself the abuse into which it may degenerate in the hands of the injudicious, the unskilful, or the inhumane.

In your remarks "We had flattered ourselves that the day had been gained, the victory secured, and that *practices* which had rendered the name of madhouse an *abomination*, and even the mad doctor odious, had been finally discarded from all the public asylums of this country," I presume you refer to the preceding paragraph, where reference is made to the "rattling of chains" and the "shrieks of patients;" for that such *were* the abominations of restraint in days gone bye is *true*; and it is *most true*, that *such* abominations *have* (at least, in the public institutions of *this* country) *long since passed away*. For it would be manifestly absurd to regard the mildest forms of restraint sanctioned, in rarely exceptional cases, by some of the most *practical* and distinguished men in this country, as constituting a mad-house an "abomination," and the physician an abhorrence. And yet, from the context, where in the subsequent paragraph you open with the words, "It was *therefore* with much disappointment and sorrow," etc., it might be supposed, either that there is no appreciable distinction betwixt a *principle* in its legitimate and simplest application, and the most cruel and criminal abuse into which that principle may sink; or else that, as in the chains, the manacles, and the shrieks of old, some terrible barbarism were suspected still to exist.

Assuredly, if we consult science, we shall find that the greatest *boons* to mankind, have not unfrequently been converted into the greatest *curses*, through their abuse in the hands either of the unskilful or the malicious. In therapeutics, for example, the truth of this will at once be evident, if we regard the terrible evils which have arisen from an injudicious or empirical exhibition of mercury, which has, not unfrequently, not only aggravated an already existing malady, but sown the seeds of a future and yet more intractable disease.

Nevertheless, is mercury, even in its more active combinations, much less in its *mildest* preparations, discarded from our pharmacopœia; but rather, does it not rank, in the hands of a skilful practitioner, as one of the most valuable weapons he possesses, in the treatment and controul of disease? Should we hesitate to administer a few grains of grey powder to a child, because of the terrible abuse of calomel or blue pill by the reckless practitioner, or the impudent charlatan?

Where then a patient threatens his own life,* or the lives of those around him; or is generally destructive to everything within reach; or is given up to the most foul and loathsome habits, sinking below the level of the brute creation; are we to peril the life and limbs of others? are we to incarcerate in solitude? are we, in fine, to shrink from *painless* restraint, in every possible case, absolutely and for ever, because of the chains, the manacles, and the shrieks of a by-past age?

Which is the *lesser* of two evils? Which is the *truer* humanity? On the one hand, to endanger or peril the safety of others, to permit self-inflicted wounds, to confine in gloomy solitude; on the other, to associate, by means of (I repeat) a *painless* restraint, the otherwise dangerous maniac with the cheerful and inoffensive of his companions.

Regarding humanity, in its strictest sense, as the very guiding principle in the treatment (alike medical and moral) of the insane, I do not hesitate to affirm that there *are* cases, in which, to withhold painless restraint, would be as flagrant an act of *in*humaniiy as it would be an act of barbarism to use it in any single case, where *all other resources* had not previously failed; and thereby, its application been imperatively demanded.

May I be allowed to say a word with respect to your definition of the term "spencer." Having used the same word myself, I think it only right to state that, so far as regards the spencer occasionally used in this institution, *your* definition would, if received, convey an impression absolutely erroneous and incorrect.

The spencer we use is one thing, the strait-waistcoat is another: the former we have, the latter we do not possess, and have not possessed for years; the latter secures the arms and hands across the chest, the former does no such thing; the latter oppresses the chest, the former permits of its perfect freedom, and yet prevents, without pain, destruction of property and clothing, injuries to others, as well as self-inflicted. It supersedes the evils and wretchedness of an indefinite solitude; it obviates that worst † form of restraint, *human* coercion, but it does *not* deny the blessings which social intercourse may perchance ef-

* I need not observe that *this* applies to very rare cases; as, *e. g.*, where the patient will tear open vital wounds, etc.

† Worst, in truth; for but lately I read a case in a Report, where *fatal* injuries were received by the poor struggling maniac, in an encounter with two attendants who were removing him to a *padded room*.

fect even in the most aggravated, if not the most hopeless cases.

With regard to your remarks respecting the "probability of the Commissioners having neglected to denounce with vigour any recurrence to the evils of the past," I would beg to observe that, to denounce with vigour, would necessarily imply a strong repugnance to the evil denounced. Assuming that the minds of the Commissioners *are* imbued with this repugnance to *every* form of restraint, then, the insinuation that they had neglected to pronounce a vigorous denunciation merely because they had been "charmed by the *lower* but more conspicuous attributes of an asylum," would be rather a reflection than otherwise on their penetration or their candour. That they had, in short, overlooked the *greater* evil, attracted by the *lesser* good; or, detecting the one, had failed to denounce it, carried away by the admiration of the other.

I humbly submit that neither position is applicable to the Commissioners. For, about the same period, *we* also received a visit from the Commissioners. I drew their *especial* attention to two particular cases, where mild restraint had been applied, as a '*dernier resort*,' upon which an interesting discussion followed.

Now, although no vigorous denunciatory clause, or even the slightest expression of *disapprobation*, is to be found in their report, I most certainly cannot regard the favourable paragraph with which it closes as constituting, in the slightest degree, a "culminating pile of praises," to the all-absorbing influence of which the omitted denunciation is to be ascribed.

Nor, on the other hand, were it so, that the Commissioners themselves *did* entertain the non-justifiability of restraint in any form and in any possible case, can it be allowed that they would seek to reconcile such convictions with a total omission of any expression of disapproval.

In short, in every rule exceptions must ever occur, and from such exceptions, howsoever rare they be, the system of non-restraint itself cannot claim for itself any special exemption.

I remain, dear Sir, very respectfully yours,

EDWARD SIMPSON. M.D.,
Medical Superintendent.

To the Editor of the Asylum Journal.

Belfast District Asylum, July 31, 1854.

Dear Sir,—Permit me through your pages to express to the Members of the Association of Medical Officers of Asylums and Hospitals for the Insane my regret that I was unable to attend their Annual Meeting on the 28th ultimo. The most imperative duties alone prevented my doing so, and participating in the useful and important business of that meeting.

I am, my dear Sir, yours faithfully,

ROBERT STEWART, M.D.,
Secretary to the Irish Branch of the Association.

Appointment.

MR. DENNE, Medical Superintendent of the female side, Hanwell Asylum, to be Medical Superintendent of the Bedfordshire County Lunatic Asylum. MRS. DENNE to be Matron of the same.

Notices to Correspondents. We regret that press of matter compels us to delay the remainder of Dr. Baillarger's excellent Lecture, Dr. Tuke's Review of the Meerenburg Report, with other reviews of interesting works.

Mr. A. L. We are not aware of the best mode of keeping floors clean and bright by dry rubbing. If the floors are of oak the matter is easy. If they are of pine or fir we know that the task is a difficult one. We should feel obliged to any of our readers who would give us information on this subject. The floors in the Lancaster and Stafford Asylums are of wood and are dry rubbed.

All communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 20th day of September next.*

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" Si quid novisti, rectius istis,
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

Eighth Report of the Commissioners in Lunacy.

The Eighth Report of the Commissioners in Lunacy to the Lord Chancellor has just been issued, and a more enlightened or satisfactory document has rarely come from the State Paper Office. It not only indicates like all preceding Reports, the amount of work done by the Commission in behalf of the helpless and afflicted class, over whose interests it presides, but in several important respects it also marks a considerable advancement of opinion.

The Commissioners report "with satisfaction" the dissolution of the union between the county and the voluntary subscribers to the Nottingham Asylum, with the intention of removing the private patients to a separate establishment. The same dissolution of partnership has taken place at the Stafford Asylum; the private patients going to the Coton Hill establishment. The expression by the Commissioners of a "cordial approval" of these proceedings, indicates an unfavourable opinion on their part of the system of mixing classes in asylums.

The condition of several hospitals and asylums placed within the precincts of towns is severely commented on. The asylum at Haverfordwest, St. Peter's Hospital at Bristol, the Hull Borough Asylum, the Bethel at Norwich, St. Luke's and others, share these animadversions.

They state, "So formidable are the difficulties in the way of advancement in old and badly situated hospitals, that in those instances where improvements have been attempted, large sums of money have sometimes been spent without adequate results. In such cases the only effectual mode of overcoming all obstacles to improvement appears to be to abandon the old buildings and erect new ones on eligible sites; a course which has already been taken at Manchester and Stafford, and is about to be adopted at Nottingham." There cannot be a doubt respecting the wisdom of this vigorous advice.

The abuses still existing in many private asylums are remarked upon, and the efforts made by the Commissioners to effect their reform are told: efforts, we are sorry to observe, not uniformly seconded by the authorities to whom is confided the control of private asylums out of the Metropolitan district. At Dunston Lodge the Lord Chancellor prohibited the renewal of the license to the proprietor, because he had horsewhipped a patient while in a straight-jacket, and had sanctioned the extraction of his two front teeth: cruelties inflicted because the patient had bitten his arm.

The Commissioners report unfavourably of lunatic hospitals founded by charitable persons for the reception of needy patients of the middle and upper classes. They regret that their endeavours to improve the condition of these institutions have been opposed by great difficulties arising from defective construction of the buildings and errors in the management. They recommend that the buildings, where radically bad, should be abandoned, and new ones erected in eligible sites.

On the subject of management they recommend to the governors of hospitals as "the most enlightened system," the appointment of medical Superintendents with "paramount authority." They observe, "Our experience confirms the opinion which we have already expressed in former Reports, that in order to ensure good management, it is *essentially requisite*, that the resident medical officer should, as Superintendent, be invested with paramount authority. All officers and

servants should be under his control. He should have the power of engaging and dismissing all nurses and servants, and of recommending and suspending sub-officers. He should also be responsible for the general management of the establishment, and should regulate the medical and moral treatment, and the diet and clothing of the patients. He should be provided with apartments suitable to his position, and his salary should be liberal, and such as to secure the services of a highly qualified and efficient officer." In another place they state that the superintendent should be "*subject to the committee collectively;*" a rule of much importance, and by no means adhered to in many county asylums, where the proper action and influence of the committee at large, and the superintendent, are alike frittered away by sub-committees, and by the fussy irresponible exertions of single committee-men.

On the ASYLUM FOR IDIOTS, containing in the three establishments 250 inmates, the Commissioners remark: "As regards the general result of the care, discipline, and tuition bestowed on this large body of idiotic and imbecile children, we are of opinion that, although a very considerable improvement in their condition is effected by the treatment and care they receive in the asylum, yet that a still greater advance would be made if less time were spent in scholastic instruction, and a larger share of attention were paid to the means best calculated to improve their physical condition, and impart to them a more extended knowledge of the properties and uses of external objects." We trust that, under this judicious and persevering advice, the governors of the asylum may eventually be persuaded to recant the cant of curing idiotism by pedagogy.

The details are given of two prosecutions instituted on account of the cruel treatment of patients at the houses of their relatives. An indictment was preferred against William Roberts, for confining his brother, Evan Roberts, in an improper, cruel, and excessive manner. The lunatic had been chained to his bedstead in a dark small cell at a place called Bangor for seven years. William Roberts was found guilty and was sentenced by Lord Campbell to one month's imprisonment, a sentence which the Commissioners remark, "seemed to us excessively lenient."

The other case was that of Charles Luxmore, who was chained to a beam in a dark cell seven feet by four, altogether for a space of thirteen years. This barbarism occurred at Lew Trenchard, in Devonshire. He was found in a state of nudity and excessive filth. The indictment was preferred against the brother-in-law of the lunatic, a small farmer named Yeo. He was found guilty and sentenced by Mr. Justice Coleridge to six months imprisonment. In the Commissioners' report of this case there is an error which we think it right to notice. It is stated, "that for several years and until the interference of the Commissioners, the lunatic continued to be closely confined in this cell," &c. This is a mistake, inasmuch as the earliest knowledge which the Commissioners had of the matter was derived from depositions taken by ourselves from the relieving officer, and from the defendant, *subsequent* to the admission of the lunatic into the Devon asylum: upon these depositions the conviction was mainly obtained. This circumstance is worth mentioning, as it shews the importance of strictly questioning persons bringing patients to asylums, respecting their previous condition, and of obtaining signatures to any statements which may appear of sufficient importance.

The portion of the Report most interesting to medical readers is that which refers to Appendix G, being the communications returned by the medical men in charge of asylums throughout the country to a circular of the Commissioners on the subject of restraints and seclusion. The reason given for the issue of the circular of enquiry is that, "the treatment of the insane has of late years been studied in this country with so much energy and success, by those who are practically engaged in it as a profession, that we have been anxious to collect and record the results of their experience in a permament and accessible shape."

The Commissioners remind his Lordship that "in estimating the value of the opinions these communications express, it is essential to bear in mind the position and experience of the writer, the size and character of the institution under his charge, and his particular opportunities for observation."

Read with this commentary many of the communications which still advocate the use of restraint in timid apologetic terms which prove how thoroughly ashamed the writers are of their cause, sink into insignificance when balanced against the testimony and strong opinion against its employment expressed by nine-tenths of the medical officers of public institutions. The Commissioners themselves designate mechanical restraint as "unnecessary and injurious to patients," and its disuse as "practically the rule in nearly all the public institutions in the kingdom, and generally also in the best conducted private asylums, even those where the non-restraint system as an abstract principle, admitting of no deviation or exception, has not in terms been adopted." They express the conviction upon which they have steadily acted, that "the possibility of dispensing with mechanical coercion is in the vast majority of cases a mere question of expense," and, "as Visitors they have made it a principle to discourage to the utmost the employment of mechanical restraint in any form," and even to remove patients from establishments where its use was persisted in to others where a different system was adopted: the removal being frequently attended with the happiest results.

This energetic condemnation of the use of mechanical restraint by Her Majesty's Commissioners is most satisfactory; and confirms the view we took regarding their Report in the North and West Ridings' asylum.

On the subject of seclusion they acknowledge that its occasional use is generally considered beneficial, that its employment by harsh or indolent persons is liable to great abuse, and "that it should only be employed with the knowledge and direct sanction of the medical officer." In these principles we entirely concur. We shall take an early opportunity of discussing this subject, as we are convinced that the medical employment of seclusion, or to get rid of a damaged term, we would rather say, the relative merits of treating certain lunatics among a crowd of other patients or in comparative retirement, is a me-

dical question which has not yet been placed on a satisfactory footing.

The last six pages of the report are occupied with a question which the Commissioners truly designate as one of "great and pressing importance," namely, that of criminal lunatics.

The length of Dr. Boyd's important and valuable paper on Cholera compels us to defer the consideration of this question to a future number. We trust at an early opportunity to resume our remarks on this able and most valuable Report.

Observations on Cholera, by Robt. Boyd, m.d., *Fellow of the Royal College of Physicians, London; Physician to the Somersetshire Lunatic Asylum.*

> "He came, he went, like the simoon,
> That harbinger of fate and gloom,
> Beneath whose widely-wasting breath,
> The very cypress droops to death."—*Byron.*

The frequent occurrence of Cholera, in different parts of the United Kingdom, of late years, and its prevalence at present, seems to point out the necessity of our being prepared for its appearance, particularly in public institutions, and amongst others, Lunatic Asylums, which in some instances have suffered severely from this disease. In the West Riding of York Asylum, containing 633 patients, 98 are reported to have died from cholera in the autumn of 1849. The private asylums for pauper lunatics generally about London and in some other places, suffered more or less from the same epidemic; whether from cholera or some other cause, the mortality in the Lancaster Asylum was unusually high, 48 per cent. in 1833, according to "a table of patients admitted, &c," in the annual reports of that institution.

The Commissioners in Lunacy considered it necessary last year to issue a printed circular, suggesting precautions against cholera. In the first number of "the Asylum Journal," it is suggested that the recommendation in that circular, of having in every asylum, probationary wards set apart for patients from infected districts, to be placed there for some days, in the first instance, and there attended by separate nurses, would be beneficially modified, by having the probationary wards placed "without the walls, and at some distance from the asylum." Hospital wards, distinct and separate, would doubtless be a great relief and benefit, during the prevalence of any epidemic, and, in the generally crowded state of asylums at present, such wards seem to be almost absolutely required.

Patients in cholera, when in a state of collapse, require constant and unremitting attention; the thirst is often incessant; the medicines have to be given frequently; a frequent change of bed-clothes and bedding is also required; hence, a strong staff of nurses is requisite. When patients suffer from spasms and cramps in the extremities, which they often do most severely, two or three nurses may be employed in rubbing the limbs of a patient, in applying turpentine fomentations, and flannel bags filled with hot salt or sand, to the spine, and other parts of the body. Where the rubbing of the limbs can be dispensed with, a hot air bath is speedily efficacious in raising the temperature of the patient. The bath I have been in the habit of employing, not in cholera especially, but in any other case, was formed by raising the bed-clothes on a wooden cradle, similar in form to that used for protecting a broken limb, but large enough to embrace the body; the lower end of the cradle was formed of a semicircular board, through which was a hole to admit the nozle of a two inch metal pipe, communicating with a metal funnel outside the bed, in which an oil or spirit lamp was kept burning to heat the air.

In a large cholera hospital to which I was attached as assistant resident physician, during a part of the epidemic of 1832, the number of patients admitted in six months, from May to November, was 3,026, and the number of deaths 905, or nearly 30 per cent., about one half when admitted were in what was then termed blue or Asiatic cholera, excluding the milder forms; those for instance affected with diarrhœa, or English cholera only when admitted, the mortality might be said to amount to 60 per cent. in the worst form of the disease.

A great number of patients were admitted between midnight and four o'clock in the morning, although the hospital gate was opened at all hours to applicants. The medical and other attendants took the night duty alternately. When the epidemic was at its height, the cases ran their course quickly, one "receiving ward" was emptied of its occupants by death, twice during one night.

I shall here give a few examples of the blue or Asiatic cholera, from my notes taken in that hospital, which will show the nature of the cases, effects of remedies, and the amount of attendance required.

1. T. F., a news carrier, aged 32, admitted 18th September, 1832, into ward No. 8, at a quarter to two p.m., attacked with purging twenty-six hours, vomiting nine hours, and cramps one hour before admission. The only medicine he appears to have taken was a draught of castor oil about an hour before the vomiting. The extremities were cold, tongue cold and white, no pulse in radial artery, cold perspiration, blue appearance of the skin, and the peculiar whispering voice, the evacuations were characteristic, like rice water. No urine passed, which was also a characteristic in all these cases. Hot water-bottles were applied to the feet, and between the legs; bags of hot salt to the knees and between the thighs; the hands and arms were rubbed with hot turpentine, and turpentine and hot flannel applied to the abdomen, a mixture of one part of brandy to three of water for drink. A pill of three grains of carbonate of ammonia and one of capsicum, every fifteen minutes, to be swallowed with one ounce of the brandy and water. Five p.m., heat of body natural, no pulse at wrist or temple, in a clammy sweat. He died in seven hours after admission.

2. Mary F., aged 53, attacked 2nd October, 1832, at two a.m., admitted at eleven a.m., in a state of collapse, cold and blue. Warmth applied, one drachm of calomel given, and stimulants; no attempt at reaction. Death occurred eight hours after admission.

3. Betty C., aged 46, attacked 21st October, with purging, admitted seven hours afterwards in a state of collapse. No pulsation in radial or temporal arteries; eyes sunken; cold clammy perspiration on forehead;

tongue white and cold; skin on hands wrinkled; no vomiting. Calomel ten grains, and one of powdered opium given; sherry and water equal parts, for drink. 3 P. M., Purging continues, an astringent enema of decoction of oak bark, alumn, and tincture of galls. 5 P. M., the enema repeated, and carbonate of ammonia, camphor, and capsicum pills every fifteen minutes, a sinapism to be applied to the abdomen. 8 P. M., no improvement; the medicine and astringents continued. At midnight she vomited, and the vomiting stopped after taking an ounce of oil of turpentine. 22nd. 2 A. M., purging continues, no recurrence of the vomiting. 4 A. M., stimulants required; watery evacuations still continue, passing through the bed; vomited once; head hot, four leeches to the temples; astringent enema repeated. 11 A. M., pulse felt in temporal artery, but not in the radial. Stimulants &c., continued. 3 P. M., restless, extremities cold, no pulse, respiration hurried, purging stopped; the extremities to be well rubbed with hot turpentine, and bandaged with warm flannel; calomel, six grains, and hyoscyamus, two grains, directly; the stimulant pills to be continued. 6 P. M., some reaction; head hot. 8 P. M., no pulse, no purging, stimulants given. Midnight, gradually sinking. 23rd, She died at 1 A.M., thirty-five hours after admission; unlike the first two cases, in this one there was an attempt at reaction.

4. A woman aged 48, attacked at 8 A.M., 29th October, and about 12 o'clock with vomiting and cramps, admitted to the hospital the same day, at 2¼ P.M., in a state of collapse; no pulse at the wrist or temple. Calomel 20 grains, and acetate of morphia half a grain given; brandy and soda water for drink; sinapism to the epigastrium; hot bottles and bags of hot salt to the feet and other parts of the body. She died sixteen hours after admission.

The husband to the last-mentioned patient, aged 56, admitted within four hours of his wife's death: he appeared quite well when he brought her to the hospital yesterday. Purging, at first slight, came on last evening; he was admitted at 10¼ A.M., in a state of collapse; no vomiting; a small pulse felt at the wrist; clammy sweat; cold extremities; tongue cold and white; the peculiar whispering voice. (It should be noted, that this man slept in the same bed and bedclothes from which his wife had only lately been removed.) Hot applications to extremities; stimulants, given internally; astringent enemas. He only lived eight hours after admission.

5. A boy aged 11 years, attacked with purging, 26th October; admitted to the hospital three hours and a half afterwards, in blue cholera. No pulse in radial or temporal arteries; eyes sunken, with a dark areola; lips cold and blue, extremities cold. Hot bottles applied; carbonate of ammonia, camphor, and capsicum every quarter of an hour; sherry and water drink; vomiting came on soon after his admission; fifteen grains of bismuth ordered for that symptom. Midnight, —restless, asks for cold water, which he is allowed in small quantity; fifteen grains of calomel, and two of extract of hyoscyamus, given in the form of a bolus. 27th—4 A.M., vomiting has stopped; watery evacuations continue, passing through the bed; no pulse; an astringent enema ordered, which checked the purging; in an hour afterwards the vomiting came on, and soda water was given. In two hours afterwards the face became warm, pulsation returned at the temples; restlessness, purging and vomiting continued; six leeches to the temples, soda water for drink, astringent enemas, a blister to the epigastrium—the blistered surface to be dressed with a grain of acetate of morphia. 6 P.M., pulsation in radial artery. 11 P.M., no purging or vomiting, or clammy perspiration; very restless; a scruple of calomel and three grains of extract of hyoscyamus given. 28th—Passed a quiet night, restless to-day; calomel and James's powder, in pills, given; eight leeches applied to the temples; he passed urine for the first time to-day. 29th—Vomited once; another blister applied to the epigastrium, and one grain of acetate of morphia sprinkled on the blistered surface. He went on afterwards without a bad symptom; the medicine was discontinued. 5th November—He was discharged quite recovered on this day, being the tenth from the day of attack.

6. A sailor aged 32, attacked with purging, vomiting, and cramps in the lower extremities, on 29th of October; admitted into the hospital four hours and three quarters afterwards in a state of collapse, no pulse at the wrist. Limbs to be rubbed, and heat applied in the usual way; twenty grains of calomel, three of extract of hyoscyamus, and electuary of catechu, given as a bolus; sherry and soda water to drink when he asks for it. 10 P.M., vomiting frequent, cramps violent, small quick pulse; rubbing of limbs to be continued, and the bolus of calomel repeated. 12 o'clock, cramp less severe; he vomits a watery fluid at short intervals; twelve grains of the oxyd of zinc to be given every half hour. 30th—The vomiting continued, other symptoms less severe; skin corrugated and covered with a clammy perspiration, no pulse at the wrist or temple, a blister applied to the epigastrium; ten grains of nitrate of silver, dissolved in one ounce and half of distilled water as a draught, twice during the morning, also a draught containing an ounce of oil of turpentine. The evacuations from the bowels were like whey; in the afternoon they assumed a darker colour, and a strong fœtor of rotten eggs. Astringent enema, with tincture of opium, ordered; brandy and water for drink. In the evening he was easier. At 10½ P.M. he became restless and anxious, talking of his family who were far distant; he gradually sunk, and died soon after midnight.——*Post mortem* examination, twelve hours after death.—The body rigid, skin of a natural colour. The spinal canal first examined: the spinal cord of the natural appearance. Head: vessels on surface of the brain very much congested with blood. The roots of the cerebral nerves were carefully examined, and appeared natural. The splachnic nerves were also examined, and the semilunar ganglion, which last appeared larger and more vascular than usual. Lungs appeared natural: heart, exanguinous. Œsophagus: the mucous membrane dark, probably from being stained by the nitrate of silver he had taken, the veins congested with blood; the veins of the stomach also congested in the same way, and small red patches on the mucous membrane, which had been frequently observed in other cases examined in the hospital; a dark brown fluid and some turpentine in the stomach.

Intestines void of any fluid or feculent matter. The edge of the liver very sharp, the organ devoid of blood, and as it were contracted; the gall bladder distended with bile, the gall duct contracted. The spleen small, and devoid of blood. The kidneys unusually pale, but in other respects natural.

The cases of malignant, blue, or Asiatic cholera now given, all died but one; the stimulant, mercurial, and anodyne treatment was chiefly practised, with counter irritants, leeches, and soda water or cold water when called for by the patient.

In three other cases I found most remarkable results from the saline injection of the veins, as recommended by my friend Professor Hart, physician to one of the principal cholera hospitals in Dublin, who has kindly sent me some valuable observations on the subject. The saline injection consisted of muriate of soda one drachm, carbonate of soda ten grains, water (of the temperature 105°) six pints, and sometimes two grains of sulphate of quinine were added. The patients, from being pulseless, cold, and almost insensible, underwent after the injection of the fluid into the brachial or median vein in the arm, the following changes: the pulse rose, their senses returned, they sat up in the bed, and became so much roused as to be capable of settling their worldly and other affairs, but in the course of a few hours afterwards they all died. This mode of treatment recommended by Drs. Smart and O'Shaughnessy as an improvement in cholera on Dr. Stevens's saline plan, was extensively tried in the Dublin cholera hospitals in 1832, but without success, although elsewhere in some cases with a different result.

The circumstances which favored the recovery of patients were their *youth*, (infancy excepted,) but especially their being *soon brought under treatment.* The cases here mentioned were affected from nine to three and a half hours before being brought under treatment, and moreover prove, that a diarrhœa neglected for even that short period may terminate in fatal cholera.

The usual characteristic in these cases was a discharge of the less colored part of the blood and fluids from the mucous membrane of the intestinal canal, an exosmosis; this was, however, only an effect; the cause probably a poison acting on the nervous system, as when the epidemic of cholera was at its height persons died in a few minutes, before any of the usual symptoms developed themselves. I have known, in like manner, at an outbreak of an epidemic of scarlet fever, some of the strongest children, in appearance, die, as if poisoned, in a few hours, before the usual symptoms of that disease had become developed.

The post mortem appearances only shewed an exsanguineous state of the thoracic and abdominal viscera, and red patches inside the stomach. These would be the natural results of a profuse discharge of fluid from long continued vomiting and purging. The vascular congestion of the nervous centres was probably in consequence of their being less immediately under the influence of the discharge from the mucous membrane of the stomach and intestines, and of the well known fact, that efforts at vomiting greatly tend to produce congestion of blood in the head.

The idea of cholera being an exosmosis from the mucous membrane, has been acted upon successfully in one instance by Dr. Allen, late my colleague in the Marylebone Infirmary. In that institution in 1848, a girl of 13, in a state of collapse in cholera, was enveloped in a wet sheet to produce the opposite state termed "endosmose" by Dutrochet, and she speedily recovered. The nurse who attended this girl in the infirmary, was herself seized with cholera, and at her urgent request was treated with the wet sheet in the same way, but she died.

Affusion of cold water continued with frictions, Dr. B. Hawkins describes as a method pursued in Persia, and more rational than the calomel and opium plan.

The return of the secretion of urine was one of the earliest, and is the surest sign of recovery in cholera, for although the patient may linger on for a little without that secretion being fully established, the consecutive fever which follows, usually terminates fatally.

A new method for treating cholera, suggested by Sir J. Murray, M.D., will be found in the *London Medical and Surgical Journal*, vol. i., No. 24. He found, that by placing a person in an air-tight vessel, to which an air-pump is adjusted, the face only of the person being exposed, that half a pound abstracted off the square inch produces great determination of blood to the skin and expansion of the chest; while at the same time the lungs received a column of air of the usual expansive force.

In three cases of cholera, "entirely beyond the reach of art," reported in the same journal, in which this plan was tried, the fatal termination seemed certainly to be delayed. The principle seemed to answer, and if the machine had been more perfect in its construction, it was considered that these patients would have derived more advantage from its use.

Independent of the abstraction of the blood from the internal parts, the spinal column, and ganglionic nerves, Sir J. M. considered that the new process "may alter their electrical condition, both by insulating the body, and also by keeping it some time surrounded by a rarified and drier atmosphere, and consequently modifying the electrical influence of the air on their nervous system." He suggests that cholera arises from electrical disturbances, and most ingeniously endeavors to explain the phenomena attending it on these grounds, and that "the supposed contagion of the disease may be owing to the distribution of the electric fluid between a healthy individual in whom it is equal, and a diseased person in whom it is irregular, thus deranging it in the one that is well."

A clear and succinct history of the epidemic cholera or choleric fever of 1832, may be found in Professor Benson's Lectures, published in Nos. 92, 94, and 96 of the *Dublin Medical Press.* From which it appears, that in March 1832, the first case appeared in Dublin in a person who had come from Liverpool, where the disease prevailed. It spread through almost every town in Ireland. The symptoms of the disease were extremely various, and very different from English or common cholera, yet some prominent symptoms, as vomiting and purging, being generally present, are sufficient to justify the use of the same name. Dr. Cranfield grouped the symptoms into three, constituting so many types. "In one group the most marked symptoms are those of collapse, or the *blue*

type. In another spasm is the most prominent symptom, the *spasmodic type.* And in the third a febrile state prevails almost from the outset, this may be denominated the *febrile type.*

Mr. McCoy, who was attached to a very large cholera hospital in Dublin, observed the greatest irregularity in the *succession* of the symptoms, in their *duration,* and *severity.* He says, "I have seen any one symptom take precedence; I have known any one of its symptoms occasionally absent; I have seen all the symptoms strike at once. I have seen the disease linger with trifling symptoms for a week before there was much cause for serious apprehension; I have seen it run its course from apparently perfect health to dissolution in one hour and three-quarters; I have seen them present every shade of severity from the most tranquil state to one of great agony.

"The prevalence of particular symptoms appeared periodically endemical, for three or four successive days the great majority of patients received into hospitals would have one symptom or train of symptoms predominating, the next period others, and so on. I was not able to connect these with any remarkable atmospheric changes. I have not known the mental faculties of cholera patients disturbed in the disease, nor even the same degree of mental debility, which often attends great bodily weakness; some lunatics under my care gave most correct answers to questions connected with their condition, but less so, as they advanced to convalescence."

The identity of the epidemic of 1832 with Asiatic cholera was allowed by our army surgeons, who had witnessed the pestilence in India. It was unlike any thing ever before witnessed in this country. It is expressively named in India "Elowa and Mordekin:" the hurricane, the death-swoop. In India the collapse was more sudden and recovery more rapid. Orton says, that at Hoobly and other places, the natives were attacked with the disease whilst walking in the open air, and having fallen down, retched a little, complained of vertigo, blindness, and deafness, and expired in a few minutes. Mr. Coates says, that three thousand perished in a few days, many of them "having been knocked down dead, as if by lightning."

The fever which so frequently follows the state of collapse in this country was rare in India.

Pathology.—In the reports of the morbid appearances from the medical boards of the three Presidencies of India, Dr. Bisset Hawkins's account of cholera in Moscow, M. Rayer from France, and Dr. Brown from Sunderland, where cholera first appeared in England; Dr. Benson states, "you find nothing to account for death, no lesion of sufficient importance to give rise to the symptoms, or to cause the fatal result. In fact, there is venous congestion of all the internal organs, and nothing more, not even inflammation. I believe there was no additional light thrown on the subject by the Dublin anatomists."

Professor Hart, a profound and accurate anatomist, says, "Of those who died in the state of collapse, the cerebral organs and spinal chord presented no marked morbid appearances; in some cases the vessels over the hemispheres of the brain were congested; the heart was contracted in most cases; nothing peculiar respecting the lungs; the stomach and intestines presented a remarkable pinkish color, and their veins were greatly congested; the Peyerian glands were generally distinct; no fæces in any part of the intestinal canal which contained a white fluid like thin gruel; the surface of the mucous membrane throughout was covered with a tenacious pulpy substance of the consistence of starch mucilage; the liver was generally small in size; the gall bladder distended with dark green bile; the spleen was usually small and corrugated; the kidneys were firm; no urine in the bladder. I carefully dissected the semilunar ganglion in several cases, but could never discover any morbid change in it. The muscles were always rigid. Of those few I had an opportunity of examining who died in the febrile state, the greater part had signs of inflammation of the intestinal mucous membrane, and in some there was softening of the lining of the stomach to such an extent, that it hung in shreds into the organ." Dupuytren found the glands of Brunner and of Peyer always enlarged in cholera, and believed that they were the chief seat of the disease. Delpech found the semilunar ganglions voluminous, red, injected with blood and infiltrated with serum; he found the nerves of the solar plexus swollen, and their neurilemma injected; and the lower part of the par vagum similarly changed; and Loder of Moscow predicted these changes from a consideration of the symptoms. None of these changes were observed in this country.

In most instances the blood became thick and pitchy looking, even in the arteries it was dark. Dr. O'Shaughnessy shewed that cholera blood had less water than healthy; that the serum had more albumen, but was very deficient in salts; that it separated imperfectly from the crassamentum, and was of high specific gravity. The fæces contained the salts which the blood lost.

The change in the blood was very remarkable, and generally supposed to be communicated through the nervous system. The first outbreak of the disease was so sudden, so violent, and so unlike any other disease, that the symptoms in every country were supposed to be the result of poisoning; and many a medical man had a narrow escape from the enraged populace for his imagined participation in the crime. "The disease *was* occasioned by a poison, but the poison was *not* administered by man."

Contagion. — The belief in India was generally *against* the contagious nature of the disease, also that of the Commission sent from Paris to Poland. Some of the Dublin physicians were against contagion, others believed the disease to be contagious. Mr. McCoy often observed the hospital attendants, at night, stretched on the same beds with a collapsed patient, sometimes asleep; "yet," he says, "I have not known any ill consequences to follow. None of the medical officers took cholera. I have tasted the rice vomit, and escaped. The suddenness with which the number of patients increased or diminished was very remarkable. I should be inclined to consider cholera neither contagious nor infectious."

On the other hand, it is stated that thirteen medical officers died of cholera in Madras in four years. Prof. Hufeland, of Berlin, considers cholera a contagious disease, and in Sunderland Dr. Haselwood and Mr.

Morely came to the same conclusion. Professors Hart and Apjohn, of Dublin, are decided contagionists. Many persons supposed that the contagious influence of the disease was greatest after the death of the patient, but this would be contrary to all analogy. The great probability is, that the contagious influence increased up to the period of death, but that the body ceased, at least after it became cold, to give out any fresh poison. Such indecent haste was often used in burial, that a belief prevailed extensively that many persons were buried alive; such haste added greatly to the horrors of the awful visitation, and increased the number of victims, by disseminating any effluvia from the body, which would have been avoided if the room had been freely ventilated, and a couple of days allowed to elapse before the burial.

Treatment.--With respect to the treatment of cholera, Dr. Benson observes, "that the first cases in any place could scarcely be cured by any treatment, whilst those which occurred at a later period were by no means unmanageable." This fact might be accounted for in various ways: "First remedies generally failed, and after remedies generally triumphed, so that they multiplied exceedingly."

The treatment adopted in India, as described by Mr Annesley, was large doses of calomel and opium, bleeding from a vein, if it could be performed, leeching and friction, etc., as already described in the cases 1 to 6. In Russia the medical council recommended the physicians of the districts where cholera appeared to hold in view the practice approved by the British in the east. Diaphoretics and warm diluents were found useful in Moscow. The late Sir David Barry wrote from St. Petersburgh, that two German physicians there had treated thirty cholera patients without losing one; their remedy was two tablespoonfuls of common table salt in six ounces of hot water, at once, and one tablespoonful of a similar mixture, cold, every hour afterwards; they always began by bleeding. In cholera patients in this country a vein might be opened, but as to any blood flowing that was rarely to be seen.

Stimulants, hot water, and vapour baths were used in Prussia, also bleeding and leeching.

In France Andral recommended bleeding, frictions, sinapisms, diluents, and opium. With respect to calomel, he says, "I cannot account for the prostrate veneration which English physicians pay to this metallic drug: I can only compare them to those poor Indians who, faithful to their ancient creed, persist, with words of mystic import, in plunging their sick into the charmed waters of the Ganges." Calomel, which Andral so condemned in his clinical lecture in 1831, is not so objectionable in cholera as opium, which he recommends. Dupuytren prescribed acetate of lead in cholera, and Recamier prescribed cold affusion, beginning with water at the temperature of 66°.

In this country one of the first remedies was the *cajeput* oil. It was considered afterwards only as good as the oil of peppermint, or any of the other stimulating essential oils. Then came the non-purgative *neutral salts*, as muriate of soda, nitrate of potass, &c., the saline treatment, which had many advocates. Mustard emetics, if administered early, were considered valuable. A strong solution of camphor, under the name of Ponsonby's drops, obtained celebrity. Good brandy was considered a preservative, but by opening the door to intemperance it became a powerful predisposer to the disease.

"It was found to attack the poor, the debilitated, and the debauched more frequently than others; bad food, imperfect clothing, and fear, favoured its development. Persons who enjoyed high health and spirits generally escaped. Hence every Government and Board of Health published directions and advice accordingly."

The treatment pursued by Professor Hart was, in the first stage, diarrhœa present, "a warm purgative of rhubarb and magnesia in cinnamon water, tincture of rhubarb, tincture of opium, and oil of cloves. In the second stage; stimulants were employed with astringents, both given by the mouth and in the form of enemata. The stimulants were brandy and water, wine, spirits, camphor, carbonate of ammonia, ether, phosphorus dissolved in ether as recommended by Magendie, &c. The astringents were decoctions of oak bark, logwood; alum and powder of galls, strichnine, &c. In the collapsed stage, with pulse at wrist imperceptible, but at the heart 120, blue shrunken features, dark circle round eyes and mouth, stridulous voice, cold white tongue, urgent thirst, black nails, shrivelled skin on the hands and fingers, with purging and vomiting of the wheyish fluid, cramps, &c. A mustard emetic was given, and sinapism applied to the stomach; after the action of the emetic, symptoms of reaction often took place. Experience taught that, to keep up reaction, stimulants should be given; camphor. oil of turpentine in ounce doses, &c., and frictions with oil of turpentine. Mercurial medicines, calomel by itself or with opium were often given with advantage. When reaction took place, it terminated either in rapid recovery; or fever, often of a typhoid type, supervened. *Nitrate of silver*, a scruple dissolved in two ounces of water, as an astringent was found useful in checking vomiting."

Dr. Apjohn recommended ice to be given, as very effectual in checking thirst; and he also recommends a pill, containing two grains of calomel and half a grain of camphor, every hour. Opium, in large doses, he considers "a regular poison in the Asiatic cholera."

Such were the opinions and mode of treatment pursued by some of the most eminent medical men on the First Epidemic of 1832; now let me take a short review of the latest opinions on the Second Epidemic of 1848-49.

Reports on the "Cause and Mode of Diffusion of Epidemic Cholera, by Dr. Baly," p. 232 and appendix. "On the Morbid Anatomy and Pathology, and the Treatment of Cholera, by Dr. Guy," p. 220. These reports recently published in one vol. by the Royal College of Physicians of London, contain a very full and valuable record and statistical history of the epidemic of 1848-9 in England. The information from which they were prepared was obtained from the replies of members of the medical profession in all parts of the country, to a series of questions addressed to them in circular letters issued by the Cholera Committee of the College of Physicians; from the reports of Dr. Sutherland and Mr. Grainger to the General Board of Health; and from Mr. Farr's able Report on

the Mortality of Cholera in England in 1848-9; and the Registration Returns; also, from documentary evidence from the Director-General of the Medical Department of the Navy, and the Commissioners in Lunacy.

There are two maps shewing the distribution of cholera in England; and five diagrams representing the deaths from cholera and the temperature in London in the year 1849, in Berlin in 1848, in Paris in 1849, the deaths from cholera and mean temperature in London in 1832, the weekly fluctuations in the mortality from fever, &c., in London in 1849, and the mortality from diarrhœa and dysentery in 1846.

Dr. Baly remarks, that the feeling of the profession is, "that an exclusive theory of the mode of propagation or diffusion of cholera cannot be maintained." "Amongst the eighty-four communications relative to this topic, there are thirty-two in which the writers either distinctly maintain that the disease is not contagious or infectious, and seven in which the contagious or infectious nature of the disease is asserted in an unqualified manner. On the other hand, in fifteen the writers admit the probability that cholera is propagated in more than one way; and in six it is stated, that the disease is communicable under some circumstances, or that instances of infection have been observed by the writers."

As to the remote cause of Asiatic cholera, there are six principal theories. "The *first* theory is, that the disease spreads by an atmospheric influence or epidemic constitution, and that the particular localities affected are determined by certain localizing conditions, as, circumstances which render places insalubrious, and a susceptibility of the disease in the inhabitant produced by the habitual respiration of an impure atmosphere." The *second* theory regards the cause of cholera as a morbid poison which undergoes increase within the human body, and is propagated by contagion. The *third* theory, Dr. Snow's, supposes that the poison of cholera is swallowed, and acts directly on the mucous membrane; and afterwards in various ways reaches the alimentary canal of other persons, and produces the like disease in them. The *fourth* theory also assumes that the cause of cholera is a poison, but supposes that it is only reproduced in the air. The *fifth* theory is a modification of the fourth: "It admits that cholera matter is increased by fermentation in impure, damp, and stagnant air, but maintains that it is diffused by means of human intercourse." The *sixth* theory combines the second and fourth, "That the material causes of the disease may be propagated by impure air, as well as in and by the human body."

Of the six theories, Dr. Baly's conclusion is, "that alone is supported by a large amount of evidence which regards cholera as a matter increasing by some process, whether chemical or organic, in impure or damp air; and assumes that, although of course diffused with the air, it is also distributed and diffused by means of human intercourse."

"Certain general characters in a cholera epidemic are too well established to be disputed:" as—

1. The unequal and very partial distribution of the epidemic, which in this respect presents a remarkable contrast to epidemic influenza. Deaths from sporadic cholera occur every year, in all parts of the country.

2. The localities most severely visited by cholera have certain features which distinguish them from those places which escaped; and were, densely populated regions on the sea coast, or on great rivers, or near mines, especially coal mines. The cholera was three times more fatal on the coast than in the interior of the country; in towns it was most fatal in ill-ventilated houses, with imperfect sewerage, deficient supply of water and accumulations of filth. In the Wakefield Asylum the most unfavourable condition to health in the building was bad ventilation. From Dr. Wright's report, it appears that the first patient attacked in the Wakefield Asylum, was a female, on the day of her admission, from a workhouse where cholera prevailed.

3. The long duration of cholera in a country, or town of large size, is a distinguishing characteristic. In England in each epidemic it continued for about fifteen months; whereas epidemic influenza only continued a few weeks.

4. The intensity of cholera varies during its continuance in a country or large city, so that, it has usually well marked periods of increase and decrease. In London in 1849, a relation subsisted between the variations in the mortality and the variations in the temperature. When the thermometer ranged between 55° or 71° Fahr., the great increase of mortality took place. The epidemic attained its height on the 4th September, when 336 deaths from cholera occurred in London. The thermometer stood at 67°; when it fell to 42° a rapid decrease in the mortality took place. At Berlin also, in 1848, there was a close correspondence between the variations in the mortality from cholera, and the variations in the external temperature. The reverse of this occurred in Glasgow, Paisley, and other towns in Scotland in 1848-49, in the middle of winter, when the epidemic reached its height; and in Stockholm and Paris there was a high mortality when the average temperature was below 55°. The influence of the temperature is not the only one capable of affecting the mortality, and is neither constant or necessary in its operations. It is in many cases superseded by the marked preference which a cholera epidemic often shows for localities in which impurities of all kinds abound, with a low site, damp soil, want of ventilation, and a dense population.

These conditions seem to operate principally by the production of an impure atmosphere. A higher temperature favors the development of impurities in the atmosphere; also great stillness in the air, and a certain degree of moisture. In winter, a high temperature in public institutions, artificially warmed, favored the development of cholera in them. In November, 1849, "the only deaths in Taunton were 58 in the Union workhouse, there being only 168 deaths in the whole county of Somerset; and the only deaths in Hertford were 7 in the County Gaol, the whole number in the county being only 23."

To explain exceptional cases, especially the occasional rapid subsidence of the epidemic while the temperature is high, it is necessary to admit the agency of an unknown cause.

In the great outbreak, in the spring and summer of

1849, different towns began to be afflicted in succession and not simultaneously. It sometimes happens that the most insalubrious places in a town escape at least for a time.

Cholera in Lunatic Asylums.—Dr. Baly observes, that "the main features of the local outbreaks of cholera, in regard to their progress and duration, may be conveniently studied in the history of the visitations experienced by lunatic asylums in England during the epidemic of 1848-49. Returns made to the Commissioners in Lunacy show that deaths occurred in sixteen asylums. In one of them there were only two deaths, which happened at distant dates. But in the remainder there were a series of several cases, with a proportional number of deaths. And as three asylums experienced visitations of the epidemic both in the winter of 1848-9, and in the subsequent summer, there were in these establishments eighteen distinct outbreaks, the features of which may be examined. [Tables 13 and 14, in the Appendix, which were constructed from the data furnished by the Commissioners in Lunacy.]

The first thing to be observed in regard to them is, that in lunatic asylums, as in the sub-districts of the metropolis, and as in smaller towns, the disease did not appear in all parts simultaneously; but that, on the contrary, the first cases in the different wards occurred after successive intervals. Sometimes, as at Wakefield, the disease was confined to one ward for two or three weeks, and then extended, within a few days, to nearly every part of the establishment. In other cases it sooner began to spread from the ward first affected, but afterwards extended neither so quickly nor so widely as in the instance of Wakefield. In a third class of cases, again, it commenced in two or three wards on the same day, though its subsequent extension to other wards took place in accordance with the general rule, after successive intervals. In almost every asylum some parts escaped altogether; and this fact, which has already been noticed as an instance of the partial operation of the epidemic, was the more remarkable when an entire section of the establishment, devoted to all the patients of one sex, remained, during, the entire outbreak, free from the disease; while the section occupied by the patients of the other sex, was more or less severely visited; as happened in the instances of the Grove Hall Asylum, Bethnal House, and the St. Marylebone Infirmary.

The cessation of the outbreak was usually as gradual as its commencement, the disease lingering some days, or even weeks, longer in a few wards than in the majority of those affected. In some instances, indeed, the effects of the epidemic had ceased to be felt in one part of the institution before they had begun in other parts."

The duration of the outbreaks in these institutions varied; the most protracted one, the summer outbreak in Peckham House, lasted 72 days, but few exceeded 45 days. The course of the disease, as it occurred in lunatic asylums, is exactly that which obtained in prisons, in workhouses, and groups of the houses of the poor.

In instances where several cases occurred in the same house, they have generally been successive, and not simultaneous; and this is not easily reconcileable with an atmospheric influence, but more with the theory of a material poison, transferable by human intercourse or currents of air.

The manner of the progress of the disease from one country to another, is next noticed in the Report, and also its early history. The persistence of cholera on board ship is exemplified by the case of the *Apollo*, with the 59th Regiment from Cork to China, which had sixteen deaths from cholera in fifty-five days, when the disease ceased.

The usual term of the incubation of cholera appears to be from three to six days.

The cholera was imported from the Baltic, in 1848, to both England and Scotland, and was introduced from Scotland to Ireland the same year.

"Including lunatic asylums, respecting which information was elicited by the Commissioners in Lunacy, there are nineteen public establishments in which the outbreak of the disease could not be traced to infection brought in by human means. The evidence in favour of the introduction of infection by human intercourse is numerically strongest in the case of distinct towns and villages."

With respect to the origin of the disease, in the towns of Ireland, in the last epidemic, it is stated by the Commissioners of Health, in their Report, that in the majority of cases, "the attack could not be traced to importation or contagion."

In December, 1848, a fearful outbreak of cholera commenced at Surrey Hall Pauper School, at Tooting, and, from the great mortality, the children were distributed among the several parishes to which they belonged. In four places in which the infected children were received, the disease immediately appeared, and in a fifth it was traced to communication with them.

In but few instances has the bedding and linen used by cholera patients exerted an infectious power on those who washed them; and the communication of the disease by clothes and linen, which has seemed well established in other cases, must have been due to special circumstances.

Dr. Baly has fully examined the available evidence with regard to the effects of nursing and attending on cholera patients in hospitals and other institutions. In sixteen lunatic asylums, in which cholera appeared, "there were 311 deaths amongst 3,639 patients; while, out of 408 persons residing in these asylums in the capacities of officers, attendants, or nurses, only six died; of these only three were nurses." The two officers who died in the Wrekenton Asylum were the superintendent and his son-in-law. The attendants suffered in much smaller proportion than the insane inmates. In the Wakefield asylum, where 98 out of 633 patients died, only 1 out of 51 attendants died. The clerk also died, who most probably had no intercourse with the sick. A susceptibility of the disease—similar to that "manifested by the insane, by soldiers fatigued by long marches—is observed in convicts under long sentences of imprisonment, in whom the nervous powers, even more than the nutritious functions, are depressed."

With respect to "preventive measures," which are

fully detailed by Dr. Baly in his Report, the necessity of improving the drainage of towns, covering open drains, opening the more crowded parts, ventilating and improving the dwellings of the poor, should be done before the pestilence comes; and, in the time of its presence, a house-to-house inspection, with the view of discovering and treating all cases of diarrhœa, "some of which may be presumed to be cases of cholera in an early stage."

Dr. Gull observes, with regard to the condition of the body after death, in the cold stage of cholera, "that the icy coldness of the body passed away after death, the surface becoming in some cases actually warm; and in case 10, an hour after death, the heat was observed nearly two degrees higher." This, however, is not peculiar to cholera, as Cruvelhier speaks of a rise of temperature after death from asphyxia. Dr. Dowler observed the same in cases of yellow fever; and Briguet and Mignot made similar observations in peritonitis and pneumonia. Muscular contractions often occur after death from cholera, and last a variable time, from "a few minutes to two hours." The same also occurs after death in yellow fever, and some other diseases.

Cadaveric rigidity occurred in most cases before two hours had elapsed. Putrefactive changes, in most instances, were slow.

Pathology.—As already observed in the epidemic of 1832, in the majority of cases in that of 1849, the affection of the mucous membrane of the intestines did not pass beyond the stage congestion, ecchymosis, hyperæmia, and ædema of tissue, with exfoliation of epithelium. In most cases the stomach was distended, the reaction of the mucous membrane was always either neutral or acid, according to Dr. Lendet, at the Hotel Dieu. The solitary glands were almost universally distinct. The reaction of the evacuations in cholera was alkaline or neutral, and the fluid part contained a large amount of albumen, according to Dr. D. Thomson's analysis. In no case examined by Dr. Parkes did the quantity of earthy phosphates expelled nearly equal the healthy standard, which is the opposite of what occurs in typhoid fever, there being an excessive increase in the stools.

Microscopical appearances of the evacuations: 1. Amorphous granular matter, and larger granules, fibrinous. 2. Minute bodies, nuclei. 3. Exudation cells, some large. 4. A few scattered blood corpuscles. 5. Columnar and scaly epithelium. 6. On evaporation, crystals of chloride of sodium in cubes and octohedra; occasionally also crystals of cerate of ammonia and cerate of soda, when decomposition commenced; prisms of triple phosphate.

Spleen and liver generally diminished in bulk, and gall bladder distended with dark bile, p. 50. Kidneys rarely presented any morbid change, but in the subsequent stages were often swollen, allied to Bright's disease; urinary bladder empty. Sanguineous discharge from the uterus, in the typhoid stage, not uncommon. Lungs were commonly healthy; frequently hypostatic congestion, bronchi congested. The muscular tissue of the heart was pale, often from one to four drachms of straw-coloured fluid in the pericardium. The blood in the cavities of the heart and large veins mostly in the form of soft dark coagula.

Schmidt found that "the density of the blood is increased in proportion to the duration of the process of exudation from the intestinal capillaries. It reaches its maximum in 36 hours, and then falls again as water is re-absorbed." The solids of the blood reach, after about 36 hours, nearly one half more than the normal proportion. "The increase of the inorganic salts at the beginning of the disease, owing to the large amount of fluid poured out, reaches its maximum after four hours; afterwards, in a few hours, fall to the normal quantity, after 18 hours sink much below, and after 36 or 48 hours are still further diminished, according to the time which has elapsed."

The specific gravity of healthy serum being 1028, Dr. Garrod found it in cholera 1039 and 1041. He also concludes that "urea usually exists in increased quantities in cholera blood, but that the amount differs considerably in the different stages of the disease;" being small in the stage of collapse, and in excess when consecutive fever occurs.

The maximum specific gravity of the blood, from Becquerel and Rodier's tables, in men 1062, in women 1060. In cholera cases, in adult males from 1076 to 1081, and in females 1068 to 1074; and even in children under ten as high, in whom in a healthy state, it would be about 1045.

In cholera patients who died during collapse, Virchow "met with no structural changes in the brain and spinal cord. There was well marked venous hyperœmia, with ædema of the pia mater, and sometimes a slight increase of fluid into the ventricles."

Dr. Budd found pneumonia in four out of six cases, where the patients had lived forty-five hours after the attack.

Dr. Babington first called attention in this country, in the "consecutive fever" of cholera, to an eruption, after some days, of red spots on the wrists and hands; like nettle-rash on the face, which is tumid. On the second day the efflorescence is found over the whole trunk. The eruption is well marked on the third and fourth days. It declines about the sixth day, and terminutes by a general desquamation of the cuticle.

Dr. Gull observes, "Whatever may be the nature of the cholera poison, it requires no definite predisposing conditions in the system to enable it to produce its effects. It was fatal at all ages, nearly equally in both sexes, and neither the weakness of infancy, the vigour of manhood, nor the decrepitude of age, was a safeguard against its inroads."

The number of deaths in England in 1849, from diarrhœa and cholera together, was upwards of 72,000. It was most fatal to infants and persons over 55; the mortality was lowest from 5 to 15 years.

At the beginning of the epidemic the mortality was greatest amongst the males; but subsequently greatest among the females, when the mortality was at a high rate.

The existence of other diseases seems not to have predisposed to cholera. In only 6 out of 89 cases examined by Dr. Gairdner were there traces of chronic lesions in the organs. The same was also noted by Schmidt. Mr. Grainger observes, "Abundant evidence was afforded that habitual drunkards were highly predisposed to cholera," etc.

Epidemic cholera has prevailed in this country in the autumn months. The sweating sickness, in the 15th century, made its five visitations at the same season. The plagues of the 17th century also prevailed in the autumn.

Of 39,468 cases of epidemic cholera registered, 20,684 were fatal within eighteen hours; the average duration of all being a little over two days; whilst sporadic or summer cholera has a duration of five days.

Treatment. With respect to the treatment of cholera, Dr. Gull observes, "In European countries, the poison of cholera produces its first effects on the system gradually, as indicated by diarrhœa, varying in duration from a few hours to several days. The diarrhœa was arrested by various remedies in a large number of cases. Opium was a constant ingredient, with astringents, aromatics, and diffusible stimuli: a recumbent position is an important measure, it prevents exhaustion," etc.

Dr. Burrows says, "The facility with which the serous diarrhœa may be checked depends mainly upon the period of the epidemic when the treatment is adopted," etc.

The uniform success which attended the house-to-house visitation, in London and Dumfries, cannot be considered independent of the decline of the epidemic, which had reached its acme in both cases before the preventive measures were adopted. In the metropolis, from 1st September to 27th October, 1849, there were 43,737 cases of diarrhœa discovered, and 978 cases approaching cholera, and only 52 cases which passed into cholera after treatment. In Glasgow, out of upwards of 13,000 premonitory cases treated, only 27 passed into cholera.

Many eminent practitioners, however, found the diarrhœa premonitory of cholera could not with certainty be stopped, and that many cases were uninfluenced by any treatment.

Dr. Gull observes, in the fully developed stage of cholera, "medicines administered internally must be of small power. The pathological condition of the gastro-intestinal membrane is such that absorption is then almost, if not quite, suspended; and medicines, when retained in the stomach, form but an inert accumulation."

As a remedy, calomel has been more fully tested in this country than any other; there appears to be no argument in favor of its exhibition, and its value must be determined by the results. Of 365 cases treated by small and frequent doses of calomel, 187 died and 178 recovered. Dr. Ayre, the great advocate for this treatment, in the last epidemic, reports 365 deaths out of 725 unequivocal cases.

The reporter observes, "Under various and opposite plans, the recoveries, even in severe cases, averaged from 45 to 55 per cent., according to the period of the epidemic; they should therefore exceed the highest of these numbers before they can be adduced in proof of the value of any particular method of treatment."

Dr. Hill treated twelve cases at the Peckham House Lunatic Asylum, with small doses of calomel and opium, frequently repeated, and "was so unfortunate as not to save one."

Dr. Gull states, "although opium and diffusible stimuli—brandy, camphor, and ammonia—were used at an early stage of the disease, as collapse set in, they not only failed to produce any favorable result, but often aggravated the symptoms."

The expectations excited by the early success from the use of chloroform were not realised in its subsequent employment by Dr. Hill at the Peckham Asylum. The perchloride of carbon, in five or ten grain doses, and a solution of camphor in chloroform, acted as powerful stimuli; but the results did not indicate that they possessed any especial therapeutic value. Dr. Lang found "musk quite useless, camphor doubtful." Dr. T. Thompson had seen reaction promoted, in a few cases, by administering six drachms of oil of turpentine, and after repeating small doses at intervals of a quarter of an hour; in other cases he did not observe any effect.

Ice was generally grateful to patients in approaching collapse, and probably served to arrest the discharge. Dr. Arnott proposed a mixture of ice and salt, in large quantities. In Petersburgh it is stated that warm drinks were avoided, as they increased the discharges, and that ice and iced water were certainly most serviceable. Salines were sometimes given instead of common water.

In five cases, reaction seems to have been accelerated by the use of the wet sheet. Emetics, in the early stages, were sometimes of use, and in collapse the effects were equivocal. Bleeding was not much resorted to in the last epidemic. In the consecutive fever local bleeding seems to be indicated. Leeching the epigastrium, temples, or cupping the back of the neck, were of service in obviating cerebral congestion, but if carried too far were injurious by exhausting the patient.

Under the head "empirical treatment—specific remedies. Quinine, strychnia, arsenic, sesquichloride of iron, nitrate of silver, nitrous acid, chlorine water, sulphur, sulphuric acid, bichloride of mercury, charcoal, &c. The failure of those methods of treatment, which, from being based upon some supposed indications of the disease may be called rational, led naturally to the employment of almost every active medicine in the materia medica. It is notorious that the results have been discouraging, notwithstanding the bold assertions to the contrary. The state of the patient in the collapse of cholera is so unfavorable to the absorption of medicines that, even if we know the remedy in itself most appropriate, we could not anticipate great results from its administration by the mouth at this period."

External means. The application of heat in the earlier stage of the disease allays cramps: in the stage of collapse it is generally oppressive, and tends to exhaust the patient. "Cold affusion was highly spoken of on the Continent as a means of producing reaction. The patient was placed in a warm hip bath, and cold water poured or thrown over the head, back, and chest. This was done quickly, and the patient then placed between warm blankets. If the first application was followed by any improvement, the operation was performed every three or four hours.

"The 'wet sheet envelope,' in the milder cases, favored reaction; but when the disease was severe, it was useless or injurious."

By the inhalation of oxygen, galvanism being employed at the same time, in the stage of collapse, the heart's action for the time was increased, but no permanently favorable influence was exercised by those means in the majority of cases.

Saline injections into the veins were not much used during the last epidemic. The results, as in 1832, were generally unfavorable. Dr. Gull, however, seems rather favourable to this mode of treatment at an early stage, and where the loss of fluid has been very great. "In an adult, probably not more than from forty to sixty ounces should be injected without intermission, slowly, in about twenty minutes."

The soluble salts, as determined by Schimdt's analysis of the liquor sanguinis, being 9 parts in 1000 of water, bear a close correspondence to the analysis of the evacuations in cholera by Mr. Herapath (*Medical Gazette*, 1849, p. 841). This is near the proportion in which the soluble salts should enter into the fluid to be injected; the specific gravity would be about 105, and the temperature of the fluid from 105° to 110°.

In the *Lancet* (October 1st, 1853), Dr. Rees advises the injection of a saline fluid of the specific gravity of the serum, 1030, at 60°; his reasons being, that a lower density would endanger the integrity of the corpuscules, from too free an endosmosis into them; a danger increased in cholera, owing to their contents being concentrated by the drain of fluid which has occurred. "Approximate constitution of the salt to be used for injection into the veins in cholera:

Chloride of Sodium	. . .	60	parts by weight.
Chloride of Potassium	. .	6	„ „
Phosphate of Soda	. . .	3	„ „
Carbonate of Soda	. . .	20	„ „

By dissolving 140 grains of this salt in 40 fluid ounces of distilled water, and filtering, we obtain a fluid having a decidedly saline taste, a faintly alkaline reaction, and nearly approximating in its constitution to the fluid effused, minus the organic substances. These are small in amount," etc.

The trials which have been made of *medicated venous injections* in cholera are too few to admit of any deduction from them. The cases were in too advanced a stage also, to expect a favourable result. Laudanum and camphor have been used in this way, but unsuccessfully. Dr. Little, of Sligo, in 1832 used a small quantity of alcohol, with the saline injections, and has repeated this practice in the last epidemic, and with success. In one male, aged 22, in a few hours he injected a quantity of alcohol equal to six ounces of brandy; at four times 250 ounces of saline fluid, each pint containing two drachms of alcohol. The recovery of the patient was complete.

The most important indication for treatment in the consecutive fever, *uræmia*, is the depuration of the blood from the urinary secretions. The derangement of the kidneys is rather congestive than inflammatory, and these organs regain their normal condition as the general circulation is restored.

Conclusions.

The cases of the collapsed stage of cholera here given, which fell under my observation in 1832, agree in their characters and *post-mortem* appearances very much with those recorded in the report of the last epidemic of 1849.

The enquiry, in that Report, into the cause, mode of diffusion, and general statistics of the last epidemic in this country, particularly as regards the lunatic asylums, is very interesting; as well as the chemical analysis and microscopical observations by which it is distinguished.

As regards the mode of treatment there is nothing new worthy of particular notice. The same plan as in 1832 seems to have been generally followed, and may be shortly summed up.

In the premonitory diarrhœa, a warm aperient draught with opium in the first instance, followed, if requisite, by the usual astringent and aromatic medicines, also combined with a moderate quantity of opium.

If vomiting and cramps should succeed, external heat, calomel and camphor in small and frequent doses, and ice as recommended by Dr. Apjohn. The ice might be combined with salt, as more recently recommended by Dr. Arnott, and the cold affusion and wet sheet seem also worthy of trial, and the medical venous injection, as practised by Dr. Little.

When the stage of collapse ensues, medicine in the stomach is inert, and the venous injections seem to be the last hope.

The mortality from cholera has amounted to from 50 to 60 per cent., although it has been very fatal in asylums and a few other public establishments; its principal victims have been healthy persons, free from any organic disease.

As a preventive, sanitary measures, combined with house to house visitation, and the treatment of the premonitory diarrhœa, seems to have been attended with excellent results in those localities in which it has been tried.

It is remarkable, now when cholera has again appeared, that the New Board of Health has been necessitated to issue instructions to the Poor Law Guardians, thereby superseding the Poor Law Board in the administration of medical relief, for which it is incompetent even under ordinary circumstances; and the Poor Law Guardians are unfortunately also unfitted for carrying out sanatory measures, as in many instances they have an interest in upholding local nuisances.

Could not the duties of health officer and medical officer be combined, and administered as they ought to be by the medical officers of the parishes, under some *competent* authority? The sanitary condition of the parish must be known by the person whose business it is to attend the sick in the district; and it would be for the good of the state, and to the advantage of the working classes—who, medically, are nearly all poor—to have the services of an experienced man, rather than a tyro, which must be frequently the case now, from the wretched payment allowed to parish surgeons.

August, 1854.

The Epidemic of 1854.

From the *Times* Correspondent, Varna, Aug. 12, 1854.

"At present the cholera has assumed a phase which baffles our best efforts, and throws all our past data to

the winds. It sometimes is quite painless, there is often little or no purging, but the sufferer is seized with violent spasms in the stomach, which increase in intensity till collapse is established, and death then rapidly follows, attended with but little exhibition of agony. There can be no reason for the illness of our men, so far as the commissariat supplies are concerned. The ration is as follows, daily: 1½ lb. of meat, beef or mutton; 1½ lb. of bread, or 1 lb. of biscuit if the bread is bad or is not ready; 1 oz. of coffee, 1¾ oz. of sugar, 2 oz. of rice, and half a gill of rum. I doubt if any army ever received from its country half so good an allowance regularly as our men in Turkey do."

The treatment of cholera by castor oil, which is reported in the *Times* of the 9th September as having been successful in twelve out of fifteen cases, in King's College Hospital, proves nothing, inasmuch as it is not shown that those were cases of malignant cholera.

A medical friend in London mentions, in a note dated 3rd September, "the cholera for the last three days has been indeed truly frightful, and *no remedy* seems to have any effect. In this small registry district sixty deaths were registered yesterday; in Poland street it has been fearfully bad. Broad street, Carnaby, Marshall, and Silver streets have been ravaged. The attacks are sudden, and in many cases almost immediately fatal. I have had one very severe case of forty hours' duration, and I believe the only one that has lasted so long. The people are panic-stricken; numbers die of fright."

Lunatic Economy and Farm Profits.

To the Editor of the Asylum Journal.

Sir,—Your judicious and manly article on "The Restraint System" as practised in two asylums of this kingdom will not fail to elicit admiration from every thoughtful and humane mind. The fault to which it points is likely to become universal, for it appeals to, and falls in with the "economic" views of guardians, magistrates, and ratepayers. It is the principle of *cheapness* which more than any other upheld and is upholding the straight-waistcoat and the handcuff. Those who are well acquainted with the past history of lunatic asylums, know full well, that where one patient was restrained because of his personal violence, three or four were fastened in order to save the tearing of clothes, the breakage of windows, and such like mischief. If the amount of weekly charge be made the sole test of excellence, then farewell to the scientific labours of Esquirol, Pritchard, Boyd, yourself, and others, and to the humane and philosophic exertions of Pinel, Charlesworth, and Conolly. The fault specified by you is all the more to be dreaded, because it is an exceedingly unpopular thing to advocate even a legitimate expenditure, and because it comes to us in the plausible garb of scientific agriculture—a study which just now is attracting the attention and zeal of many of the best minds among the nobility and magistracy of this kingdom. It therefore requires great moral courage to uphold those just views which were enforced in your article of the past month. The opponents of your views will readily impute inefficiency or indolence to those who espouse and act upon them: inefficiency in not being able to control the insane, to economise their labours, and to direct it to successful and profitable ends, or indolence in not caring to do so. Alas! where the saving of money is concerned, such imputations gain ready credence.

I believe the evil to which you referred has been fostered, if it has not arisen from the exaggerated statements which have been made as to the profits derived from the labour of lunatics. Architects and superintendents have placed highly colored facts before "The Building Committees of Asylums," and before the public; and have (unintentionally) misled them upon this important subject. To such an extent has this been carried by some enthusiastic minds, that I have seen a report from a provisional committee to the county magistracy, in which it is stated, that from information obtained from the active superintendent of an asylum, they are led to believe that their projected institution may be made almost self-supporting, and that several lunatics had been pointed out to them, "*each* of whose earnings were equal to that of *two* paid men;" so that according to this opinion, madness rather qualifies than disqualifies a man for active and profitable employment. The published reports of asylums have also ministered to this error by exaggerated statements of the *profits* derived from the labours of the insane, and thus the fault, which you have exposed so ably, has been indirectly supported even by hospitals which repudiate "the restraint system." The last report from the Colney Hatch Asylum abounds in such fallacies. Several high-sounding but delusive paragraphs have appeared in the newspaper press upon the profits achieved by that establishment, but one from the *Observer* will suffice to illustrate my statement.

"Industrious Lunatics.—The committee of visitors of the Pauper Lunatic Asylum, Colney Hatch, state that during the past year the estimated value of the labour of 248 male patients amounted to 1,338*l* 8*s* 1½*d*. The actual profit realised from the farm, after debiting it with a rent of 30*s* an acre, for 57 acres, interest at 4 per cent. on a capital of 800*l*, and all other payments, is 866*l*."

Every practical farmer knows at a glance that this must be a fallacy. Even the enthusiastic Mechi, the pork-feeding Huxtable, the potatoe-planting Caird, or any other of the distinguished agricultural *savants*, who are startling the bucolic mind by their energy and skill, would pause over such a statement. But what would be their surprise to read from the Report itself, that the above result has been obtained at the deduction of 30*s* per acre, "from 57 acres of land which was *lately a worn out* brick-field, its *natural soil removed*, and the holes from which the brick-earth has been taken only partially filled up with a *variety of unproductive soils* obtained from the well-sinking and foundations of the building;" and more especially, when they read that "the draining" is not finished, but "progressing," and that still greater results are anticipated, when "the necessary pipes and apparatus have been laid down for the distribution of the liquid manure."—The author of this glowing Report informs us that the stock has been "estimated at a price which

he considers may at any time be realised; and the produce of the garden and farm at a fair market price." Where then is the fallacy, and upon what grounds do my statements of exaggerated profits rest? They can be detected and demonstrated from the pages of the report itself. Milk is valued at tenpence per gallon, and butter at thirteen pence per pound: it is demurred to as a fair market price. Hanwell is much nearer to the West End of London, where butter and milk fetch the highest prices, than Colney Hatch. The steward of Hanwell is a person of great ability, and of great experience, and no one can suspect him of undervaluing the produce of the estate. He however values milk at ninepence per gallon, and the butter at one shilling per pound. This "market price," upon 21,177 gallons and 3,815 lbs., strips the Colney Hatch profits of 103*l* 17*s* 11*d*. The wages paid for labour are stated, in the "Farm and Garden Report," to have been 380*l* 19*s* 11½*d*; but, by referring to *another Table* of the Report, containing an account of the *officers* and *servants* of the establishment, the following servants are found, whose wages appear fairly to belong to the Farm and Garden Account:—

2 Garden Attendants . .	£104	0	0
1 Labourer (vegetable cleaner)	39	0	0
1 Cowman . . .	46	16	0
1 Assistant ditto . . .	36	8	0
1 Farm Labourer . .	36	8	0
3 ditto	93	12	0
3 Gardeners . . .	130	0	0
2 Carters	78	0	0
	£564	4	0

In order to enable the steward to perform his many varied duties, two assistants are kept at a combined cost of 100*l*. If half of this sum be debited to the farm which is a very moderate calculation, the following will be the difference between the wages which were paid, and those put forth when giving "the actual profit realised from the farm."

Servants	564	4	0
Steward's Assistant . .	50	0	0
	614	4	0
Wages reported against the farm	380	19	11½
Less for "*profits*" . .	233	4	0½

There is no need to pursue the analysis further: the two items of price in milk and butter, and the difference of the wages reduce the imaginary profit nearly one half; but it may be added that Mr. Stephens, in his standard work "The Book of the Farm," states that a cow that yields half a pound of butter a day throughout the year, and gives 300 gallons of skimmed milk is a good one," vol. 2, p. 291—making the value of her annual produce 12*l* 17*s*, exclusive of manure. But here each cow, supposing seventeen to be kept, is made to produce upwards of *sixty-three pounds stèrling* worth of milk and butter, the aggregate of the dairy being 1080*l* 11*s*? You, Sir, live in a land proverbial for its cream, but have you or any of your neighbours seventeen cows that can parallel the above? Seventeen cows that shall produce 3,815 lbs. of butter annually, *beside* 21,127 gallons of milk, so rich in cream as to realise, "at a fair market price," tenpence per gallon? Such splendid results, such "actual profits," may perhaps be obtained in Cockneyland, where the "Cow with the Iron Tail" performs such wonders, but are worked for and sighed for in vain by

A Country Superintendent.

July 15, 1854.

Lettsomian Lectures on Insanity, by Forbes Winslow, M.D., D.C.L., *late President of the Medical Society of London, &c.* London: Churchill. 8vo., pp. 160.

These excellent lectures having already been published in the pages of the *Lancet* and those of the *Psychological Journal*, will probably be not unknown to most of our readers. We are glad to observe them published as a distinct work, since they will thus be more convenient for reference.

For the information of those of our readers who are not already familiar with them, we may mention that the first lecture is on *The Psychological Vocation of the Physician.* It contains an exordium on the most noble attributes of the physician, expressed in a manner which may truly be called eloquent. The author expresses very forcibly the necessity of physicians studying mental science, and also the *ars artium*, the science of logic; he dilates upon the necessity of inspiring patients with moral confidence, of encouraging hope, and the cheerful and pleasureable emotions, in the treatment of diseases strictly physical. He gives some curious instances of the power of the mind over the bodily functions. He treats most judiciously on the duties of the physician to patients suffering from mortal disease, as to the right mode and time of communicating the dread intelligence.

But the most interesting part of this lecture is that which treats of certain mental conditions which can scarcely be called insanity, but which are nearly allied to it; and which can not unfrequently be traced to abnormal conditions of the bodily functions. For instance, the conduct of tyrants, of Frederick the Great and Caligula; certain suicidal states; the seeing of spectres, &c. Throughout this lecture there is a spirit of fervent devotion, not less delightful than harmonious with the subjects treated on.

The second lecture is *On the Medical Treatment of Insanity.* The first portion of it is a defence of the medical treatment of insanity. The second is a sketch of that treatment. We entirely agree with Dr. Winslow in everything he has said respecting the necessity of medical treatment, and we think his arguments are equally just, useful, and well timed. Mental physicians have fallen into two opposite errors on this subject. Formerly it was thought that mental diseases, when curable at all, were curable by the aid of pharmaceutical means alone. Of late years the fallacy of this opinion has been recognized, and many physicians have fallen into the opposite extreme, in discarding the aid of medicine, and relying solely upon the moral treatment of the insane. Mental physicians differ widely on this point. In two lunatic asylums of adjoining counties last year one medical superintendent gave his patients *nine times as much physic* as the other, whose attention was more particularly taken

up with the profitable occupation of his inmates. The list of recoveries was decidedly in favour of him who, in conjunction with moral treatment, did not forget to employ the peculiar weapons of the physician. In combating insanity *moral* and *medical* treatment must go hand in hand: they are the twin brothers of the psychotherapeutic art, the Castor and Pollux of mental medicine.

Dr. Winslow's sketch of the medical treatment is enlightened and judicious. He refers briefly to some very interesting points. On Dr. Brierre de Boismont's plan of treating acute mania by warm baths continued for ten or fifteen hours, with a current of cold water continually poured over the head, he says, "The result of my own experience of this plan of treatment has produced a very favourable impression on my mind, and I think it entitled to a fair trial in all our asylums where recent cases are admitted." We have ourselves seen excellent results from such baths of two or three hours' duration, but we have not had the courage or the patience to apply them for the time recommended by the French physician. We have found it exceedingly difficult to administer such baths to a struggling patient.

In dementia, with effusion, Dr. Winslow recommends painting the scalp with tincture of iodine: in dementia, with atrophy, he speaks well of cod liver oil with preparations of iron.

The third lecture, *On Medico-Legal Evidence in Cases of Insanity*, comprises eighty pages, and is a disquisition rather than a lecture. With the exception of Ray's book, there is no treatise in the language on this difficult subject which combines such knowledge of instances with so much philosophical acumen. Ray, though more systematic, has the disadvantage of being somewhat out of date. No medical man ought to present himself as a witness in a lunacy case, without having carefully studied this most instructive lecture. Our limited space alone prevents us from attempting to analyse it.

Conviction of an Attendant for beating a Lunatic.

On the 25th of August last, William Townsend, an attendant in the Nottingham County Lunatic Asylum, was prosecuted before the Justices, at the Shire Hall, for having assaulted, ill-treated, and beaten Samuel Grice, a patient confined in the asylum. From the evidence of other attendants it appeared that Townsend had beaten Grice with his fists, giving him black eyes, and bruising him about the body and legs.

The magistrates found the defendant guilty, and imposed a penalty of £8, in default of payment of which he was committed for two months to the house of correction.

Cholera in the Essex County Asylum.

Within the last fortnight cases of cholera have occurred in the Essex County Lunatic Asylum, and very exaggerated rumours on the subject have got abroad, but upon enquiry we learn that the total number of deaths from the disease is only five. From the 7th August, when the disease first appeared, up to the 31st, there had been eleven cases, of which five proved fatal, two have recoverd, and four remain under treatment, two of them being convalescent. In the same period there have been nine cases of choleraic diarrhœa, which has carried off three of the patients, but five have recovered, and the other, who is convalescent, remains under treatment.—*Chelmsford Chronicle.*

Worcester City and County Lunatic Asylum.

At the Meeting of the Committee of Visitors on the 23th ultimo, the charges made by the late Dr. Grahamsley against the Matron, Mrs. Piaget, were investigated, and after certain facts had been stated by the other officers of the establishment, and Mrs. Piaget had been heard in her defence, the Committe unanimously directed the following minute to be made: "The Committee have come to the conclusion that Mrs. Piaget has been guilty of acts of insubordination; that after having been reproved by the Committee in March last, for writing an improper letter to Dr. Grahamsley, she has on two subsequent occasions written notes to the Doctor inconsistent with their relative position in the establishment; that she several times left the asylum without the permission of Dr. Grahamsley, and refused to obey his reasonable request to deliver to him the daily record book; that she allowed the female servants of the establishment, who had combined to give notice to Dr. Grahamsley, to leave the asylum in a body, to present her with a piece of plate the day before the expiration of their services, thus countenancing an act most prejudicial to the interests of the institution: Resolved therefore, that Mrs. Piaget be immediately dismissed, and that a month's salary, in addition to the sum due, be paid to her by Mr. Hume."

Inquest at the Warwick County Lunatic Asylum.

On the 5th of September an inquest was terminated at this asylum on view of the body of a patient named John Frazer Mutone. Our limits prevent us from giving the lengthened details of the evidence, which occupied three days. An attendant named Briscoe swore that another attendant named Woodward threw himself upon the top of Mutone, who was holloing at night, and held him by the throat, and put his knee upon Mutone's chest several times violently. Other attendants denied that Woodward had made use of unnecessary violence. Woodward himself, after being duly cautioned, stated on oath that "hearing the deceased holloing and making a noise, he went into his room. He was standing up by the bed. I caught him by the arms just above the elbow, and laid him on the bed. The deceased fell on his back with his feet out of the bed. I fell with my weight on his two who had the patient removed to the padded room. This arms over him on to the bed." Dr. Parsey was called, occurred on the 12th of August, the day after the patient's admission. Woodward and Briscoe were at enmity, and the latter had threatened to injure the former.

The most important evidence was that of Mr. Ber-

nard Rice, who said—"I am a surgeon, practising at Stratford-upon-Avon. I came at the request of Dr. Parsey, on the 18th August, to take his duties as superintendent and resident medical officer at Hatton County Lunatic Asylum. I first saw the deceased, John Frazer Mutone, on Saturday the 19th of August." After describing the symptoms during life, which were not remarkable, he said—"On Friday the 25th (the day after death), I made a post mortem examination of the body of the deceased. There were no bruises; some sores were on the chest and thighs, and marks of old sores. There was a slight scratch on the skin of the neck. There was a swelling in the right side over the false ribs, and the ribs seemed larger on that side, and bulged where the swelling was. On opening the body I came upon a quantity of matter above the ribs, between the flesh and the ribs. I sponged that away, and some more oozed up between the ribs. When I cleared it away, I found the ribs were broken. When I cleaned it, I found that the sixth, seventh, eighth, and ninth ribs were broken on the right side. The fifth was entire; the fourth and the third were broken. The fifth, also, on the left side was broken. I removed the ribs and found a considerable quantity of matter under them, and the matter surrounded the broken ends of the ribs. I examined them carefully, and found that some quantity of bone had disappeared altogether. There was no blood diffused in the neighbourhood of the broken part, and there was none amongst the matter. The appearance of the broken ends of the bones was very different from that of the bones which I broke at the time for the purpose of comparing them. There were no bruises in the skin or tissues over the ribs. The lungs and pleura were inflamed, and the liver, one kidney, and the brain were diseased. I am of opinion, that no one symptom or appearance alone was sufficient to cause death, but all of them together. The inflammation of the pleura and lungs was not general, but confined to one half. There were no old adhesions, but some recent. The lung was merely congested, just passing into the first stage of inflammation. There were no remains of any clots of blood. They must have been absorbed. There was a little fluid in the pleura. The pus found was healthy. The bones did not touch one another, nor did they fit. I am satisfied that the ribs could not have been recently fractured. It is a difficult matter to fix the precise period when they were fractured; *but I am prepared to say, that they could not have been fractured within the last month.* I should think they had been done some time before that, but whether a long or short period I can't say. My reasons for my opinion are, the quantity of bone which has been absorbed would require a considerable time for its absorption. At the time of the fracture there must have been a very considerable quantity of blood effused and injury done to the neighbouring soft parts. This blood must have been all absorbed, which would require three or four weeks at the least. It could not have been removed by the formation of matter, or I should have found the matter discoloured, or with lumps of blood amongst it. The formation of matter must have been distinct action going on after the absorption of the diffused blood, and this would have required at the very least a week; so that, with the three or four weeks required for the absorption of the blood, extends the period to four or five weeks. The deceased walked about the ward several times after the day I first attended him."

Dr. Parsey stated, that on the admission of the patient he had a peculiar gait and carriage; he was somewhat bent forward, and always walked with his arms folded across the lower part of his chest, and his movements were slow, but I had no reason to suspect any malformation or any accident having happened to him. "I think that if what is stated of Woodward's conduct by Briscoe is correct, Woodward's conduct was very brutal and uncalled for; and if what Harrison states is correct, Woodward's conduct was most injudicious and improper."

The jury returned the following verdict: "The jury are of opinion, that the evidence does not justify them in coming to any other conclusion than that the deceased died from natural causes; but they are of opinion, that Woodward used more violence than was necessary, and that the attendants Harrison and Briscoe are to blame for not checking such violence, and they would suggest that for the future greater care should be taken in the selection of attendants. The jury think it necessary to state, that they discredit Briscoe's evidence."

Appointment.

DR. SHERLOCK, late Medical Superintendent of the Royal Asylum at Perth, to be Medical Superintendent of the Asylum for the County and City of Worcester.

Obituary.

J. H. B. SANDON, ESQ., late Medical Superintendent of the Dorsetshire County Asylum, at the latter end of August, of phthisis.

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 1st day of November next.*

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" Si quid novisti rectius istis,
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

Our First Birthday.

At the end of each year of labor, the workman, in whatever field his efforts may be expended, is accustomed to survey the results and to estimate his progress. The merchant takes stock of his goods, the agriculturist calculates his gains and re-values his cattle and crops, the politician counts his party, and the student contemplates the more noble acquisitions of mind.

We therefore need no better excuse than custom and utility at the end of the first year of our editorial labors for briefly commenting upon the progress of the *Asylum Journal*, and estimating to what extent it has fulfilled the purposes for which it was established.

Its aims and objects were stated to be, "to afford a medium of intercommunication between men engaged in the construction and management of asylums, in the treatment of the insane, and in all subsidiary operations." That this object has been attained is evident from the fact that the numbers of the year contain on an average in each number two original papers, contributed by gentlemen who are or have been the medical superintendents of public asylums The Editor experiences profound gratification in pointing to this proof that the main purpose of the *Asylum Journal* has been attained, and in thanking the gentlemen who have rendered him this invaluable assistance.

The contents of the past numbers may for the most part be classified under the following heads: Leading Articles, Original Communications and Lectures, Reviews, and News.

In the first, the principles of lunatic management and the acts of public bodies of men officially engaged in the control of that management are discussed. The Non-restraint system and the Norfolk Asylum business are examples of these two legitimate subjects of discussion. The Editor alone is responsible for this portion of the *Journal*, in conducting which he is conscious of having held fast by that which appeared to him true and just. Certain principles of management which he has deemed of vital importance to the well-being of the inmates of asylums he has maintained perhaps with more earnestness than persons holding opposite views might approve of; but in doing so he has scrupulously avoided expressions, which rightly considered, could by any possibility give personal annoyance to any one. That excellent and estimable men often identify themselves with erroneous and mischievous principles must ever be a peculiar subject of regret to any person of right feeling, whom circumstances may have placed in active hostility to those principles; and if against this may be set off the consideration that, the best men are the most worth convincing, it must be acknowledged that little thanks are given even by them: indeed, good men are generally the hardest to convince of any intellectual error, and are apt to suffer more than others in the process. A selfish man abandons a mistake immediately you succeed in proving to him that it is one; but the errors of one whose feelings are noble and generous indicate a more deeply rooted perversion of the intellectual faculties, since they exist in defiance of the instinctive logic of a good heart.

The original communications comprehend articles

on the pathology and treatment of disease, like the admirable papers of Dr. Boyd and Dr. Arlidge; communications on matters of asylum utility; and a third class, which forms a new and peculiar feature in this *Journal*, namely, descriptive accounts of public asylums and hospitals. The descriptions of the Kent, the Lincolnshire, and the Coton Hill Asylums are of a kind to prove both interesting and instructive to all persons on whom the construction, the arrangement, and the management of such institutions may devolve. We hope that these descriptions will, from time to time, be continued, and that they will embrace, not only modern institutions, in which the buildings are nearly all that could be desired; but that they will also include many of the older asylums, in which grave architectural and local imperfections have been, to a great extent, obviated by the skilful arrangements of the superintendents. It will scarcely be denied, by any one conversant with such matters, that at the present time some of the most comfortable asylums are among the least commodious; a fact arising, in some degree, from the greater age of the more imperfect buildings, and the consequent accumulation in them of fittings and furniture; and for the rest, in the necessity which was imposed on their superintendents to supply the shortcomings of the architect by the more liberal employment of the upholsterer. Certainly the asylums, from which the greatest amount of instruction is to be derived, are those in which the greatest number of difficulties have been overcome.

Another class of contents are the lectures of eminent mental physicians, of which our present number contains an example.

A fourth class are reviews of books on insanity, and its allied subjects. These are necessarily brief, partaking more of the nature of notices than of stated reviews; and the pressure of other matter makes us willing to leave this department to other journals for whose pages elaborate reviews are more suited.

A class of contents to which we attach much importance, and which we hope to see developed, is one for which it is difficult to find a name. We mean the multifarious little matters of practical utility, ranging from pins and needles upwards. The *utilioria*, by which the ship is kept neat, and cleanly, and comfortable. Little matters, but of great importance to the well-being and economy of a large institution, and, not unfrequently also, to the health and the safety of the patients.

We have inserted notices of legal proceedings affecting asylum management; such as convictions for the ill-treatment of lunatics, and other similar matters. But we have hitherto abstained from reporting medico-legal trials, feeling that the intricate questions involved would require more space for their satisfactory discussion than we could afford to spare.

Proceedings of the Ninth Annual Meeting of the Association of Medical Superintendents of American Asylums for the Insane.

We condense, from the July number of the *American Journal of Insanity*, the following account of the above meeting. In the American journal, although the discussions are reported very briefly and the papers read are only named, the account of the business of the meeting occupies twenty pages.

The meeting took place at the Smithsonian Institution, Washington, on the 9th of May last. It was attended by twenty-one medical officers of public asylums, and by one of a private asylum. Dr. Bell, of the Mc'Lean Asylum, Mass., was President. The business was commenced by Dr. Buttolph's resignation of the office of secretary being accepted, and by Dr. Nichols being appointed to that office, *pro tem.*; a Committee being appointed to nominate a permanent successor.

The decease of Drs. Bullock and Stewart, two members of the Association, since the last meeting, was then announced, and two members were appointed "to prepare memoirs of the deceased to be recorded in the journal of proceedings," and resolutions expressive of condolence with their friends. Measures which appear to us not less unusual than they are graceful and deserving of imitation. We know not how it is to be accounted for, but the fact is evident that our brethren on the other side of the Atlantic, engaged in the same specialty as ourselves, are animated by more cordial sympathies, by a stronger *esprit de corps* than we have.

A paper by Dr. Harlow was then read, on the heating apparatus of the Main Asylum, and on the relative merits of steam and hot water for this purpose. This paper gave rise to a lively discussion, which occupied the remainder of the morning, and was continued at the evening session. It terminated in the appointment of a committee to investigate the subject and report to the next meeting.

Dr. Kirkbride then read a paper "On the importance of precision and accuracy in the use of terms for insanity, and instructions for its treatment." He objected strongly to calling a sick man *moon-struck*, or, in other words, a *lunatic*. He also objected to the terms *asylum* and *retreat*, *keeper* and *cell*.

Dr. Stribling thought the term, *hospital* for the insane, very objectionable; as, in his State, a hospital "was regarded as a resort for paupers, the outcast, and friendless; and nothing would be more revolting to the feelings of a Virginian than to be taken to an institution with such a name." *Dr. Brown* remarked, that many of our institutions for the insane had rooms no better than prison *cells*, and he believed it best to call things by their right names. He thought the practice of calling institutions by the name of their principal benefactors, as in the case of the Mc'Lean and Butler Hospital, or by some pleasant local name, as in the case of the Bloomingdale Asylum, convenient and unobjectionable *Dr. Tyler* said, the citizens of New Hampshire, besides employing the usual variety of synonymes to designate the institution under his charge, styled it an *Insanery*.

This discussion will remind our readers of similar ones which have taken place in this country. We cannot but think that, in relation to the employment of words so rooted in the language as *asylum* and *lunatic*, objections are futile, if not frivolous. The term *asylum* is a sacred one, signifying a sanctuary, a refuge from the spoiler; and we trust that our great

public institutions for the insane are truly worthy of it. The term *hospital*, according to its primary use, ought to be restricted to charitable institutions, which county asylums and private asylums are not. A hospital no more signifies a place for the cure of disease than an asylum does. There are the Greenwich and Chelsea Hospitals, for instance. Dr. Tyler's amusing Yankeeism, *Insanery*, is a very good word; and we recommend those who don't like asylum, to adopt it. It is expressive, implies nothing untrue; and, as it closely resembles our own common and excellent term infirmary, it comes nearest of any to the designation of a place of cure. We have said thus much on the subject of this logomachy, because we have been well rated for designating this publication by a name, which an early resolution of the Association condemned and doomed to be put down. But, in an old country, an old word takes a mighty deal of putting down. We apprehend that the oldest human traces in this world of ours are words. Notwithstanding the discoveries in the gas works at New Orleans, we do not doubt that the first man was verily called Adam, and that, whatever may be the Talmudic name of his first wife, the mother of the human race was called Eva. What, excepting geological antiquity, can compare with *this?*

As for the word *lunatic*, its etymology is, doubtless, based upon an old and somewhat foolish notion of our forefathers; but, if we are to discontinue the use of all words against which this objection can be made, new languages will have to be constructed, for all existing ones will become too much impoverished either for common or scientific use. What would be thought of members of the Medico-Chirurgical or the Royal Societies, if they gravely proposed to discontinue the use of the word artery, because it was founded upon the erroneous belief that these vessels contained air; or that of the word spirit, because it originated in the notion that the soul of a man was identical with his breath. Such propositions would, doubtless, be laughed at, as useless and puerile. Even the word keeper is not in itself an opprobious one. The Lord Keeper of Scotland, for instance. It was even appropriate, as applied to the keepers of the insane in past years, because they sedulously kept away from their duties. But, since their conduct has rendered the term infamous, it may well, under present circumstances, be objected to and avoided.

On the second day the members of the Association, *accompanied by the Secretary of the Interior*, occupied the forenoon in a visit to the National Hospital for the insane in process of erection, and met at five, P.M., for the transaction of business. A committee was appointed to recommend a time and place for the next meeting of the Association.

Dr. Ray read a paper on "The effect of etherization on the nervous system in the treatment of disease." In the discussion on this paper, nine of the Members stated that they had used ether and chloroform in the treatment of insanity. On the whole, their opinions of these agents do not appear to have been very favourable. *Dr. Stribling* thought that, "superintendents were unwilling to use an agent so powerful and dangerous, and of unestablished if not doubtful utility, feeling that they had rather fail to cure a dozen than to kill one."

Dr. Bell read a paper on "spiritual manifestations." The Business Committee announced invitations to the Association, to visit several public institutions, which were accepted. The forenoon of the third day of the meeting being set apart for that purpose, and also *to visit the Presidential Mansion, to pay their respects to the Chief Magistrate of the country.*

On the third day of meeting, the President "called the attention of the Members to a modification of the *crib* or covered bedstead, planned by Dr. Gray, of the hospital for the insane at Utica, intended for the confinement of restless patients at night." This seems to have been the identical bedstead not long ago introduced at Bethlem. How strange it is that discoveries so often suggest themselves to different persons at the same time. Leverier's planet, and sun painting are instances of this fact; Leucocythemia is another. And the ingenious adaptation of a large box with a ventilating lid to the uses of a bedstead for irritable and restless lunatics having taken place about the same time at the hospitals for the insane at Utica and Bethlem, is a new proof of this frequent and remarkable coincidence of scientific discovery. We refrain from expressing our opinion as to the probable comfort of these shut-down cribs or hutches, but should either one of the inventors unfortunately be troubled with feverish and restless nights, we trust that he will just for once try his own invention, and report upon it. Could Perillus have reported on the sensations experienced in the interior of his bull, he might have cowed the genius of posterity, by shewing the perilous nature of invention; and when the Doctors have reported their personal experiences of the covered-in bedstead for restless patients, we shall be better able than at present to decide whether its use is consistent with the humane treatment of the insane.

Dr. E. Jarvis read a paper "On the tendency of the unbalanced mind to produce insanity," for which he received great compliments. The *President* regretted that gentlemen had not prepared more essays; there had been a falling off in this respect for many years. It was suggested by *Dr. Kirkbride*, that they should prepare their papers immediately on their return home, and it was agreed that the President should assign to each Member a subject for an essay.

Dr. Curwen read a paper "On certain classes of cases of mental derangement," in which he deprecated the still too frequent practice of bleeding in acute mania, and deplored the inadequacy of ordinary stimulants to restore the energies of a system prostrated by depletion and hurrying down to death or incurable dementia. Several speakers deplored the consequences of bleeding, &c., practised upon patients before admission; an expression of feeling to which we are sure the superintendents in this country will most heartily respond. *Dr. Stribling* thought that Rush's teaching fifty years ago "had been the cause of much mischief in the treatment of the insane." He spoke highly of the benefit he had derived from the free application of morphine to blistered surfaces. *Dr. Waddell* stated that, "in high maniacal excitement his plan was to administer tartar emetic in doses of from six to eight or ten grains, which operated both as an emetic and cathartic. Before a reaction takes place

applications of cold water are made to the head, and at evening an anodyne is given. These doses produce for a short time great prostration, but this soon passes away, leaving the patient generally in a quiet and comfortable situation."

Dr. Walker said, "he had ascertained that in several of the cases which had come under his observation in which free blood-letting had been resorted to, the lancet was employed by Irish surgeons, such as came to this country in emigrant ships, volunteering their services to pay their passage, and not by Americans, by whom the practice had been abandoned. He found brandy and morphine the best combination in such cases." We suspect that Dr. Walker belongs to the Know-nothing Society, and is not partial to the Irish; for whatever may be the attainments of medical men in the new world, we can assure him that there is no school in the old world which turns out medical men more thoroughly and practically educated than the capital city of Ireland, and we cannot but believe that he has drawn his conclusion from a small number of exceptional instances.

On the subject of stimulants several of the Members complained of the difficulty they experienced in procuring old and pure liquors, to keep up the strength of their patients. Liquors of a deleterious quality were largely manufactured at New York. *Dr. Bell* would recommend it to the authorities of the different institutions for the reception of the diseased to make a selection of the best wines, brandies, &c., and to store them away for a period of thirty, forty, or fifty years, so that the patients might have them pure and unadulterated"!

Dr. Nichols made some observations on the pathology of insanity, and predicted "that we were on the eve of the demonstrable discovery, that all insanity is proximately owing to a derangement of the functional activity of the cerebral organ, as the generator of what we are accustomed to call nerve power or nervous fluid."

Dr. Brown stated that, "Dr. Burnett, one of the most accomplished microscopists in America, had made examinations of the brain of persons who had died in a state of chronic insanity, but had been unable to discover any change of structure whatever, or any sign to indicate that it did not belong to an individual whose mind was not affected." Dr. B. desired to know the experience of the Members in the use of the prolonged warm baths recommended by the French, who retain their patients by mechanical fixtures in warm baths for periods varying from six to eighteen hours. *Dr. Kirkbride* thought that such baths would prove very quieting, so much so indeed, that the patient never afterwards would be a source of trouble to either physicians or attendants. In his own treatment he had used the bath one or two hours at a time with benefit, taking great care that the temperature of the water should not exceed 98°. With reference to bleeding in the treatment of insanity, *Dr. Kirkbride* remarked, that of the 2,700 patients who had been under his care during the last thirteen years, he had not used the lancet in a single instance with reference to the state of mind.

On the fourth day resolutions were adopted, expressing the thanks of the Association to various persons who had promoted the purposes of the Meeting, and to whom the Members were indebted for attentions and courtesies; to the President of the United States for his courtesy and kind attentions; to the Secretary of the Interior, &c.

The *President* paid a high compliment to the *Journal of Insanity*, as a periodical honourable to the specialty, and deserving the patronage of medical men throughout the country. *Dr. Kirkbride* submitted the following resolution, which was adopted, "Resolved: that this Association, fully appreciating the important service rendered the profession and the insane in the United States, by the *American Journal of Insanity*, do most cordially recommend that periodical to the patronage of the members of the medical profession and others interested in the subject, and trust that those who have heretofore kept up its publication with such commendable liberality, will secure its permanent continuance, and that our Members be earnestly urged to contribute freely to its columns.

Dr. Worthington, on behalf of the Committee relating to the payment of the expenses of the members of the Association in attending the Annual Meetings, offered the following preamble and resolution, which were read and adopted.

"Whereas, the meetings of this Association have been attended since its commencement by nearly all the superintendents of our institutions for the insane, and whereas, there is a want of uniformity among the different institutions, in regard to the payment of expenses incurred by the superintendents in attending these meetings, from which the institutions represented have derived important benefits:

"*Therefore resolved*, As the sense of this Association, that the travelling and all necessary expenses of the superintendents in attending its meetings ought to be paid by the institutions which they represent."

On motion of *Dr. Kirkbride*, the Association then adjourned to meet in the city of Boston, on the 4th of May, 1855, at 10 A.M.

In concluding this account of the meeting of the American Association of Asylum Superintendents, a comparison between its energetic usefulness and the torpid existence which has until recently been characteristic of the corresponding Association in this country, forces itself upon our observation. This comparison cannot be drawn by any English superintendent, animated by one spark of patriotism, without exciting feelings, which we will not designate by the ugly names of shame and envy, but which must necessarily be more allied to them than otherwise. The English Association is older than the American one; its list of members is far more copious; and yet, until lately, its existence has scarcely served a more useful purpose than to point a moral. What the American Association is, the above account will imperfectly shew. What the English Association has been we are almost ashamed to confess. Let us not, however, look back with unavailing regret on the time which is irretrievably gone; but let us take good heart from the noble example set us by our brethren in the new country, and endeavour to

emulate them, in making our Association an active earnest reality; a bond of union between men engaged in the same arduous and embarassing pursuit; a source of friendly intercommunication, of practical knowledge, and of scientific enlightenment. Some incidents in the above account, too obvious to need specification, forcibly point to the honor and the power which an united action affords to a body of practical and scientific men; but, without which, they may readily remain subject to misapprehension, to neglect, and to the oppression of many petty influences derogatory to their position and damaging to their usefulness.

Alleged Evasion of Justice, by the Reception of a Criminal into an Asylum.

Towards the close of the late Parliamentary Session Lord Dudley Stuart piqued the curiosity of all persons interested in asylum matters by enquiring of the Secretary for the Home Department, whether he could afford information respecting an evasion of justice by the admission of a criminal into the Norwich Lunatic Asylum. Lord Palmerston replied that the fullest investigation should be made. We have hitherto refrained from referring to the circumstances thus alluded to, because only partial information has until recently been attainable, and even that has been obscured by the expression of much personal feeling. A long and earnest discussion at the Norwich City Sessions on the 24th ult., puts us in possession of all the details, and of the minutes of the Visiting Justices, before whom a full and careful investigation took place. Reduced to their briefest expression, the circumstances appear to be as follow.

Two years ago, the Rev. Mr. H., a clergyman living near Wymondham, was charged before Mr. Cann, a magistrate, with an attempt to violate a girl under twelve years of age. Mr. Cann signed a warrant of committal against Mr. H., but believing that he was insane, he caused his friends to be informed that if "something was done within a certain time, the warrant should not issue to be executed." Mr. Cann, the magistrate's clerk and the son of the magistrate, stated that his father did this "in consequence of the station in life of Mr. H. Probably, had he been a poor man, the case would have been different. The usual course would be to prove the offence first, and afterwards to consider the plea of insanity." This strange admission on the part of a magistrate's clerk has been severely commented upon, amounting as it does to the avowal, that Mr. Cann would administer different laws to the rich and the poor. We think better of Mr. Cann's father than his son does, and we firmly believe, that the course adopted would not have been different had the culprit been a poor man. Had such been the case, the most humane and judicious thing which Mr. Cann, Senr., could have done, would have been to call in the aid of a medical man, and if his opinion coincided with his own, to send the lunatic without delay to the county asylum. Such a course of procedure is in fact the very one recommended by the Commissioners in Lunacy in their recent Report. It would have been well if Mr. Cann, Senr. had at this stage of the proceedings obtained the assistance of a medical man. Instead of which we find Mr. Nichols, the proprietor of the Heigham Hall Asylum in chase of the needful medical certificates, stating, that if Dr. Hull would give the certificate "it would be hundreds a year in his pocket."

The visitors having considered the statements and documents submitted to them, agreed to the following resolutions:—

"First, That the Rev. Mr. H., by being placed in the asylum under the circumstances appearing on this enquiry, was rescued from the gripe of the law on a criminal charge.

"Second, That the order and medical certificates upon which he was admitted into the asylum were regular, and in the form prescribed in the Act of Parliament in that behalf.

"Third, That in the opinion of the visitors Mr. H. is not a proper person to have been appointed, or to continue to officiate as chaplain to the asylum.

"(Signed,) Samuel Bignold, Mayor; J. H. Barnard, Edward Willett, Horatio Bolingbroke, John Sultzer, Samuel S. Beare, C. M. Gibson, F.R.C.S."

The Rev. Mr. H. was admitted a patient into Heigham Hall Asylum in July 1852; on the following 4th of September he was discharged, and appointed chaplain to the asylum, the duties of which office he has fulfilled until a recent period.

In the animated discussion which took place at the Norwich Sessions on this subject, much stress was laid on the infraction of the law committed in making Mr. H. a boarder at the asylum without his having first been personally examined by two of the Commissioners in Lunacy, and their assent in writing obtained, to his remaining in the house as a boarder; such procedure being enjoined by the statute. It is plain, however, that no concealment of his position from the Commissioners was attempted, as an entry in the Visitors' book was made by Mr. Commissioner Campbell, on the 10th of May, 1853, to this effect: "Divine service is performed in the house by a clergyman resident in the asylum."

Under these circumstances the "infraction of the law," if this irregularity is thought to be deserving of so harsh a name, does not appear in a very heinous light; irregularities, indeed, of a similar nature, arising from hitches in the working of the statutes, are of frequent occurrence; for instance, in the amendment of informal orders of admissson, which in strictness are illegal unless they receive the written sanction of the Commissioners, and which nevertheless do not receive them.

The opinion of the Recorder was given in the following terms: "In this case a very peculiar responsibility rests upon me; because, by a special provision of the act of parliament on the subject, the new license cannot be granted unless I sign it. This is a great responsibility, because other gentlemen may, perhaps, feel disposed to act as I act; and I am now obliged to sign this license, and to acknowledge that I am, to a certain extent, authorising a person to keep a lunatic asylum who has violated the law. This is a serious responsibility; but as the magistrates here all say that Dr. Ranking, the new proprietor, is a most respectable

man, and a man in whom they have the greatest confidence, I consider that we shall be justified in licensing the asylum, in consequence of Dr. Ranking's name being introduced, and our understanding that he is to be really an acting proprietor. Otherwise, I really don't think that we could do this, because it is a matter for the exercise of our discretion, and when we find that the law has been violated, we might be considered to be winking at the violation of a most important statute. Under the special circumstances of the case, I cannot support Mr. Palmer, because, if the licence were refused, great loss would fall on the parties interested, and also some public inconvenience would be produced."

The following letter of the Commissioners in Lunacy to the proprietors of the asylum, places the fact of Mr. H.'s insanity at the date of his admission beyond dispute.

"Offices of the Commissioners in Lunacy, Oct. 11, 1854.

"Gentlemen,—With reference to the correspondence and discussion which has taken place respecting the Rev. ——, the Commissioners in Lunacy deem it only fair towards you to say that they are satisfied that when sent to Heigham Hall he was insane, and a proper person to be placed, as such, under medical care in an asylum. I am, &c.,

R. W. S. LUTWIDGE.

The existence of insanity at the time of the offence being thus disposed of, we cannot see what advantage could possibly have been gained to the ends of justice, by sending the unhappy man in the first instance to a gaol, and by exposing the details of a nasty case in a court of law.

Mr. Cann undoubtedly committed a serious error in determining to deal with the culprit as a lunatic solely on his own judgment and without the assistance of medical opinion; an error which led to the unseemly proceeding of Mr. Nichols, begging for medical certificates for a patient to be received into his own asylum. Doubtless, these deviations from the usual course were adopted from a desire to avoid publicity; a desire arising from the position and calling of the patient. They would scarcely have been made had the patient been an artizan or a laborer; and on the other hand there can be little doubt that the exaggerated importance which has been attached to them has arisen from the same causes which produced them. Had the patient been of lowly station the mode of his admission into the asylum would have been a question of very different magnitude from that which it has been made to assume. Respecting the employment of the Rev. gentlemen as the chaplain of the asylum we have nothing to say. It is not a medical nor even a scientific question; it is a question of propriety and good taste. Since he has left the asylum, Mr. H. has not been prevented by the Bishop from taking parochial duty.

Notice of the Eighth Report of the Commissioners in Lunacy, by John Conolly, M.D.

The Commissioners in Lunacy have done great service to the public by drawing up their Eighth Report to the Lord Chancellor, and especially by publishing the answers received to their circular enquiring particularly into the employment or disuse of instrumental restraint or seclusion.

Having myself been for many years an active supporter of what is called the "Non-restraint system," commenced at Lincoln now more than fifteen years since, I have read this collected testimony with extreme interest, and, upon the whole, with great satisfaction. During the period of my active labours as Resident Physician at the Hanwell Asylum, although often rather severely treated by the enemies of the new system, both within and without the walls of that institution, I carefully refrained from irritating and useless controversy; inviting all dissentients to visit the wards of the asylum, and to draw their conclusions from actual observation. And now, at a more advanced period of life, it will not be supposed that I am become more desirous of contention. In proposing, therefore, to notice the various replies of the officers of asylums to the enquiries of the commissioners, my chief desire is to ascertain and demonstrate the actual progress of amendment in the treatment of the insane; the obstacles yet opposed to that progress; and the value of the testimony adduced on both sides of the question.

The list of communications from medical superintendents and proprietors of asylums begins, rather inauspiciously, with that of Mr. Harris and Mr. Matthews, the first the visiting surgeon and superintendent, the second the resident medical officer of the *Bedford* County Asylum; who believe, "that the evils of the so-called non-restraint system are greater than those attached to the treatment we advocate;" and say, that "the non-restraint system is an expensive one, without taking into consideration the large destruction of clothing and bedding;" and that "the injuries inflicted on the patients are many, to say nothing of doubtful struggles with attendants, and the ill-will thereby occasioned." Still, these gentlemen only profess to use restraint "of a very mild character." We presume they never tried to do without restraint. The attempt would have taught them, that a large destruction of clothing and bedding, and also of windows, is not occasioned, but is actually prevented, by the disuse of restraints. The objection to the non-restraint system of being *expensive* is at least honestly advanced, and although disregarded in public institutions, will be fully valued in many a private asylum, even at this day. It is, doubtless, cheaper to fasten up patients, than to have good attendants for them; or decent clothing or bedding; or good food in sufficient quantity. But medical men should be the last to make use of such an argument. Happily the Bedfordshire magistrates seem to have been uninfluenced by it; for they have just appointed Mr. Denne, from the Hanwell Asylum, to be the superintendent at Bedford, and this appointment is, we trust, a security for every kind of improvement, and for the adoption of the non-restraint system. Nor need it be feared, that this change will impoverish the county. With this alteration will disappear one of the few remaining examples of a public asylum conducted upon the old principles, and exhibiting many of its worst results.

Passing from Bedford, I find, successively, very different testimony from the asylums of Buckinghamshire, Denbighshire, Derbyshire, Devonshire, Essex, Lancashire (Rainhill), Lancashire (Prestwich), Leicestershire and Rutland, Middlesex (Hanwell and Colney Hatch); and also from Oxfordshire, Shropshire, Somersetshire, Staffordshire, Suffolk, Surrey, Warwick, and Wiltshire. In the asylums of these eighteen counties, mechanical restraints appear not to be now employed; and in several of them no instrument of mechanical restraint has ever been seen. To this list, although no answers seem to have been received from them, I believe may be added, the large asylum at Lancaster Moor, the Lincoln County Asylum, and the Gloucester and Worcester County Asylums. Among the hospitals not county institutions, that of Manchester (Cheadle), that of Lincoln, that of Northampton, as well as Bethlem, St. Luke's, and Guy's Hospital in London, may be added to the list, making in all twenty-eight public asylums in England alone.

Few of the physicians of these large asylums deny that possible cases may arise in which restraints may be justifiable; but the examples they adduce are scarcely such as to prove that any necessity for them may not be obviated in a well constructed asylum. Wherever there seems to be an exception, there is reason to suspect some deficiency in the resources at the command of the physician.

Mr. Millar, of the *Bucks* asylum, says mechanical restraint "has not been used in any form in this asylum, nor has the means of using it in any shape been provided. At the same time, as the deliberate result of my past observation of the disease, on a tolerably large scale, I am not prepared to say, that its employment can never under any circumstance be necessary." He adds, however, what is very important: "I consider that the occasions for its use diminish in proportion to the efforts made to improve the condition of the insane." This is, in truth, the great principle of the non-restraint system. And when Mr. Millar adds, that seclusion has been found "quite sufficient to control any outbreak of violence;" the reader is left a little at a loss to imagine the cases in which fastening the limbs would be beneficial or necessary.

Dr. Lloyd Williams, the visiting physician of the *Denbigh* Asylum, and Mr. George T. Jones the superintendent, say, "Ever since the opening of the asylum in 1848, we have never had cause to deviate from the uniform and consistent practice of avoiding the slightest mechanical restraint in the treatment of the insane, beyond the occasional use of the padded room in cases of extreme violence."

Dr. Hitchman, of the *Derby* asylum, who speaks from the experience of that asylum from its opening, and from that acquired in six years residence in the Hanwell Asylum, says: "Since the year 1843, I have not sanctioned the use of any kind of mechanical appliance to control the limbs of any refractory or suicidal patients, and I have not met with any case in which, with good attendants, and a well arranged building, restraint appeared necessary. On the contrary, patients have been brought to the various institutions which have been under my care, who have been rendered more violent and more suicidal by the means taken to control them prior to admission. At least, I infer so from the fact, that many who were in a furious condition, and firmly bound in chains, ropes, or strait-waistcoats, have become calm upon the immediate removal of the manacles and bandages." For about six years Dr. Hitchman had under his daily supervision about five hundred and sixty female patients at Hanwell; "and no mechanical restraint was ever once used." The Derby Asylum was opened in 1852, and Dr. Hitchman says, "No instrument of restraint has been introduced; and no difficulties have yet arisen which have not been surmounted by patience, kindness, tact, and appropriate medical treatment. Seclusion has been resorted to occasionally, and with much benefit."

This valuable testimony, from a physician of such high character, such large experience, and such sound judgment as Dr. Hitchman, is of a nature not to be weakened by the ingenious arguments of those who have had no opportunity of testing the efficacy of the non-restraint system in large asylums.

Dr. Bucknill's practice in the *Devon* Asylum has never been to employ restraint, except in surgical cases, in which, he justly observes, "the same principles must be adopted for the insane, as are necessary for the sane, to ensure the absolute quietude of parts which is essential for the advantageous conduct of the healing process." I presume no medical man of common sense would deny this. The appliance of any means essential to keeping a broken limb quiet cannot properly be classed as an instance of mechanical restraint in the treatment of the insane. If so, the bandages necessary to secure the union of a fractured clavicle, or the splints applied to the injured limbs of sane persons, or the gloves or soft muff voluntarily worn by some patients who during the night irritate tumours of a doubtful character by touching them, must be looked upon as instruments of mechanical restraint. Whether a patient with a broken limb be sane or insane, the responsibility of the cure rests with the surgeon; and if he cannot effect a cure without an apparatus securing certain rest, any physician, however opposed to restraints as a part of the treatment of the insane, would be himself insane, or at least most unreasonable, if he forbade the use of such an apparatus. Nevertheless such measures are not always necessary even among the insane. Several difficult surgical cases have been successfully treated in the Hanwell Asylum, under careful nurses, without the necessity of having recourse to any means not in ordinary use in a general hospital.

Dr. Bucknill has very ably stated his opinion on the disputed subject of *seclusion*,—a means of treatment too often confounded with the notion of solitary imprisonment; and his general view of the non-restraint system is thus strongly and well expressed: "In my opinion, the essential point of difference between the old and the new systems consists in this, that under the old system the insane were controlled by appeals to the lowest and basest of the motives of human action, and under the new system they are controlled by the highest motive which in each individual case it is possible to evoke."

The testimony of Dr. Donald Campbell, of the

Essex Asylum, founded on seven years' experience, is thus distinctly expressed. "In the treatment of the patients in this asylum no mechanical restraint is adopted; all harsh measures of every description are not only found to be unnecessary, but are strictly prohibited among the attendants, and made the occasion of dismissal if discovered; and I feel justified in stating it as my opinion, that personal restraint is in no case necessary for the treatment of insanity in a properly constructed asylum, and that in all cases it is prejudicial."

Mr. Cleaton, the superintendent of the *Lancashire* Asylum, Rainhill, near Prescott, says: "Mechanical restraint has not been found necessary in any instance since the opening of the institution (January, 1851), and it has never been used here."

Mr. Holland, the superintendent of the *Lancashire* Asylum, Prestwich, says: "Mechanical restraint has been applied in this asylum only once since it was opened, upwards of three years since; and this would not have happened had that part of the establishment principally used for the treatment of maniacal patients been ready for occupation when the institution first admitted patients."

Mr. Buck, the medical superintendent of the *Leicestershire* and *Rutland* Asylum, gives the following extract from his Report to the Visitors, as containing his opinion: "One of the first matters which engaged my attention was the abolition of mechanical restraint in the asylum. This has been done with fewer inconveniences than might have been anticipated, and I am happy to say that all vestiges of such modes of coercion have for some months disappeared."

I do not see any reason stated for the absence of all information as to the system pursued on the *female* side of the large county asylums of *Middlesex;* from which such information would have been especially valuable. The officers on the male side of the two asylums give brief answers to the effect that mechanical restraint is not employed on their side of these asylums. I may myself add, as respects the female side of the Hanwell Asylum, under the successive superintendence of my valued friends, Dr. Davey, Dr. Nesbitt, Dr. Hitchman, and Mr. Denne, mechanical restraint was never resorted to; and that the first three of these physicians have since shewn their unqualified approval of the non-restraint system, by introducing it at the Colney Hatch Asylum, the Northampton Asylum, and the Asylum for the County of Derby.

The short statements of Dr. Begley and Mr. Tyerman will of course be taken as proofs that, although compelled to refrain from the use of mechanical restraints, they do not approve of their abolition; a conclusion which, however unjust to those physicians, may still have its effect. Yet from no wards could stronger evidence have been drawn—at least, a few years ago—of the improvement consequent on the disuse of restraints, than from the male wards of Hanwell. Nor do I doubt that such evidence still exists.

Mr. Allen, the superintendent of the *Monmouthshire* Asylum, at Abergavenny, opened in December, 1851, reports that, "Mechanical restraint or coercion has not been used in any case, and the want of it has not been felt." He adds, "The general effects of non-restraint on the patients themselves, as well as on the attendants, have been salutary." I observe, however, a very singular statement in Mr. Allen's report. "The evils," he says, "resulting from the non-restraint system, may be briefly stated. There are more windows broken, and there is, perhaps, a greater destruction of both personal and bed-clothing; in addition to this, the attendants, both male and female, occasionally meet with rough usage, and have their clothing torn or destroyed." It is, however, certain, that at Hanwell the destruction of windows became diminished after mechanical restraints were discontinued; and that at length all, or nearly all, the window-guards have been done away with, as unnecessary. It is also certain that the destruction of clothing became less, and that, by degrees, the number of suits of strong dresses required became fewer. It is also certain that attacks on the attendants became less frequent. And it is to be remarked, that in the new asylums, into which no mechanical restraints have been introduced, there are no window-guards at all.

It appears, probable, therefore, that, with a better staff of attendants, and a more complete provision of the substitutes for restraints, the evils ascribed to the non-restraint system would all be removed at Abergavenny.

Dr. Foote, of the *Norfolk* Asylum, states in his reply to the Commissioners, that, during the past four years, his attention has been occupied with about one thousand cases of insanity,—seven hundred in the Norfolk Asylum, and three hundred at the Wilts Asylum, under the direction of Dr. Thurnam. As mechanical restraint has never been used in the Wilts Asylum, it must have been in the ill-managed asylum of the county of Norfolk that Dr. Foote witnessed their use and abuse. He says, "I have never seen mechanical restraint produce any beneficial effect in the treatment of mental diseases, but have seen many cases greatly relieved by the removal of restraint."

Mr. Ley, of the *Oxfordshire* Asylum, at Littlemore, says, "Excepting for surgical necessity, mechanical restraint to the limbs has not been used. He adds, "I am happy to be able to report that seclusion is the only restraint used. I derive, occasionally, great satisfaction from the use of the padded room."

Dr. Oliver, of the *Salop* and *Montgomery* Asylum, thus expresses his opinion. "I have never had occasion to employ mechanical restraint in the treatment of the insane, and I have never seen such circumstances as would, in my opinion, justify recourse to such coercion in preference to the practice of seclusion."

Dr. Boyd, of the *Somerset* asylum, says, "In reply to your question of mechanical restraint, I beg to state, that nothing has ever been provided or used for that purpose in this institution. In the last five years there have been six or seven cases, chiefly under surgical treatment, in which it was essential to prevent the patient's removing the dressings, and the wrist was accordingly, so far as necessary, confined by a handkerchief." At Hanwell, these slight difficulties

To the Editor of the Asylum Journal.

Sir,

I request that you will add my Name to the List of Subscribers to the Asylum Journal, and that until further notice you will regularly forward the Numbers to me by Post.

Signed .....

Date .....

Dr. Bucknill,

Devon County Asylum,

Near Exeter.

Asylum Journal.

were met by a strong case (of ticken) placed over the dressings, and secured by small locks.

I must not trespass further at present on your space; but shall, with your permission, continue my notice in your next number.

Hanwell, November 1, 1854.

Essay on the Classification of Mental Alienation, by Dr. M. Baillarger, *Physician to the Salpetrière, Paris, being the Introductory Lecture for the Summer* 1854, *communicated by* Dr. Blount.

(Continued from page 96.)

MENTAL MALADIES.

GENERAL PATHOLOGY.

Elementary Lesions of the Understanding

Partial	*General*	*Primitively Partial, but tending to generalize themselves*
Illusions	Depression of the Intelligence	Dissociation of Ideas
Instinctive Impulses	Exaltation of do.	Abolition of Intelligence
Hallucinations		

Elementary Lesions of the Understanding may exist

1. With the preservation of Reason
2. Accompanied by Insanity

Insanity, the consequence of Lesions of the Understanding

Two species of Insanity characterised

1. By the Loss of the Consciousness of the Lesions of the Understanding
2. By the Impotence alone of the Will to resist certain Impulses

SPECIAL PATHOLOGY.

Forms of Insanity

Simple		Mixed
Curable	Incurable	
Monomania (A partial Lesion)	Incoherent dementia (Dissociation of Ideas)	Combination of curable forms, either among themselves, or with incurable forms
Melancholia (A general Lesion) (Depression)	Simple dementia (Abolition of Ideas)	
Double Insanity (Depression and exaltation succeeding each other regularly)		

INSANITY.

Due to a Specific Cause	*Associated or Symptomatic of the following Cerebral Affections*
Delirium tremens	1. General paralysis
Delirium produced by belladonna, stramonium haschich, &c.	2. Convulsions, epilepsy, hysteria, chorea, &c.
	3. Local organic affections of the brain

APPENDIX.

Imbecility { Simple / with Cretinism

In following the order that we have fixed upon, we must begin with general pathology, which as you see in the above diagram, is divided into three groups of lesions. 1st, Partial. 2nd, General. 3rd, Those primitively partial which tend to become general.

Subdividing the first divisions of these lesions, we have, 1st, Illusions. 2nd, Instinctive Impulses. 3rd, Hallucinations.

A. *Illusions* (*conceptions délirantes*) may be defined as, the false, extravagant, ridiculous, or absurd ideas, of an imaginary or absurd creation. There are many illusions which are very difficult to define well, but at bottom the above contains them all. Let us take as an example the patient received yesterday, and who will be presented to you presently. This woman believes herself to have been followed, for the past five or six years, by brigands, who are ordered to torment her, by placing bugs, lice, and fleas in her bed and clothes. This is why she sleeps on shavings, which she most scrupulously shakes out every day. The fear of being covered with vermin makes her change place every moment, and the fear of poison, for her enemies are attempting to poison her, made her buy her food away from home, and eat it at the place where she bought it. Here then we have a well defined illusion.

Sometimes we meet with delusions which are much more absurd and ridiculous. A patient at the Bicêtre passed his days in a very singular position, constantly standing in the same place, his left hand applied on his left hip, and his right hand arm extended outwards. Becoming convalescent, he explained, that he had believed himself to have been transformed into a teapot, his left arm represented the handle, and his right the spout. You can also read in the works of Pinel, the history of a patient, who pretended that he could, with the aid of another man, transport the Hotel Val de Grace into the garden of the Tuileries.

B. *Instinctive Impulses* (*impulsions insolites*) are not so difficult to define; they are, the tendencies, the propensities to ungovernable acts. The example which I mentioned some days ago, to the Academy of Medicine, will serve to give you an idea of it. It was that of a female who clumsily using a razor to shave some black hairs upon her upper lip, was seized with such fear and trembling, that for the past fifteen months, the sight of a knife makes her shudder, she dares not approach the place where the razor is, fearing to be unable to resist the impulse, which would force her to take it and to use it against herself and others. Here, then, is an instinctive impulse. But there are many sorts of them, this one is impelled to burn, another to steal, and another to the most extraordinary acts.

C. *Hallucination* is a symptom that we shall have to study at greater length, because it is more complex, though its definition is more simple, and is reduced to this: Hallucination is a sensation perceived in the absence of, or in spite of the absence of any external excitement of the organs of sense. Thus the hallucinated sees objects that do not exist, phantoms, animals, &c.; he hears voices which speak to him, perceives odours without external reality. Each of the five senses are subject to such errors.

Such are the three partial lesions of the intelligence, let us now examine the two general lesions, or general states, as given in the diagram, and which I have called, as other writers have done: 1st, *Depression*, and 2nd, *Excitement.*

A. As you may suppose, the state of *depression* manifests itself by a greater or less difficulty in the exercise of the intellect; in a slowness, an embarrassment in the ideas. The patient can scarcely form a judgment or use his memory. For the energy and normal lucidity of the faculties, are substituted a prostration and obscurity of them. Experience will shew you how much this state of depression is connected with an inevitable sentiment of sadness, which soon re-acts upon the entire organism.

Intellectual depression influences first the relative, then the organic life.

Thus on the one hand the voice is feeble and broken, the movements are slow, the patient has a humour for inertia, or only rouses himself in order

to resist the movements that we wish to give him. He avoids all questioning, in order not to have the fatigue of answering. On the other hand, the extremities become cold, the secretions diminish, the appetite is lost, and an obstinate constipation is established. You can yourselves finish the picture, and by following the symptoms as they gradually increase, arrive at death, from want of energy.

Now, can any one deny that this is a general state? Can we say that sadness, which is its peculiar foundation, is a partial lesion? Can we say that such a faculty, or such a sense only is depressed? It requires but little attention to shew that these partial depressions are but the effects of the disease. In what particular organ, in what particular faculty lies sadness? We must ask those who would make depression only a partial lesion. Depression may be very slight or very marked, but it always constitutes a general morbid state.

B. The state of *excitement*, considered as a general lesion of the intelligence, presents the opposite characters to depression. Here the ideas, instead of being slow, are produced with an extreme rapidity, and instead of there being a failure of them, the patient can neither stop their movements nor moderate their exuberance, the patient is himself astonished at the facility of his unaccustomed conceptions, thus some write who did not think they were capable of so doing, some undertake compositions which they would never have dreamt of in the normal state. These are only the signs of the commencement of a general state of excitement, which in its extreme degree developes itself by incoherence of ideas and an incessant agitation.

Like depression, excitement has its reciprocal action both on relative and on organic life. The energy of the faculties shews itself ordinarily by an increase of muscular force and activity, and the functions of nutrition participate on their side in this increase of morbid energy.

A. *Lesions which first partial tend to become general.* These lesions which we may call mixed, are of two kinds. The first consists in the dissociation of ideas among themselves, and especially of the signs which represent these ideas.

I shall here shew you a female patient, who always seems to have something to tell you, words are not wanting, but they never constitute a sentence, and in no case represent that which she wishes to express. Facts of this kind often manifest themselves, though in a less degree, as a result of cerebral hæmorrhages.

Thus I have seen at Charenton, a patient of this kind, who could only say the words, "My various defences." Having seen his son, he said, "I have seen my various defences;" on asking for his coat, he said, "give me my various defences." You will see a female who cannot say four words which you can associate together, yet the expression of her physiognomy seems to say that she has an idea, although the words do not answer to that idea. These cases are very various, but their general basis is the same, consisting in the dissociation of ideas, and the incoherence of the expressions.

This lesion is at first altogether partial, the patient will converse for a greater or less length of time without anything being perceived, but soon, a phrase composed of curious words, which it is impossible to comprehend, awakens your attention. Little by little these phrases become more frequent, and the patient gradually falls into a state of dementia.

B. As to *abolition* of the intellectual faculties and of the ideas, the word abolition itself expresses all that I would say. The intellectual circle retracts itself day by day, the questions that you address to the patient receive no answer, he looks at you with a stupid air. The flame has gone out, or throws out so pale a light, as scarcely suffices to indicate its former brightness. There are many cases where the lesion begins solely by a partial weakness of memory, the judgment preserving all its integrity, and the will all its force; but without doubt also, in other cases which are perhaps not less numerous, the lesion primarily includes all the intellectual faculties.

We have thus rapidly enumerated the elementary lesions of insanity, and I hasten to add, in order to be consistent with my premises, that all these states may be found in man without his being (rigorously speaking) insane. Unfortunately they are most commonly associated with alieniation, and lead very quickly to insanity; but this consequence is not absolute. This remark indicated in the diagram, is important, especially in a medico-legal point of view.

It is very necessary to know, whether, in the lunatic you are required to examine, the alienation has *always* complicated the lesion, or if it is posterior to it. It is altogether indispensable after having determined the lesion, to be certain of the manner the patient appreciates it. But let us repeat it, lesions of the intelligence do not in themselves constitute insanity; the proof is, that you can find them with the preservation of the reason and the empire of the will.

The method that should guide us in pathological study is that of nature. When we would examine any object we first do so in a mass, in its totality, then we descend to the details, and study them one after the other.

Our first care will then be to study the general state of the intelligence and of the faculties.

(*a.*) There is our first patient, he is calm, his physiognomy natural, his bearing before you proper; nothing in all this reveals to you any internal disorder, nothing tells us that we have a lunatic before us. Patients with this external appearance are numerous: we must not deceive ourselves. Mons. Guislain, whom I have already quoted, has well said of these madmen, that "*they have the mask and the gesture of the normal man;*" you meet them every day in the streets, but you cannot distinguish them from men with sane minds.

If you go further than externals,—if you question them, you will be astonished (admonished, as you have been, of their mental state) to find them answer you with the aptitude of the most perfect reasoner; nothing in their words, in their utterance, in their general expression, reveals that which you seek for, and you ask yourself whether this is the patient that you believed to be disordered in his faculties, feeling ready to declare that he appears to you healthy in mind.

But this is, gentlemen, only a first examination; you have only sought for general lesions, and so far you have found that the patient is not wanting; but, after this first examination, comes that one whose object is to discover the partial lesions of the understanding. Learn if the patient has illusions, hallucinations, or instinctive impulses; seek for some slight dissonance of ideas, some little intellectual weakness, etc.

And suppose, at the end of your examination, you find in him, more or less distinct, two species of partial lesions, illusions, and hallucinations, what name will you give to this mental disease, in which the appearances are so deceptive, which offers no general lesions of the faculties and necessitates so very attentive an exploration in order to discover a lesion limited to the intelligence? This disease is monomania, and our patient is a monomaniac.

I shall not speak of the grammatical criticisms that have been applied to this denomination; we desire above all things to be practical, and to concern ourselves with quarrels about words would be a waste of time.

You will understand monomania, as Esquirol understood it, an intellectual disorder concentrated on an object, or on a circumscribed series of objects, and you will place this form, so remarkable by its clearness of ideas, by its facility of intellectual exercise, in opposition to those other forms which I shall soon point out to you, and in which there is a general alteration of the intelligence. Whether the patient has one or ten false ideas is not the most important point for the clinical physician.

The intelligence embraces such an extensive horizon, is so fruitful in its manifestations, so easily falls into such varied combinations, that partial lesions, equally various, may well remain concealed, and as if buried in the great *ensemble*, without apparently injuring the general exercise of the intelligence.

As to objections of another nature made, not against the term, but against the doctrine of monomania, we shall examine them in their proper place; but as the word monomania has become fixed by practice, which cannot now dispense with it, we must take it, and it remains for us, as for Esquirol, the synonyme of partial insanity, only we shall give to it a much greater extension of signification. For Esquirol, monomania was but one form of partial insanity; for us it includes all partial forms, without exception. I must now confine myself to the mention of this fact, postponing the discussion of it till I treat of monomania and melancholia. We return, then, to the examination we have commenced.

(*b.*) Here, gentlemen, is another patient: his physiognomy is sad, his step heavy, his carriage and bearing indicate depression, etc. Question him, his answers are short and slow, made in a low tone; indeed, it is quite evident that it is our importunity alone has made him speak. Inertia of the mind allies itself to inertia of the body; the inclination for repose and solitude governs all things. The questioned monomaniac, who does not answer, abstains on account of interior preoccupation or from obstinacy. Here the shortness of the answer, or the silence, comes from intellectual inactivity or powerlessness. The monomaniac has the power to will; this one, on the contrary, lets you perceive that he would answer, but that he cannot; his ideas have not sufficient power to enable him to do so. Generally, the answers of such patients discover illusions of a sorrowful nature, but you will notice in all cases a sentiment of sadness, a state of anguish, and of fearfulness without motive. All of which is always more or less reflected on the physiognomy of the patient.

You have here a form which you can already name *the Melancholic*. Let us now examine a third.

(*c.*) This patient will offer an opposite morbid character to the last. Having seen the characters of depression, we now see the tableau of excitement. This patient has the face animated, the eyes brilliant, the movements rude and rapid, the agitation incessant, and acts of violence are imminent. In the melancholic it was inertia, in the maniac it is energy. We have here a maniac, and *Mania* constitutes the third species of mental disease.

A year ago in my sketch of the classification of mental disease, I mentioned only three kinds of lesions. I then placed exaltation with mania, depression with melancholia, and a state of equilibrium of the faculties with monomania. I thought I had said all, and was perfect; but now, on studying more attentively those facts regarded by authors as the alternations of mania and melancholia, it seems to me to be more conformable with truth to unite these facts into a new class of lesions, to which I have given the name of *Insanity with a double form.*

The alternation of mania with melancholia, or if you like it better, of depression and of excitement, and *vice versa*, has been observed by all specialist practitioners, but when we come to the scientific explanation of the fact, it was for some, as I have said, a mere alternation, more or less regular; for others, it was a purely fortuitous succession of forms, nothing essential connecting the depression with the excitement, it happened that one came after the other. It was even believed, that the form which came in the second place, was a critical effort of the first, it not having been remarked, that the pretended crisis often lasted longer than the disease itself.

But the multiplication of cases, the examination of the observations which they gave rise to, now requires a more logical explanation of the law which rules this succession. This is what I have tried to do, in uniting these two successive forms, and in considering them as two periods of one *attack*, naming this mental disease, as I have told you, *Insanity with a double form*, the same attack presenting in a natural succession excitement and depression.

Notwithstanding the evidence upon which the existence of this new disease appears to have been founded, I ask you to admit it only provisionally until the time comes for us to examine on what observations of facts, and on what foundations, it reposes. In the mean time try to observe and recollect, whether you do not know persons—and the cases are not very rare—who, during a week, a month, or a season, seem under the empire of some excitement, and the week, the month, or the season after, are under the empire of a depression which causes them to hold just the opposite conduct

At the commencement, as in all chronic diseases, the two states are but little pronounced, but the progress of the disease lessens the differences, until at last insanity is unmistakeable.

(a) Our fourth patient will then offer, according to the period in which we observe him, the character of maniacal excitement, or that of melancholic depression. If the first attack and the first alternation are observed, it will be very difficult to form a diagnosis; it is only on consulting the progress of the disease, that we can know insanity with a double form, which otherwise generally offers some special characters.

We have only to-day begun to notice them in two females, who will be shewn to you, the one in a period of excitement, the other in that of depression.

We have then four forms of insanity successively ranged under the titles of Monomania, Melancholia, Mania, and Insanity with a double form: they are the four curable forms. It now remains for us to examine two diseases, whose condition in this respect is not so fortunate, and in which the intellectual lesions are constantly incurable. These two diseases have the appearance of the best physical health, the functions of nutrition are well performed, a fact common to both of them; let us now see in what they differ.

The first has the features relaxed, and the physiognomy gives the appearance of a profound intellectual degradation; the bearing is neglected and indicates the absence of all regard for cleanliness, the questions you ask are left unanswered, he looks at you with a stupid air, and does not seem to understand what you say to him.

You learn that this state has come on gradually, and that it has only attained its present extreme degree after years of duration. You will learn that it was the memory, particularly as regards recent facts, which was first weakened; then little by little the ideas became much more rare, till the disease had arrived at the stupidity in which you now observe it.

The second patient presents more activity, the physiognomy is more animated, the features less relaxed, the bearing also is better. If you question this patient, you will be struck with the incoherency and disjointedness of his answers, his words have not the slightest connection one with another, and it is impossible to discover any rational meaning. They are like fragments of thoughts, and you will observe, that the intellectual elements are dissociated or destroyed. Sometimes the patient will rouse up, and *seem* capable of expressing a series of ideas with precision, but he will only attain to a few consecutive words, without concluding them, and you will perceive, that it is an incoherence of expression which rules.

These two diseases are named, the 1st, *Simple Dementia*, the 2nd, *Incoherent Dementia*.

We have now indicated six forms of insanity, of which the four first are distinguished as being *curable*, the latter two as *incurable*.

I must warn you against a supposition which all classifications naturally entail. From the manner in which varieties of forms are theoretically defined in tables of this kind, even where we would make them as practical as possible, you may be led to believe that nature presents them all with the characters of precision. Unfortunately it is not so; there are many mental diseases in which the differential diagnosis is easy, because they are pure and disengaged from all complications; but there are others in which we find traces of many forms, where you might be discouraged, and perhaps even tempted to think, that all classifications are useless and ought to be renounced, because they have the inconvenience of making you believe in a precision, which is very rarely found in nature.

The forms that are called *mixed*, and of which much has been lately spoken, are indeed numerous, and result most frequently from a combination of incurable with curable forms. For example, nothing is more common than to see a monomaniac or a melancholic with commencing dementia; it is not less rare to encounter the phenomena of mania associated with the entirely opposite one of melancholia. I have recently seen three or four cases of epileptic insanity presenting agitation and all the signs of melancholic insanity, a reaction of activity arising from the very bottom of the depression. Yet numerous as these mixed forms are, I do not think they ought to justify the opinion which would tend to make us renounce all classification; on the contrary, we ought by persevering study to endeavor to make it more perfect. To encourage us in this task let us recollect, all that Esquirol has realized by his labours is the definite separation of amentia from dementia. Let us recollect that the discovery of general paralysis, so much better known since the labours of Mons. Bayle and of Mons. Calmiel permits us now to divide the vesaniæ into two grand classes, the Idiopathic and the Symptomatic.

Let us then put aside, gentlemen, these objections to classifications, and direct our attention to the above two great divisions.

Indeed, it is not sufficient in examining the insane committed to our care, to discover the symptoms of monomania, melancholia, mania, and of insanity with a double form, or that the patient is attacked with dementia; we must proceed further, and endeavour to find out, if these lesions are, or are not connected with a lesion of the motive power.

You will thus have to seek for epilepsy, chorea, hysteria, and in particular, for general paralysis, whose commencement is so insidious and difficult to determine.

Nothing is of greater importance, both for the treatment and the prognosis, than the distinction of insanity into idiopathic and symptomatic.

This should be in all cases one of the principal points for examination, and can be, according to my experience, with perhaps rare exceptions, established from the commencement of the disease.

It is indeed very curious and well worthy of remark, that lesions of movement consecutive to troubles of the intelligence are very rare, while the contrary are very frequent. Should the patient when you examine him have no lesion of movement you need not fear that it will come on later, such cases being indeed exceptions more apparent than real.

For five years I have adopted the rule, to classify the patients that enter my wards into two categories. The insane properly so called, and those whose insanity is associated with some lesion of the

movements. In that destined for the insane with lesions of locomotion, you will find general paralysis, epilepsy, chorea, hysteria, and local affections of the brain. In the second register you will find those insane patients who present none of these lesions, and who may thence be considered as affected with simple or idiopathic alienation.

Besides the idiopathic vesaniæ, and those symptomatic of lesions of movement, you will have yet to seek out a class in some sort intermediate between them; I would mention as an example those cases due to a specific cause, and principally to the abuse of alcoholic liquors. Among this class is found the temporary insanity produced by bella-donna, stramonium, &c., which we from time to time have examples of in our asylums.

As to insanity symptomatic of disease of the heart, the stomach, intestines, and urinary passages, I do not think they can be made into a special class. These diseases certainly exercise in predisposed subjects and under certain circumstances a very marked influence on the disorders of the intellectual and moral faculties, but this influence is susceptible of very different explanations. If in certain cases, as for example sometimes happens in connexion with intestinal worms, the intellectual lesions can, up to a certain point, be considered as a direct consequence, it is not in most cases so, they must be considered an indirect consequence of the diseases spoken of. At other times, it is after having deeply injured the constitution, after having produced anæmia that they produce derangement of the intelligence.

It is possible to mistake the influence of grief, which has been for a long time cherishing the perturbations which it has itself brought into existence.

The study of these facts enters into that of the etiology of insanity, where they ought to be examined and discussed.

You see then, gentlemen, that in the classification of the different forms of insanity, we may admit, the mental alienations which are *idiopathic*; those *symptomatic* of cerebral affections betraying themselves by troubles of the muscular system; and lastly, insanity due to a *specific* cause.

Let us now sum up all that we have said in explanation of insanity.

The first point that you have to study is the general state of the intelligence.

Have the intellectual faculties undergone a more or less profound alteration? Can you find on the contrary symptoms of excitement or depression?

Does the patient in relation to the above give no appreciable symptoms, and does he appear to exercise his intelligence in a normal manner?

These three points once fixed on, you must seek for partial lesions. Do there exist illusions, instinctive impulses, or hallucinations?

After this, it will remain to determine if the intelligence offers signs of being weakened or of incoherence, with the particular characters that denote dementia.

Before going further, you must question the patient, in order to know what idea he has of his own intellectual state, if he is conscious of disorder of his mind, if he can rule his diseased impulses.

You are thus brought to shorten the question of insanity, after having discovered the number and the nature of the lesions of the intelligence.

The patient is then classed according to the symptoms observed, among the six forms represented in our diagram.

If on the other hand you have found a mixture of symptoms belonging to many species, you will inscribe him under the double title of one of the mixed forms of insanity.

The last point to be established is to decide if the disease is idiopathic, or symptomatic of general paralysis, epilepsy, &c.

Such are the different points to be successively studied to establish your diagnosis in all cases of mental alienation that may come before you, and such is the method which seems to me the most simple in an examination that offers so many difficulties.

In directing your attention to the diagram, you see placed under the title of Appendix, *idiotcy* and *cretinism.*

Idiotcy, as I have already said, is not a disease, it is a congenital state, which must be assimilated to monstrosities. Idiots may from want of discernment let themselves be enticed to actions dangerous to themselves and to others, we ought then, legally, to unite them to the insane, and place them in special institutions. It is thus that the history of idiotism and cretinism becomes an obligatory appendix to mental disease.

Report *of the* Meerenberg Asylum *for* 1852-3.

It has afforded us great pleasure to receive a Report of the Asylum of Meerenberg (North Holland) for 1852-3; and, as we believe but few of our readers are acquainted with this excellent establishment, we propose to lay before them the most important information contained in it. To those who already know something of this asylum, a few extracts from the Report before us will also be interesting.

Having already communicated to another publication an account of a visit paid to Meerenberg in the autumn of last year, we need do little more than state here the very high opinion we formed of its management and general condition. The superintendent, Dr. Everts, is a thorough friend to the non-restraint system, and was then engaged in gradually reducing the amount of restraint, expecting very shortly entirely to abolish it. In 1848, Dr. E. and Dr. Van Leeuwen visited this country, and resolved to make an attempt at the abolition of personal coercion in the new asylum they were about to take the charge of. It was opened shortly after their return, and the present is the third Annual Report, but only extends to the close of 1852. At the time of our visit the asylum contained 391 patients, only two or three of whom were restrained; this amount of restraint was owing to several circumstances of a temporary character, and we understand that, since the commencement of the present year, no waistcoat or other form of mechanical restraint has been employed. This, we believe, is the first instance on the Continent of an asylum adopting the principle of non-restraint; and heartily do we hope, that it may

be the means of inducing the directors of other Continental asylums to adopt milder forms of treatment than those at present, for the most part, in use amongst them. It is strange indeed, that the amelioration of the condition of the insane has progressed so tardily abroad, and that even in asylums conducted by humane and efficient superintendents, in which many of the arrangements and the modes of treatment deserve our imitation, the amount of coercion is far beyond what even a moderate disciple of the non-restraint system would consider necessary.

With these few preliminary remarks, we will proceed to notice the chief points of interest in the Report before us,—which is drawn up in a masterly manner, and extends to 77 pages! If this is somewhat too long for an Annual Report, those of our own asylums err, perhaps, in general, on the side of brevity.

After speaking of the buildings, adjoining land, etc., Dr. Everts proceeds to the statistics of the year 1852-3, and gives the following table:

	M.	F.	Total
In the Asylum January 1st, 1852	133	175	308
Admissions in 1852	47	45	92
Re-admissions	7	16	26
Total admitted	55	64	118
Total under Treatment	187	239	426
Discharged—			
Cured	11	12	23
Improved	5	2	7
Not Improved	2	5	7
Died	14	10	24
Total Discharged and Died	32	29	61
	155	210	365

Of the 118 patients admitted, from 35 to 40 were considered likely to recover ; in 51 hereditary disposition could be traced; 99 resided in towns, and 19 in the country ; 50 were married, 68 single; 90 were Protestants, and 27 Roman Catholics.

Of the recoveries he states, "only 23 left the asylum cured in 1853, although the number actually cured was 35; 12 of these could not leave the asylum on account of the poverty of their relations, which rendered them unable to receive them at home until the end of the year. . . . . As on former occasions, we have still much cause to complain of the difficulty there is in finding a suitable place in society for those who have recovered, immediately after leaving the establishment. It is with the insane, as with those affected by any other disease, of the greatest importance to exercise much caution in their treatment after their recovery, and to avoid all circumstances calculated to induce a return of their malady. He who, without relations and friends, without anyone to love and protect him, and without money, returns into the wide world immediately after leaving the asylum, is almost certain to lose all that he has gained there. The most important circumstance in an asylum promoting recovery is, according to my experience, the more regular and superior mode of life, and the removal from the patient of the bad influences of society under which the disease originated. I here, of course, by no means intend to overlook the important advantages of remedies, as the bath, &c.; but I do wish the importance of the mere seclusion of the patient from society to be sufficiently estimated. Its effect is observable even during the first few days' residence of a patient in an asylum."

Dr. E. devotes many pages to the causes of insanity, and takes a truly comprehensive and philosophic view of it. He says: "Whatever other causes of insanity there are, I consider the principal to be bad lodging, bad food, abuse of intoxicating liquors, unsuitable marriage connections, and bad education." Intemperance especially he considers a most prolific cause of mental disease, and he states, that "there are among his patients a great number of idiots, imbecile, paralytic, and epileptic, from whose histories we find, that the father or grandfather, in some cases the mother, or even both parents, were the slaves of drunkenness. A great number of examples has convinced me, that dullness, feebleness of intellect, and idiotcy, are very common incurable diseases among the offspring of the second and third generations of those addicted to this vice."

Dr. Everts, after making some interesting remarks upon the transmission of insanity from father to son, upon marriages, and upon the extreme importance of a healthy education, proceeds to point out the advantages to the patient of a temporary removal from society to the quiet of an asylum. We are glad to see that he also warmly advocates the establishment of asylums in the country, away from the town,—a point which requires insisting upon in his country. He prefers a large asylum to a small one, "on account of its activity, and the variety of its daily life; while a small asylum, by its dull uniformity and monotony, generally produces *ennui*."

Very careful observation is made of epileptic cases at Meerenberg. From the following very interesting table it appears that the number of fits was much greater among the women than the male epileptics; and that among the women the fits occurred much oftener during the night; and *vice versâ* with the male epileptics. The number of epileptics varied but little during the year: there were under treatment 26 men, 21 women; total, 47.

1852	No. of Fits by Day, 9 to 9		Night, 9 to 9	
	M.	F.	M.	F.
January	158	265	132	204
February	143	254	128	189
March	123	279	112	218
April	138	292	119	202
May	186	208	156	296
June	161	133	167	269
July	137	181	122	225
August	132	222	93	269
September	145	176	152	203
October	184	184	148	246
November	173	200	142	220
December	176	152	154	161
Total	1856	2546	1621	2682
	4402		4303	

The average number of men under restraint was two; of women, four. The average number of men in seclusion was five; of women, eight.

The foregoing are the principal points of interest referred to in the Report.

There are probably some of our readers who are wont to regard the Dutch as a people

> "That always ply the pump, and never think
> They can be safe, but at the rate they sink,
> That feed like cannibals *on other fishes*,
> And serve their cousin-germans up in dishes!"—*Hudibras*

This, however, is but a travesty; and that the Dutch are capable of high emotions and benevolent designs they have proved, by the means they have taken to provide for the care and the cure of their insane population.

D. H. TUKE.

Sulphuric Acid, v. *Urine.*

My dear Sir,—If you think that the use of sulphuric acid diluted with water, as a chemical agent for disimpregnating floor, or other boards saturated with urine, is not as well known to the superintendents of asylums generally as to myself, may I ask you to give a place to this letter in the next number of our *Journal.*

It is of course very desirable to have wooden in preference to other floors; but often in wet and dirty, and occasionally also in other wards, these become in the course of time partially saturated with urine, much discolored, and very offensive. No scrubbing or scalding will effect more than a temporary improvement in such floors, for the wood has absorbed and holds much, becoming a reservoir for the perpetual exhalation of the volatile ammonia.

Let such a stained floor have poured over it a mixture of one fluid ounce of sulphuric acid with twenty or twenty-four ounces of water; let the liquor be diffused in an even stratum, and lie for twenty-four hours.

The first effect of the application will be effervescence, then the evolution of a strong urinous odour (soon disappearing), and lastly, in the course of the drying up, the deposition of a white film (sulphate of ammonia) all over the area treated, varying in amount in different parts, according to the depth of stain.

Lastly, let the salt be washed off, and if the boards be not restored to something like the color of clean deal, this may be obtained by a second or third repetition of the process. All odour of urine will be gone and the room rendered sweet.

I do not find the use of the acid on similarly stained floor-stones so successful. The action is unequal; some parts resisting it, as if protected by something greasy. A further trial, however, on stone, will be worth making, after well cleansing the surface with a strong solution of washing-soda. The acid may be applied to urine-stained crib-bedsteads, or in any situation to wood.

The principle, that of converting a volatile into a fixed salt, which may be removed, appears sufficiently good, and I beg to assure you that the effect is very gratifying in practice.

There is nothing novel in the idea, which, as far as I know, and as regards this sort of application of it, is due to my friend and teacher, Dr. Hitch. It can be considered as no more than an extension of its use in pillows containing bran, to catch the urine from persons confined to bed with sores, which he communicated to the *Lancet*, I believe, some years since.

I remain, your obedient servant,

JAMES E. HUXLEY.

County Lunatic Asylum, Maidstone, October 10, 1854.

Treatment of Cholera.

Essex Lunatic Asylum, Nov. 6th, 1854.

My dear Sir,—In compliance with your request, I send you a short statement regarding the cholera cases which have taken place in this asylum.

The disease first appeared on the 8th day of September last, and has caused considerable mortality among the unfortunate lunatics.

Two wards, one on the male, and another on the female side of the house, were immediately set apart for those attacked, and attendants were appointed, whose duty it was to attend entirely upon the cholera cases.

The epidemic, however, spread, and from the day of its first appearance up to the 15th October, nineteen cases of Asiatic cholera and ten cases of choleraic diarrhœa took place; of these, twelve recovered and seventeen died. During the same period, about seventy cases of diarrhœa without collapse were under treatment.

My treatment of cholera was to give two grains of calomel every fifteen minutes for the first five hours, then two grains every half hour for three hours, and afterwards two grains every hour for from twelve to fifteen hours, with cold spring water to drink. Mustard sinapisms were applied to the extremities and abdomen, and friction was also used. In four of the cases stimulants were administered, which seemed to aggravate the symptoms.

Having had considerable experience when in India in treating the disease, the mode which I then considered and found most successful was calomel in small doses frequently repeated, and although the deaths have been large here in proportion to the number attacked, this circumstance arises in a great measure from the weak state of many of the patients previous to the attack.

I have no hesitation in saying, that I would again adopt the same mode of treating the disease, should this institution be again unfortunately visited by cholera.

Yours faithfully,

D. C. CAMPBELL.

[We are informed that there has been a severe outbreak of cholera in the Hoxton Asylum. All the cases, with one exception, happened during the first week in October. Nineteen male and seven female patients died. We do not know that the pestilence has hitherto invaded any other asylum.—Ed.]

Inquest at the Norfolk County Asylum.

On the 23rd ult. an inquest was held at Thorpe, before Mr. Pilgrim, one of the county coroners, on the body of William Sizer, a man aged 36, who died suddenly that morning, in the County Lunatic Asylum. Evidence was adduced to the effect that the deceased was admitted on the 15th of July last; that

he was noisy and dirty at night, but harmless; that he was reported ill to the governor on the 18th ult.; that he knocked his bedstead about at night; and that, on one occasion, it was taken out of his room on this account by an attendant.

Mr. Firth said,—I am the visiting medical officer to this asylum. I have occasionally seen Sizer, but my attention was not called to him till last Friday, when I found him to be labouring under a fracture of the ribs; on further examination I discovered a fracture of the breast-bone, between the second and third ribs; I considered him then in a very precarious condition. The patient was in such a state of mind that I could not make out how the injuries came. I saw him again on Sunday, at which time I considered his condition as hopeless. I saw no more of him when living. I have this day made a *post-mortem* examination, the result of which leads me to think he died from the injury on the chest, which must have been done with great violence; on the right side four ribs were broken, and four on the left. There were marks of inflammation on both sides of the chest; on the right a large quantity of matter was found. These were quite sufficient to account for his death. I think these injuries could not have occurred more than ten or twelve days ago. I think he might have been able to get into bed as usual after he received this injury; but I consider he could not make quick movements. There are no external bruises. I think, if Sizer received the injury on Tuesday, the appearances I discovered to-day might appear; but I think he received the injury before that time.

Mr. Edward Casson said,—I am the resident surgeon in this asylum, and have attended the deceased from the time I have been surgeon, which is only about six weeks. He was very noisy. I discovered no injury he had received till last Wednesday, when a report was made to me, that Sizer was not able to get out of bed. I went to him, and discovered a tumour on his chest. I discovered nothing more at that time. I visited him afterwards: he remained much the same. I attended him again the next morning: I then found his ribs were badly broken. I attended him afterwards, as often as was necessary. I was never able to discover in what way he received the injury. He died this morning, and I have assisted Mr. Firth in making the *post-mortem* examination. We found four ribs fractured on each side, and considerable inflammation, which was quite sufficient to account for death. I could get no information from Sizer how these injuries occurred. I think if Sizer had the bedstead up end ways, and it fell on his chest, it might have caused the injuries we discovered. I think Sizer could not have received the injury more than eight or ten days. I considered him in great danger when I saw him on Thursday morning. I also discovered the breast-bone was broken.

The coroner having briefly summed up, the jury, after a short deliberation, returned the following verdict: "That the said William Sizer died from the effect of a serious injury he received, but how or by what means the same was inflicted, there is no evidence to prove; and the jury consider there is some mystery in the case."

Appointments.

W. H. O. Sankey, M.D. *Lond.*, to be Medical Superintendent of the Middlesex County Asylum at Hanwell. Female Department.

J. G. Symes, Esq., M.R.C.S., to be Medical Superintendent to the Dorsetshire County Asylum.

Edward Casson, Esq., to be Resident Medical Officer to the Norfolk County Asylum.

Errata.—In Dr. Boyd's paper, p. 122, 1st column, line 16, for *Cruvelhier* read *Cruveilhier;* lines 50 and 51, for *cerate* read *urate.*

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 15th day of December next.*

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" Si quid novisti rectius istis
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

Second Notice of the Eighth Report of the Commissioners in Lunacy, *by* John Conolly, M.D.

I have been reminded that in my first notice, when I spoke of Dr. Davey, Dr. Nesbitt, and Dr. Hitchman, as having respectively introduced the Non-Restraint System into the asylums of Colney Hatch, Northampton, and Derby, it would appear that I overlooked the fact of that system having been adopted at Northampton by Dr. Nesbitt's predecessor, the late Dr. Thomas Prichard. Although my meaning was merely that the three physicians named had each left Hanwell convinced of the practicability and safety of the non-restraint system, and had steadily maintained it on their removal; I ought, perhaps, to have added, that at Northampton it had already been acted upon, and zealously and ably defended in the successive annual reports of the superintending physician. One or two occasional instances of the abandonment of the principle deprived this early and laudable example of full effect.

Of the sixteen county asylums alluded to in my former paper, the only one in which the use of mechanical restraints is advocated or employed is that of Bedfordshire. At the time when I proceed with a notice of the views expressed by the superintendents of other asylums, I have the satisfaction of believing that the Bedford asylum no longer forms an exception to the rest; Mr. Denne having now commenced his residence there. From his reports we may expect hereafter to learn whether or not more bedding is destroyed, and more injuries are inflicted on the patients and attendants, in consequence of the adoption of the "expensive" system of non-restraint.

The next in order of the communications published by the Commissioners is from Mr. Wilkes, of the *Stafford* County Lunatic Asylum, who has so conducted that fine institution during the last thirteen years as to make it a model worthy of general imitation. As Mr. Wilkes is a gentleman of great professional attainment and experience, as well as now long familiar with all the management of a large asylum; and as all who know him, know that with an excellent judgment he possesses the most candid mind and the sincerest love of truth, all his observations are valuable. He says:

"Previous to the year 1841, when I was appointed to the office I now hold in this institution, mechanical restraint was part of the system of treatment habitually employed, and its disuse was looked upon as absurd and chimerical. Although the registers certainly show a gradual diminution of restraint for some previous years, its amount at the time referred to was considerable, and probably more than was recorded.

"The means of restraint employed were the leather muff and wriststraps, iron handcuffs, long leather sleeves, hobbles for the legs, the restraint chair, and various devices, specially adapted to the peculiar propensities and habits of the patients. Many of these were employed both by day and night, and, in addition, many of the patients were confined to the bedsteads by means of straps passing through iron loops.

"The evil of this system was not simply confined to

the coercion of the patients, but the same principle pervaded the whole establishment, and the high windows partly or wholly protected by iron guards and wirework, the numerous staples in the walls of the galleries and rooms for confining patients to their seats, and the strongly guarded fireplaces, gave a gloomy prison-like aspect to the interior of the building, which was still perpetuated externally by the cheerless, high-walled airing courts, mostly destitute of either trees or flowers. Above all, it was evident that the system adopted had a natural and inevitable tendency to demoralise, if not to brutalize, the attendants; and, perhaps, one of the not least important results of the disuse of restraint is, the marked effect it has had upon the feelings and conduct of the attendants themselves.

"In an old asylum, and with deep-rooted prejudices to contend against, many difficulties and much anxiety necessarily accompany the first efforts to abolish restraint. Many patients, who had been habitually in restraint for years, were at once set at liberty; in others, the process was gradual; but, ultimately, all instruments of restraint were collected together out of the different galleries; restraint chairs were broken up; and, at the same time, windows were unblocked, guards removed, airing courts planted and improved; and, in a variety of ways, more humanising influences were brought into operation.

"The effect of this upon the old inmates of the asylum was decidedly beneficial. One patient especially, who had been for some time wearing the muff and hobbles, and appeared to be falling into a state of fatuity, rapidly improved upon being set at liberty, and ultimately recovered. The excitement of the patients generally was decidedly diminished; they were less noisy at night, and, though many had become inveterately dirty in their habits, a gradual improvement took place also in this respect. With greater opportunities of doing mischief, less absolutely occurred; and now, without a window in the asylum in any way protected, there is probably less breakage of glass than there formerly was. The experience of more than twelve years, during which upwards of 1,300 cases have been admitted, only tends to strengthen and confirm the opinion that, as a general rule, restraint is unnecessary and injurious in the treatment of the insane.

"Not only has no accident or injury occurred which could have been attributed to the disuse of restraint, but amongst the large proportion of suicidal cases which have, from time to time, been admitted since 1841, only one suicide has taken place, and that was in 1842. This is much below the average of former years; and I only mention the fact to prove that they were not rendered more frequent by the disuse of restraint, being fully aware that these unfortunate occurrences will baffle every vigilance and precaution, and happen in spite of any system."

This testimony is of the highest importance, and certainly conclusive as to the superiority of the new system over the old. But Mr. Wilkes's evident anxiety not to overstate anything has led him to make additional observations, which must not be passed over. He says that no great difficulty was met with in discontinuing restraints in the chronic cases, and that the recent and acute cases always proved the most embarassing; and consequently that the large institutions crowded with chronic cases hardly afford fair opportunities for testing the practice. This must be admitted: but the embarrassment attending the management of recent and acute cases was, as Mr. Wilkes no doubt remembers, greatly increased when chronic patients were to be seen in restraint in most of the wards of an asylum. Mr. Wilkes is also inclined to admit some apparently exceptional cases in which even in a large asylum the temporary employment of restraint would be both necessary and justifiable. Two cases, admitted to be extreme, are adduced as illustrative of this; one, in which food was refused, under the impression that it was poisoned, and the patient struggled so violently that no food could be adminstered to him; and another, in which no dressings could be kept on the patient's head. On these cases it may be remarked, that the temporary confinement of a patient's hands during the introduction of the tube of the stomach pump into the œsophagus may be as necessary as in the case of a surgical operation. Continued refusal of food is however so rare in any well conducted asylum that resort to the stomach pump is, I believe, seldom necessary. I have witnessed horrible instances of its misemployment; and have known patient persuasion succeed in some of the most unpromising cases. I have seen it used recklessly and needlessly; and have known years pass without being once called upon to sanction recourse to it. Apparently the necessity for it is more frequent in patients of a class far above pauperism; and no doubt life has often been preserved by its timely use. As regards keeping dressings on the head or elsewhere, the secured covers or cases of ticken with small locks are generally efficacious; but if they do not prove so, the confinement of the hands comes within the surgical category, and is of course allowable. Every superintendent should look upon such a means, however temporary, as the last he wishes to have recourse to.

When the attempts were first made to dispense with mechanical restraints the difficulties which they were said to prevent were met by a great variety of new contrivances and adaptations, and generally with complete success. Slovenly and unfaithful officers and attendants neglected these means or despised them; allowed all kinds of accidents to happen, and zealously recorded them. But these accidents happened no more when the total and unqualified abolition of restraints became the rule. Every kind of exceptional case then became rare or almost unknown.

Dr. Kirkman, of the *Suffolk* Asylum, says that all instruments of mechanical restraint were destroyed in that asylum more than twenty years ago, and that they have neither been used nor required since that time. If so, the Suffolk Asylum seems to have been prior to that of Lincoln in this movement; which has certainly been overlooked. Dr. Kirkman's reply to the Commissioners is very brief; but his reports for several years past have contained interesting details as to the employment and general management of his patients. His sentiments as to restraint are, however, not always

stated with the positiveness required to give them force.

Mr. Snape, of the *Surrey* asylum (male side), leads us to conclude that he never employs mechanical restraint, which he says he considers quite superfluous in a properly constructed asylum. He considers temporary seclusion to be absolutely necessary in some cases of maniacal excitement, and justly observes that "a mild persuasive manner, constant superintendence and care, and a never-failing attention to the clothing, food, personal cleanliness, occupation and amusements of the patients, are but so many different ways from which the best results are expected to arise."

Dr. Diamond, who is the superintendent of the female division of the same asylum, expresses himself very strongly, fully concurring in Mr. Gardiner Hill's opinion, that in a suitable building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious, in all cases of lunacy whatever: adding his belief, "that any person who would now use personal restraint or coercion is unfit to have the superintendence of an asylum." During the past five years, more than 800 female patients have been admitted into the Surrey asylum, and Dr. Diamond has usually about 520 under his immediate charge: so that his opportunities of testing the facility of dispensing with restraints have been very great. He thinks that cases are even very rare in which seclusion is requisite and beneficial, and appears successfully to substitute employment; he does not appear to think that there are cases in which temporary seclusion is required, and where tranquillity and the absence of all causes of cerebral excitement are the remedial objects proposed; and consequently, in which employment could scarcely be resorted to with propriety. It is impossible to avoid a doubt as to Dr. Diamond's proper estimation of the value of quiet seclusion, or of the use of padded rooms, which last he pronounces "obsolete." The number of attendants employed in the Surrey asylum does not exceed one to twenty-one patients. With such a limited staff, it must be difficult to ensure to all classes of the patients all the care which both Dr. Diamond and Mr. Snape appear ardently to desire.

I have read the report of Dr. Parsey of the *Warwick* county asylum with peculiar interest; having had the honour of being consulted on the plan of the building, together with Mr. Gaskell. Dr. Parsey says, "Mechanical restraint has never yet been used in this asylum, nor are there any special means for applying it. My opinion, drawn from personal observation, is, that its application may always be done without." Still, Dr. Parsey thinks there are rare cases in which, "if used at all, it should be in the mildest possible form:" an admission really difficult to understand. Dr. Parsey thinks it might have been useful in one case of 258 cases which have been under treatment. I occasionally hear such statements in other asylums into which no instruments of restraint have been introduced; but when the nature of such exceptional cases is described, all that is proved is, that restraint would have met some temporary inconvenience, or would have saved somebody some temporary trouble. It is never pretended that its imposition would have been remedial; or, as an example, unproductive of bad effects of various kinds. Dr. Parsey says, that "no protecting guards have been found necessary for windows."

Dr. Thurnam, of the *Wilts* County Asylum, so well known for his valuable work on the Statistics of Insanity, says, "Personal restraint is never resorted to, and there is literally no instrument of coercion in the institution." One exception is, however, mentioned, in which an epileptic patient, having broken his leg, required, during his maniacal accessions, to be restrained from interfering with the surgical apparatus. "In cases of great violence," Dr. Thurnam adds, "where efforts to check or soothe the excitement of the patient are unsuccessful, temporary seclusion in a sleeping room is prescribed; or, for those requiring it, in a room the walls and floors of which are padded, in order to prevent bodily injury." The means of preventing patients from undressing themselves, or destroying clothes and bedding, as well as meeting various other difficulties, are explained in a manner shewing that Dr. Thurnam is practically acquainted with the various exigencies of a lunatic asylum by night and by day. As respects suicidal cases, in which mechanical restraint used to be considered as indispensable, he says, "there is no doubt the propensity is generally aggravated by the adoption of personal restraint; and many instances in the experience of asylums might be quoted, where suicide has been committed under the use of such means, and even by the aid of the instruments of coercion themselves." But Dr. Thurnam still thinks there are possible cases in which it is justifiable to have recourse to personal restraint. These are, first, surgical cases, about which there is no controversy; and secondly, cases of "perverted instinct," where a patient would "gnaw his flesh," &c. I only once saw a case of this kind in fourteen years observation of 1000 patients; and that occurred when restraints were used, and when the craving appetite of patients in some forms of mental malady led to this and other revolting practices, apparently the results of hunger, and permitted by the gross neglect of the attendants.

My notice of the COUNTY asylums, from which answers had been sent to the Commissioners, began with the unpromising instance of Bedford. It must end with the more lamentable example of the asylum for the North and East Ridings of *Yorkshire*. It is the opinion of Mr. Samuel Hill, the Medical Superintendent, that, "in order to treat the most violent lunatics with the greatest mercy, as well as safety, personal restraint is now and then necessary. To dispense with such auxiliary and remedial measures, would be to incur risk, prolong the paroxysm, and probably reduce the patient to a state of danger, if not of helpless exhaustion. A spencer, made of thick linen, to button or lace behind, with sleeves ending in pockets (which latter are sewn to the lower and front part of the body of the spencer), answers very generally, and is in use in this asylum for both sexes, when all other means have failed to tranquillise dangerous, destructive, or suicidal patients."

Twenty years since, such a passage as this would have occasioned no surprise; but that such galling

restraint, including every evil of the strait-waistcoat, personal irritation, unavoidable uncleanliness, and mental degradation, should not only be used in a county asylum in these days, but spoken of with satisfaction by a medical superintendent;—that fifteen years after the total abolition of restraint from the largest asylums in this country, this ancient restraint should be resorted to in every difficulty; to prevent suicide, which it cannot prevent; to control destructive tendencies, which it cannot remove; and, above all, to tranquillise the dangerous, is a matter of astonishment and sorrow. In these appliances, on these ancient principles, Mr. Samuel Hill's asylum stands nearly alone among county asylums. But Mr. Hill has, in other respects, such sensible ideas relative to the treatment of the insane, that even his views of the necessity for restraints demand respectful consideration. It is to be observed, that mechanical restraint is recommended by him as a means of the "greatest mercy," as well as "safety." Mr. Hill should explain the terrible alternatives he evidently has in his mind; the dangers avoided; the cruelties inevitable in his asylum but for the use of restraints; and why dangers averted, and cruelties unknown in Middlesex, and Derbyshire, and Wiltshire, should be so certain of occurrence in a Yorkshire asylum, as to justify the buttoning and lacing up of men and women like bales of insensible goods. It would also be desirable to know what all those "other means" are, on the failure of which, in the North and East Ridings Asylum, the use of the linen spencer "answers" so very generally. Never having had an opportunity of visiting the North and East Ridings Asylum, it would be presumptuous in me to suggest a probable explanation of this unhappy anomaly; but, unless all my experience of asylums deceives me, I do not doubt that the reasons for using restraint depend on something defective in the constitution of the asylum itself. Whether the explanation is to be found in a deficient number of attendants, or in their character and qualifications, or on undue attention being demanded in connection with the labour of the patients, to the overlooking of other attentions more important—so that those who are able and willing to work are chiefly regarded, and the few troublesome ones who will not work are merely invested with the spencer—can only be determined by those whose duty it is to inspect the asylum. But that there is something wrong cannot be questioned. The tendency, moreover, in any asylum in which a spencer or strait-waistcoat is employed, to extend restraints to every case of even trifling difficulty, is curiously enough shewn in a Report made at the North and East Ridings Asylum in March last, by two of the Commissioners in Lunacy; who mention that a patient's hands were tied behind her by means of a handkerchief, because, "under paroxysms of excitement," she was "apt to seize and shake her fellow-patients very violently." For such frivolous reasons, some years ago, scores of patients were put into restraints, in large asylums, every week. It is not creditable to any asylum, when such trifling difficulties cannot be obviated by different methods. To place even this kind of restraint in the power of any attendant, to be used at any time, or whenever a patient is ill-tempered, or whenever the attendant is ill-tempered, is really very unnecessary and unjustifiable cruelty, and must always lead to numerous other exertions of petty tyranny. I cannot but partake of the apprehension expressed in the Editorial remarks on this subject in No. 6 of the *Asylum Journal*, that, in the North and East Ridings Asylum, the duties of the physician are rather lost sight of amidst the duties of the steward and farm-bailiff. The non-medical officers of asylums are too generally anxious to convert them into mere workhouses, and the Committee of an asylum has always some active members upon it, who look on the medical officers as inconvenient, if not superfluous. We have only the Commissioners in Lunacy to look to for the protection of the lunatic in these circumstances. If they, deluded by the perpetual cry of "work," abandon those who cannot work to tying of hands or the cheap guardianship of the spencer, all their other labours will be in vain, and even their eloquent reports "a tinkling cymbal." Two great evils incidental to the competition thus encouraged in the heads of different departments of labour call for especial vigilance: one is the forced employment of those unfit for continuous bodily exertion; and another, the unjust detention in asylums of patients whose mental malady has left them, but who are too useful to be conveniently parted with. My recollections assure me that such evils are not hypothetical; but, under the mere workhouse system, imminent, and scarcely avoidable.

Although the Commissioners' Eighth Report contains no reply to their enquiries from the *Kent* asylum, the Annual Reports of that institution inform us that there also mechanical restraints are habitually employed. The high character of the asylum, and of its superintendent, Dr. Huxley, whose late communication in the *Asylum Journal* was characterized by great good sense and very careful observation, give importance to this additional example of an adherence to the old ways.

Dr. Huxley's cases must speak for themselves. Six are mentioned in which during the past year restraints have been used.

The first case mentioned is merely a surgical case, and calls for no comment. The second is that of an aged woman, melancholic, and who refused to lie down; and, as there was swelling of the extremities, the recumbent position was enforced by restraint. Sleep was obtained, with partial improvement, food was taken voluntarily, which had not been the case before; and the patient lived a fortnight afterward. Dr. Huxley thinks restraint should have been employed earlier, and deplores the disfavour attached to it. I think I have known nmmerous cases of this kind in which the difficulties were overcome without restraints being applied. A blister applied behind the neck, a tepid shower bath, not too violent, sedative medicines, variously prepared food, and very patient persuasion, have certainly often succeeded at Hanwell; but there may be exceptional cases, and gentle compulsion may become necessary in some of them. Yet the great danger of these exceptions growing into a rule must not be forgotten.

To the imposition of gloves in the case in which a

patient shewed a steady desire to bite off his fingers, there could be no reasonable objection; and the same may be said of the restless patient with a fractured thigh-bone. In the first of these two cases, however, some active medical treatment might have removed the temporary propensity to mutilate the hands.

The only other case mentioned by Dr. Huxley in which restraints were employed was a suicidal one. In these cases the plan of placing the patient in a sleeping room with a few other patients, intelligent enough to give an alarm, does not seem to be adopted in the Kent asylum. Experience has fully shewn that mere restraint is not a security against suicide; and certainly, at Hanwell, very numerous cases in which there was a determined disposition to suicide, have been safely treated without having recourse to it. These cases have presented every possible variety of difficulty. No care, indeed, can prevent the occasional commission of suicide, as the action of a moment may frustrate the watchfulness of years.

Dr. Huxley anxiously explains that he has never used restraints to prevent violence to others, or the destruction of property; finding temporary seclusion sufficient to meet such cases: and he distinctly says, "Notwithstanding the exceptions which have annually been detailed, the system of non-restraint has been uniformly, if not universally, pursued and upheld in this asylum, with the same delightful effects on the moral state, domestic tone, and intercourse prevailing amongst the patients, and between them and the officers and servants, as have happily followed its adoption in other asylums."

The nineteen county asylums now spoken of in which no form of mechanical restraint is habitually employed, contain about 8000 patients. If we add to these, as I believe we may, those of Gloucester, Lancaster (Moor), Lincoln, Nottingham, and Worcester, we can point to twenty-four county asylums alone, in England and Wales, from which mechanical restraints are abolished, as unnecessary; and these asylums contain at least 10,000 patients.

Other, and some very important institutions, remain to be noticed.

On the Statistics of County Asylums, by W. Parsey, M.D. Lond., *Medical Superintendent of the Warwickshire County Asylum.*

From the last Report of the Commissioners in Lunacy I have calculated the rates of recovery and mortality in the different county asylums, so as to obtain a mean average for the five years over which their enquiries in Appendix (H) extend. The results may be thought interesting to many readers of the *Asylum Journal*, who have not leisure or inclination to go through the detail of such matters for themselves.

Including the Northampton General Lunatic Hospital (which, for all practical purposes, is the county asylum for Northamptonshire), there are twenty-two county asylums, whose statistics are tabulated for the five years ending in December, 1853, and the aggregate of whose average daily number of inmates has been 7906·6. The mortality for the five years is 4459, or 11·27 per cent. per annum on the average number resident; the admissions, including re-admissions, for the same period amount to 13418, and the recoveries to 5758, shewing a proportion of 42·9 per cent. to the total number of admissions.

Six out of the twenty-two asylums from which these results are obtained, admit private as well as pauper patients; but, as together they afford accommodation for scarcely three hundred of the former class, any influence on the general results caused by the more favorable circumstances under which this class is supposed to be placed, are not worth consideration. Taking, therefore, 42·9 as representing the fair average percentage of recoveries to admissions for county asylums, after they have been long enough in operation to collect the mass of chronic cases that had accumulated in the county prior to their being opened; and, under similar circumstances, taking 11·27 to represent the annual percentage of mortality on the average number resident; it is satisfactory, not only to those engaged in the study and treatment of lunacy, but to all who take an interest in the vital statistics and welfare of the community, to observe that, from the data afforded by the last five years, a decided improvement has taken place in the results of treatment of the insane in public asylums. The averages of recovery and mortality in county asylums for paupers only from their opening to the year 1844, as given by Dr. Thurnam in his Statistics of Insanity, were respectively 36·95 and 13·88 per cent.

From the general averages, as given above, there is in the statistics of different asylums considerable variation. The highest proportion of recoveries being 51·6 per cent. at the Suffolk, or 2½ per cent. higher than that of Bethlem Hospital for the same period; and the lowest at the Bedford, North Wales, and Hanwell (Middlesex), in each of which it is only a fraction above 28 per cent.

Of the twenty-two asylums under consideration, those whose recoveries are above the average are the Suffolk (51·6), *Leicester** (49·8), *Nottingham* (47·4), Devon (45·7), Cheshire (44·2), Salop and Montgomery (44·2), *Stafford* (43·6), and *Cornwall* (43·4). Those whose recoveries are below the average are the North Wales (28·1), Beds and Herts (28·5), Hanwell (28·6), Norfolk (30·4), *Northampton* (31), Kent (31·5), Somerset (33·98), Surrey (35·3), North and East Ridings of Yorkshire (35·5), Dorset (38·3), *Gloucester* (39), Oxford and Berks (39·2), Lancaster (40·7), and West Riding of Yorkshire (41·7).

In the mortality table Hanwell ranks lowest, being only 6·3 per cent., whilst the West Riding of Yorkshire averages the very large percentage of 21·2; a slight proportion of this is due to cholera, which, in the year 1849, carried off a very large number of the inmates, but the diminished mortality of the two succeeding years, tended, in great measure, to restore the balance, which, in whatever way it is viewed, must be considered excessive, and due to some special local

* Those marked in *italics* are mixed asylums for private and pauper patients.

circumstances. The asylums whose mortality is below the average are the Hanwell (6·3), *Nottingham* (7·4), North and East Ridings of Yorkshire (7·8), Dorset (8·1), Devon (9), Lancaster (9.9), *Stafford* (9·9), Oxford and Berks (10·1), Salop and Montgomery (10·5), North Wales (10·6), Beds and Herts (10·6), and *Gloucester* (10·97); those with a mortality above the average are the West Riding of Yorkshire (21·2), Somerset (14·1), Suffolk (13·2), *Cornwall* (13), Surrey (12·1) Norfolk (12·2), *Leicester* (12·2), *Northampton* (12·1), Kent (12), and Cheshire (11·4).

Of eleven asylums opened between January, 1850, and January, 1852, little can be drawn from the statistics of recovery and mortality, beyond the fact already deduced from the statistics of the early years of other asylums, that the recoveries progress more or less rapidly from very small beginnings, according to the time taken for collecting the chronic cases; and that the mortality varies considerably, but presents, on the whole, an average much above that of old established asylums.

The mean mortality on these eleven asylums is 15·1 per cent. on the average annual number resident: those for the counties of Warwick, Wilts, and South Wales, have experienced an annual mortality of between 10 and 11 per cent.; whilst those for Middlesex at Colney Hatch, and for Lancashire at Rainhill and Prestwich, have exceeded the average. Those for Worcester, Derby, Hants, Birmingham, and Bucks, occupy the intermediate position.

It is a matter of considerable interest to endeavour to gain some insight into the many circumstances, directly or indirectly, tending to produce the great variation in the results of treatment at the different institutions from which the averages here specified are obtained; when we find a mean of 42·9 per cent. of recoveries on admissions deduced from statistics varying between 28 and 51½, and an average mortality of of 11·27 from numbers ranging between 6·3 and 21·2, and when we consider that these results are obtained from asylums erected for a similar object, conducted under similar supervision, and with the same general publicity attached to their proceedings; and when there is no reason to impugn the medical skill of which any one has the benefit,—though, certainly, much might be said of the small amount of this doled out to some by the very false economy of managing committees,—it must be evident that many are influenced by special advantages or disadvantages, some of a comparatively trivial, others of a more important nature: the knowledge of which would tend to very beneficial results, in displaying what is radically good or bad in the organization and management of public asylums in this country, and in affording practical data for the introduction of many valuable alterations into some of them.

I would venture to suggest to the consideration of the Association of Medical Officers of the Insane the advantage that might accrue from drawing up a series of leading questions connected with this subject, and seeking full replies to them from the Superintendents of the different asylums. A ready means would be presented by the pages of their own Journal for the propagation of the information thus elicited.

On Prolonged Fasting, with reference to a particular Class of Insane Persons, by JOHN MANLEY, M.D., *Medical Superintendent of the Hants County Asylum, late Assistant Medical Officer of the Devon County Asylum, from whence the Cases are quoted.*

Most of the well-authenticated instances of long-continued fasting on record are such as have arisen from physical incapacity to take food into the stomach, or to retain it for the support of the system when taken, —from a peculiar condition of the mind, which induces in the individual a disregard or disinclination for food,—or, lastly, from accidental circumstances, as shipwreck, burial in mines, and such like. Those cases which have their origin in either of the two former causes, or in a combination of them, are important to the medical attendant on the insane, inasmuch as they not unfrequently occur in persons under treatment in lunatic asylums, are sources to him of great trouble and anxiety, and are fraught with considerable danger to the life of the patient under his care.

As instances of the maintenance of life under a partial or entire deprivation of food, the results of accident are interesting, because they teach us the enduring powers of nature, and assist to guide us in the treatment of the former classes. I have selected a few of them. In 1795 seventy-two shipwrecked sailors were obliged to take shelter in the shrouds of a vessel, while the hull was covered by the sea; they all survived five days, and fourteen of them twenty-three days, without a morsel of food; but they were enabled to catch a few drops of rain as it fell. In 1768 Capt. Kennedy was shipwrecked, with twelve companions, in the West Indies; the small quantity of food they were enabled to preserve was entirely consumed in seven days, amidst extraordinary distress: during the next eight days, though in absolute want of food and drink, and exposed in an open boat, the whole survived; but after obtaining relief some of them perished. Capt. Bligh and eighteen men of the *Bounty* sailed a great portion of 3,600 miles in an open boat in stormy seas, on an allowance of one and a quarter ounce of biscuit daily; and sometimes when a bird the size of a pigeon was caught it served for a meal to the whole crew. Sir William Hamilton, in an account of an earthquake which devastated Sicilly in 1783, relates that he saw two girls who were miraculously preserved in the ruins of a house; one had survived eleven entire days, and the other six, totally deprived of food.

The general effects of long fasting, from whatever source it may arise, as observed by Gmelin, Tiedemann, Magendie, Stark, and Chossat, are debility, gradually and constantly increasing loss of strength, wasting of the tissues, particularly the adipose and the muscular, derangement of the digestive apparatus, so that the system is not nourished by food subsequently taken, which food is often soon vomited, or passed off indigested by diarrhœa, a peculiarly fœtid state of breath, dry harsh skin, a tendency to bruise on very slight pressure, and a loss of animal heat: indeed, M. Chossat dwells particularly on the marked diminution of temperature which he finds to take place in starved animals, and infers that "the cessation of life is the consequence of the cooling of the body below

what is sufficient for the purposes of life ;" the mental faculties are not at first affected, but at a later period it is not unusual to notice alternating paroxysms of excitement and depression.

Dr. Beaumont observes—"There appears to be a sense of perfect intelligence conveyed from the stomach to the encephalic centre, which in health invariably indicates what quantity of aliment is naturally required for the purposes of life ; which, if noticed and properly attended to, would prove the most salutary monitor of health, and the effectual preventive of disease." The feelings of hunger, limited to the digestive organs, are a sense of pressure, motion, contraction, qualmishness, borborygmi, and finally pain. But any violent emotion, or the concentration of ideas on one particular object, is capable, for a time, of rendering us regardless of these monitions. Again, there is a state of the digestive organs, in which they either do not secrete the fluid destined for the solution of the aliment, or they are in such a condition of irritability or atony that, by the mechanical irritation of the food, painful sensations and irregular motions are excited, and this readily accounts for the unwillingness of dyspeptic persons to take a proper amount of aliment. When we consider that these causes may both operate in the same individual to prevent the proper reception and assimilation of food into the system, how natural is it for us to conceive that such, occurring with a diseased mind, may lead to the obstinate refusal of food.

Perhaps it will not be amiss to mention some of the observations that have been made by experimenters on the quantity of food necessary for the support of life. It is recorded of Cornaro that he lived for fifty-eight years on twelve ounces of food, principally vegetable, and fourteen ounces of light wine, daily. An avalanche overwhelmed a village in Switzerland, and entombed three women in a stable, where there was a she goat and some hay : they survived thirty-seven days on the milk afforded them by the goat, and were in perfect health when relieved. Dr. Willan mentions that in 1786 a young man, a religious visionary, supposing himself labouring under some inconsiderable complaints, thought to operate a cure by abstinence. He lived on from one half pint to a pint of water and the juice of two oranges daily for sixty days, employed in reading and writing, taking no exercise, and sleeping little. On the sixty-first day he was seen by Dr. Willan ; he was then reduced to the lowest state of existence, and although his eyes were not deficient in lustre and his voice entire, he exhibited the appearance of a skeleton on which the flesh had been dried, and his physical decay was attended with manifest imbecility. With proper regimen he recovered in a few days so far as to be able to walk across the room, and his religious delusion vanished ; but on the seventh day from the commencement of this system his recollection failed, and he expired on the seventy-eighth day from the beginning of his abstinence. This case is unusually interesting, as orange juice, the *only* nutriment taken during sixty days, contains no nitrogen.

Dr. Carpenter met with a case in which the patient had fasted fifteen days before being compelled to take nourishment. The observations of Stark, who died a martyr to his enquiries, must not be disregarded. When he used twenty ounces of flour, and four ounces of oil or suet, four pounds of water, and twelve drachms of salt, he found he enjoyed his food, was perfectly well, and increased in weight at the rate of fifteen ounces a day. When he added four ounces to the quantity of flour, and omitted the oil, he lost weight at the rate of seventeen and a quarter ounces a day. When he lived on animal food entirely he lost weight at the rate of eight ounces a day. In his last course of experiments, using from twenty-eight ounces to two pounds of bread, and from four to twelve ounces of honey, he was seized with that illness which caused his death within a week.

The following cases, bearing on the refusal of food by insane patients, have fallen under my own observation during my official connection with the Devon Counnty Asylum, and are recorded from notes taken at the time.

Case 1. W. S, æt. 55. Admitted 13th Dec., 1853. Lived in the same service for twenty years ; but an examination of accounts having recently taken place in consequence of his master's death, the patient was discovered to have overdrawn his wages, a circumstance which appeared to have greatly preyed on his mind, so that three weeks before admission he became insane. He was exceedingly suicidal, and had attempted self-destruction by hanging. He did not sleep at night, refused food, and would not converse, nor answer questions. Expression haggard, pupils equal, head hot, skin harsh, tongue white, no abdominal tenderness, but kept exclaiming "Oh ! Oh !" "Bursting !" His breath was very fœtid, the vessels of the head were full and tortuous, and there was twitching of the zygomatic muscles. Subsequently he was attacked with diarrhœa, which was readily checked. From his own statement, and from his general appearance, it seemed likely that he had taken a good deal of mercury before his admission, From 26th December to 5th January, he progressed rather favourably, taking a small quantity of food voluntarily. He died on the 7th, having been in the asylum twenty-four days. Temperature of head the morning of his death, 83° F.; of abdomen, 84° ; of fore arm, 76° ; of tongue within the mouth, 84°. The treatment consisted of anodynes and nourishing stimulants.

Autopsy—Fifteen hours post mortem. Body in fair condition, heart enlarged, weighed sixteen and three-quarter ounces. The whole surface of the visceral pericardium opaque and thickened from old pericarditis ; aorta dilated and valves ossified ; chronic inflammation of the whole mucous membrane of the stomach, a large patch of grey discoloration occupying it to the extent of one-third towards the pyloric extremity. Mucous membrane not nearly so thick here as in the other parts, which were of a deep orange red colour, with uniform capillary congestion. Intestines congested in patches. Liver forty-seven and a half ounces in weight, and much contracted.

Case 2. J. S., æt. 56. Acute Melancholia. A good-looking man, above middle height. Admitted 2nd of February, 1852. His sister had destroyed herself about two months previously. The present attack was caused by grief at a series of misfortunes in his business. He fancied he ought not to eat any

food, but did not want to die. Intestinal action very sluggish, and breath very offensive. Pulse small, tongue brown and furred. He slept very little. Always said he could not take his food, but did not vomit it when swallowed. The treatment consisted of a mild course of blue pill, the continued use of small doses of copaiba, with a vegetable tonic, which appeared for a time beneficial, and subsequently quinine, red wine, and brandy, were given him. He was fed by mouth with a spoon, and beef tea enemas, combining a small quantity of laudanum, were injected into the rectum. An anodyne draught was also given him at night. He alternated considerably during his residence, and finally died exhausted, 6th August, 1852, having been in the asylum 161 days.

Autopsy—Twenty-four hours post mortem. Body in a very emaciated condition. Circumference of arm at largest part, six inches; of thigh at middle of the femur, ten inches. Anterior wall of abdomen sunk almost to the level of the anterior curvature of the spine, the ribs forming, with the crests of the ilac bones, a deep notch. Stomach small and contracted at each orifice. Coats soft and red, marked with chronic inflammation. All the intestines small and dark coloured, with chronic congestion. Colon contained fæces. Gall bladder distended and full of bile.

Case 3. J. C., æt. 32. A tall nervous woman, a native of Greenland. Admitted 1st Oct., 1851. Had been insane for two months, the attack having come on after typhoid fever. When brought to the asylum she was in a very emaciated, feeble condition. Head hot, skin dry and harsh, body very costive, pulse very quick, small and weak, lips parched, breath fœtid, great restlessness and insomnia. She refused all food. Could not be prevailed upon to speak. She continued in a typhoid condition. She suffered from internal piles, from which she lost blood. During the last few days of life palsy of the urinary bladder came on, requiring catheterism. She died twenty days after her admission.

Autopsy—Thirty-one hours' post mortem. Tuberculous deposit at the posterior part of the lower lobe of right lung. Coats of stomach softened, considerable congestion of the lesser curvature. The mucous membrane of the small intestines congested in patches.

Case 4. S. S., æt. 45. A short spare woman, with a pale languid expression. Admitted 4th Aug., 1849. She had been insane four years, the attack having been caused by grief at her mother's death. Was always a nervous hysterical woman, with strong religious feelings. Her appetite varied considerably. She always complained of a sense of fulness and distention about the epigastrium. Was often sick after meals, and subject to bilious attacks, but had no unwillingness to take food on account of any delusion respecting it. She frequently vomited a sanguineous fluid at the catamenial periods. Breath very offensive, tongue often covered with a yellow fur. Alvine evacuations resembling those passed by an infant. For some time before her death she could take but very little nourishment. Towards the close of life she was attacked with diarrhœa. The residence in the asylum was 905 days. The treatment consisted in sinapisms and blisters to the epigastrium, and the administration of light nourishing diet and stimulants.

Autopsy—Thirty-six hours post mortem. Omentum adherent to caput coli and ascending colon. Pyloric extremity of stomach very much narrowed by hypertrophy of the normal structures. The contraction was so great as to admit of nothing larger than a No. 12 catheter without force. Lining membrane very much congested, and considerably softened. Small intestines diminished in size, and lining membrane tinged with bile. Colon contained no fœcal matter.

Case 5. F. R., æt. 53. Admitted 31st July, 1852. In a very emaciated feeble condition—so much so, indeed, that she was in a state of syncope when removed from the vehicle in which she had been brought. She had been in a very destitute condition for six months, and latterly had refused all food, believing it to be poisoned. During the six weeks before her admission the quantity of food she was said to have taken was incredibly small. Her bowels were inclined to be torpid. After her admission wine, eggs, and brandy were administered to her in small quantities and at short intervals. Her mind became more tranquil, and she slept a good deal from small doses of morphine; but her bodily condition never improved, and she died on the 12th of August, having been under treatment thirteen days.

Autopsy—Twenty-six hours post mortem. The heart presented the appearance of old pericarditis, and the left lung of old pleurisy. The mucous membrane of the stomach was much softened, and of a yellow colour, perhaps stained by yolk of eggs, which she had taken shortly before death. The fundus and large curvature were mamillated, as if from chronic inflammation. The ilium was greatly congested, of a dark red colour, and empty.

Case 6. A. D., æt. 68. Admitted 5th April, 1853. In a very pale and emaciated condition. Appetite indifferent—though she expressed a great desire for food. Her voice was husky, and she had a hacking cough. For a considerable time during her residence in the workhouse, from which she was brought, she had been in the habit of exchanging her food for snuff, and had taken very little to eat. Her strength gradually declined. She was attacked with obstinate diarrhœa, and died completely exhausted six days after her admission

Autopsy—Twenty-four hours post mortem. Body much wasted. Right lung burrowed with vomicæ. Mucous membrane of stomach pale and softened. A patch near the pyloric orifice the size of a shilling, almost black, without increased vascularity either underneath or around it, presenting very much the appearance of incipient gangrene.

From the preceding statements we may, I think, deduce the following conclusions:—1st. That, as a general rule, the sane are capable of enduring a more prolonged period of fasting than the insane.

2nd. That after a long-continued fast there is not only a repugnance to food, but the stomach becomes intolerant of its presence, so that it is either vomited or passed off from the system undigested; and that when the system has become enfeebled by want of food, the patient sinks even if a sufficient amount of aliment be afterwards taken.

3rd. That we should, at an early period, have re-

course, if necessary, to compulsory measures to introduce food into the stomach, and that this object is better accomplished by passing it through the fauces by means of any ordinary funnel than by the use of a stomach pump, this measure being attended by less trouble to the operator, and less inconvenience and danger to the patient.

4th. That the nutriment given should embrace all the alimentary principles, as represented in nature by milk, and should be contained in as small a compass as possible.

5th. That cases complicated with gastric disorder are much more difficult to overcome, and dangerous to life, than others where the refusal of food depends only on the peculiar mental condition of the individual, in which latter case attention to the state of the general system, sedatives, local counter-irritants, and moral influences, will generally effect a cure.

And lastly, That the debilitated state of the system, caused by inanition, being productive of a tendency to abrasion, attention should be given at an early period to prevent this result. I must add that I have elsewhere seen, in two instances, sloughing of the cornea occur in cases of starvation.

In the above cases the appearances of the encephalic organs have, for the sake of condensation, been omitted in this statement. In all the cases, however, the brain was found considerably diseased, presenting more or less atrophy of its substance, with a corresponding amount of subarachnoid effusion. It would have been easy to have added to the above a considerable number of cases, in which the same treatment was terminated by recovery. In all the above cases it is probable that, at the period of admission into the asylum, the amount of structural change in the coats of the stomach was considerable.

In those which recovered it is fair to assume that these changes did not exist, or that they were so slight as to be removeable by the means at the command of the physician. These means may be briefly summed up :—

1st. The regulation of the bowels by enemata, mercurial alteratives, or astringents, with small doses of opium. The pulv cretæ c hydrarg and the pulv cretæ c opio form excellent remedies for this intention.

2nd. If there is tenderness at the pit of the stomach, the application of sinapisms and turpentine stupes. The condition of these patients generally forbids the use even of a few leeches.

3rd. The skin in these cases is always harsh and dry, and the warm bath is very beneficial, if the strength of the patient will permit its use; if not, tepid sponging must be substituted.

4th. Warmth and quietude must be ensured. The patient must be placed in a soft flock bed, and frequently warm water bottles, well wrapped in flannels, must be placed at his feet and sides. All muscular effort, even that attending the upright or sitting position, is prejudicial where a main object of treatment is to husband carefully the diminished powers of life. And, for the same reason, artificial warmth is useful and often necessary.

5th. But the most imperative indication is to supply the failing powers by food, or to maintain them by stimuli. The condition of the coats of the stomach in these cases is not of that active inflammatory character which would contraindicate the use of the latter agents; and, even if it were, the time comes when they must be given, or the patient will die at once.

In the Devon asylum, the combination of food and stimulus found most useful is that contained in the *London Pharmacopeia*, under the name of Spiritus Vini Gallici; namely, egg, brandy, and sugar. A few table-spoonfuls of this compound given warm is an excellent restorative. But well made beef tea, arrow-root made with boiled milk and with a dash of brandy in it, port wine negus, &c., require also to be given, and nutritive enemata must not be forgotten. The indications for the administration or the withdrawal of stimulus must be carefully watched. These cases strongly resemble cases of typhus fever, not only in many of the symptoms, but in the indications for treatment; and, as in that disorder, no strict rules can be laid down for the employment of stimuli and nourishment; the tact of the physician must guide him in their employment. They must, however, be given a little at a time, and frequently; and it deserves remark, that in this kind of cases difficulty seldom arises in the administration of food from the resistance of the patient. If his nurses are soothing and skilful, he will take the food from a spoon or a child's pap-boat; if he will not, it may be passed through the nares into the pharynx: but this expedient is seldom needful. The cases, in which the introduction of food into the stomach forms the most perplexing part of the treatment, are widely distinct from those under discussion. Such cases owe their origin to delusions of various kinds; to suicidal intentions; and to the fear of poison; to the idea of expiating a crime; or of deserving credit in heaven for self-inflicted suffering on earth. In such cases, if brought under treatment before abstinence has produced organic disease of the stomach, the abstinence is always curable; but, if they are neglected, they tend to pass into the form of disease which has been the subject of this paper. The self-imposed abstinence eventually causes disease of the gastric coats; these become atrophied, and then the cases are identical with those here recorded, and all treatment is in vain.

It is probable that softening of the coats of the stomach results from emaciation of the body in general, and that it is intimately connected with advancing decay of the nervous centres. The frequent occurrence of softening of the coats of the stomach after ramollissement of the brain is a fact noted by Rokitanski; and it is one deserving investigation in cases like the above, as it affords an obvious clue to the greater danger of prolonged fasting where there is disease of the cerebral organs, than when they are healthy.

On the Non-Restraint System, by Robert Gardiner Hill, Esq., *Eastgate House, Lincoln.*

In a recent review of the answers of the medical officers of asylums, published in the Eighth Report of the Commissioners in Lunacy, it is objected that "many

of the gentlemen who have forwarded replies to the Commissioners, and who have expressed an unqualified opinion in favor of non-restraint are men of but limited experience, having but for a short time been practically engaged in the treatment of the insane. Again, a few of the medical men who answered the circular of the Commissioners, are in the habit of admitting into these houses a limited number of 'nervous invalids,' a quiet class of patients, not at all likely to require the application of mechanical restraint in their treatment. The evidence of these gentlemen is not, therefore, of much value *quoad* the question at issue."

Now the total abolitionists are, as a class, men of great experience, chiefly superintendents of County Asylums. In fact, the system of non-restraint appears to be almost universal in the English County Asylums, (Yorkshire excepted) and in the Scotch Asylums. In England and Wales alone there are already 8761 patients resident in asylums where the system of non-restraint is fully carried out, and there are also 2032 patients resident in other asylums, where non-restraint is and has for many years been practised, but in which the superintendents are not prepared to say that some extreme case may not arise in which restraint may not be imperative.

It also appears that several of those who advocate restraint are the *proprietors* of asylums, and not the *resident superintendents*, and that most of those who receive into their houses "nervous invalids," will be found in the list of advocates for restraint. It appears from the replies that these gentlemen have under treatment 3729 patients only. I feel quite certain that most of these gentlemen would become the staunchest advocates of the non-restraint system, if their accommodations, their staff of attendants, and their general arrangements were in no degree stinted or insufficient. It is, as the Commissioners truly state, (see eighth Report, page 42) a mere question of expense.

In the above mentioned review of the Commissioners Report, the names of Drs. Bucknill, Oliver, and Thurnam, and of Messrs. Millar, Wilkes, Green, and Parsey, have been placed in the list of advocates for restraint, because they assert that cases may arise in which restraint may be imperative, although one of them (Dr. Bucknill) states, "that mechanical restraint in the treatment of the insane is like the actual cautery in the treatment of wounds, a barbarous remedy, which has become obsolete from the introduction of more skilful and humane methods." The "exceptional and desperate cases" named by the above named gentlemen are attempts at self destruction by beating the head against the wall, and cases of perverted instinct, for instance, "a patient manifesting a determined propensity to gnaw his own flesh." The safest remedy for the first case would be the padded room, whilst in the latter case it would be necessary to exercise great watchfulness. I would here ask, will mechanical restraint prevent a man from eating his own flesh? certainly not; no restraint, not even a muzzle, would prevent the lips being bitten off. Such cases are, fortunately, very rare. But those who advocate restraint are like drowning men, ready to catch at straws, and for one or two extreme cases would endanger the comfort and well being of thousands. They do not tell us of the mischievous effects of restraint, how many patients have destroyed themselves with the instruments wherewith they were confined? (for example, the cases at Lincoln and at Bethlem), how many patients have been strangled in straight waistcoats; or have received fatal injuries in the attempt to impose the instruments of restraint? nor do they tell us of the revengeful feelings created thereby. Of two patients, both under restraint, one was murdered by the other at the York Asylum. Even in this enlightened age, a man (Mr. Wilkinson, of Dunston lodge, near Gateshead) has been barbarous enough to horsewhip a poor creature whilst he was under mechanical restraint, and without his coat, and to sanction the extraction of two of his front teeth because he had bitten him on the arm, but not so as to draw blood. (See Commissioners' Eighth Report, p. 25.)

When I originated the system of non-restraint (1837) and lectured thereon, previous to which you will not even find the *term*, as applied to a system of treating lunacy, I never dreamt of including surgical cases, because all such cases require rest and quietude, and whether a man be sane or insane, bandages must be employed. In cases of feeding, it is not necessary to confine the limbs mechanically; *but in abolishing restraints in lunatic asylums it was clearly understood to refer only to those cases in which it had been usual, when patients became refractory, or violent, or suicidally disposed, to confine the limbs for safety.* I cannot see why a man should be ranked amongst the advocates for restraint because he calls to his aid bandages in the treatment of a broken limb.

On more than one occasion, great injustice has been done to Dr. Conolly by psychological writers, by assertions that Dr. Conolly is still an advocate for restraint in certain cases; whereas Dr. Conolly, in his Fourth Report of the Hanwell Asylum (1842)distinctly states, "that the management of a large asylum is not only practicable without the application of bodily coercion to the patients, but that after the *total* disuse of such a method of control, the whole character of an asylum undergoes a gradual and beneficial change." The same paragraph contains an acknowledgement that he had adopted the plan from the Lincoln Asylum.

With regard to Dr. Kirkman of the Suffolk County Asylum having stated that in his asylum "all instruments of mechanical restraint were destroyed more than *twenty* years ago, and they have neither been used or required ever since," (see the Eighth Report of Commissioners, page 139) I shall merely give an extract from his own report, published in 1840, to shew the system which in that year was practised in the Suffolk County Asylum. "All personal confinement is invariably removed on the entrance at the gate, and it is very *rarely* indeed had recourse to again, even for an hour. *Whenever it becomes really necessary, as in the case of the determined suicide*, at night, it is of the gentlest possible kind that an effective guard can be. There are institutions where even this is said to be superseded by the employment of a night watch; but with our

present system of management it would be foolish to suggest such an idea; and it is very questionable if the general disturbance it must occasion to those who sleep lightly and wake easily, for perhaps a solitary benefit, is not an insuperable drawback on any of its supposed advantages." (Second Annual Report of the Suffolk Lunatic Asylum, by Dr. Kirkman, 1840.)

I think from the above extract, it will be clear to all your readers, that in 1840 (and the two following reports shew that in the two following years restraints continued to be occasionally employed), Dr. Kirkman did not consider that in the treatment of his patients mechanical restraints could in all cases be dispensed with.

Cutaneous Discolorations resembling Bruises occurring to the Insane, by J. C. Bucknill, M.D., *Medical Superintendent of the Devon County Asylum.*

It has several times happened to me during the earlier years of my asylum experience, to observe the occurrence of what appeared to be extensive bruises in the persons of feeble and helpless patients, who were in the hands of skilful and attentive nurses, and in whom such occurrences perplexed not less than they shocked me; as I am now distinctly convinced that these appearances were not owing to external injuries, as I can find them nowhere alluded to in books, and as their repetition is calculated to lead to unfounded suspicions, I think a few observations respecting them appropriate for the pages of this Journal.

The two following cases will be sufficient to illustrate the subject. J. N. a female patient, aged about fifty-five years, with acute dementia, and very feeble bodily health; for some time before admission had little nourishment as she refused food; was unable to walk or to sit without support; after a week in bed a bruise on the arm was reported, which, on examination, was found to extend all round the arm to the side of the shoulder and the neck. It was in the last degree improbable that this patient had fallen out of bed at night; she had been under constant surveillance; and even supposing neglect to have taken place, she was so weak as scarcely to be able to move without assistance; besides the discoloration extended to parts which could not have been affected by external violence. The discoloration was uniformly purplish there was a total absence of abrasion of the skin, or tumefaction or hardness of the subjacent tissues. The patient had reclined on the discolored side entirely. She was made to lie on the other side, and in a few days the discoloration disappeared.

E. G. a pensioner, late in the 13th Dragoons, aged forty. General paralysis, with extreme excitement; paralytic symptoms extremely rapid in their progress; speech unintelligible; the catheter required daily; ulcers between the fingers produced by a habit of clasping the hands, the fingers interlacing; the teeth constantly ground together with a noise like the cry of the corn crake; cannot stand; position in bed supine.

A fortnight since a bruise on his gluteal region was reported; on examination a large purple discoloration of this part was seen, which a few years ago I should at once have pronounced to have been produced by external violence, and even in the present instance I was not sure that the patient had not suffered a fall; a bruise however on this soft cushion is not easily caused by a fall; a few days' observation made the nature of the case abundantly clear; the discoloration which was quite plum color, crept upwards to the loins and downwards to the thighs, it then extended over the sides and front of the thighs and the lower part of the abdomen: by the time the discoloration had reached the front of the thighs it was already beginning to fade in the part where it first appeared, and at the present time it has disappeared altogether, except in the hollow of each thigh, where it is putting on the autumnal tints which bruises wear in their decline.

The discoloration was uniform in each part as it became affected; the cuticle was carefully examined through lenses, and found to be entire and uninjured; the cutis and subcuticular tissue was perfectly natural in its feeling between the finger and thumb, there was evidently no thickening from effusion in them; on the lower part of the thighs and legs there were some smaller spots of discoloration exactly resembling the vibices of scurvy.

From the following reasons I come to the conclusion that these discolorations are not produced by external violence, but that they are pathological changes, strictly analogous to the maculæ of scurvy.

1st.—They extend to parts where it would be difficult for external violence to be applied, and impossible for it to be applied at the same time. What possible application of violence could at the same time bruise the whole circumference of the lower part of the trunk and of both the thighs?

2nd.—The discoloration is uniform in the parts affected at the same time; whereas bruises present different degrees of change, according to the degrees of injury inflicted; and although these may not be evident where the discoloration is deepest, it never fails when this is fading to produce the well known mottled appearance.

3rd.—The discoloration is not accompanied by injuries to the cuticle, or effusions causing induration of the cutis, or subcuticular tissue. To ascertain the first of these facts examination through a lens is necessary; for the latter the sense of touch, pinching the skin up between the finger and thumb is sufficient. In a true bruise there is very generally either some abrasion of the cuticle, or some injury followed by swelling and induration of the parts beneath it. If the violence by which it has been caused has been sudden, and superficial, the cuticle will be abraded; if it has been applied with more weight and slowness, the deeper tissues will have been injured.

4th. These discolorations take place on persons whose constitutional powers have been greatly enfeebled, and in whom there is little doubt of the existence of a blood dyscrasia. They are the same kind of patients as those in whom the blood tumour of the ears takes place, so admirably described by Dr. Arlidge in the pages of this *Journal*. If their persons be strictly examined, blotches or vibices closely resembling those of scurvy may not unfrequently be discovered. This however is not invariably the case.

According to my experience these discolorations have passed away more rapidly than bruises do, and without any treatment. They appear to indicate a serious condition of blood dyscrasia, generally I fear not amenable to treatment, since it is a consequence of a derangement of the nutritive processes following incurable nervous decay. The chief importance of the recognition of the true nature of these discolorations is to prevent needless suspicion or unjust censure attaching to the attendants under whose charge such patients are placed. No one can be less inclined than myself to shield attendants upon the insane from censure or punishment for any neglect or inhumanity; but in order to know when such are really deserved we must be able to recognize every kind of pathological change for which attendants cannot be answerable. An instructive instance proving this necessity occurred to me recently, which I shall not refrain from giving, although the blunder may make me the subject of a laugh. A nurse reported that a patient recently admitted with acute mania had bruises on her legs. I looked at her legs and saw them covered with dark reddish marks; the nurse said she must have been kicked but she knew nothing about it. I of course said that she ought to know and censured her severely, said that if such an occurrence took place again I should feel it my duty, &c., and placed the patient under a more trustworthy attendant. In a few days time the marks had neither got better nor worse, and I felt considerably puzzled; but soon the patient's mind became a little more tranquil, and she told us that the marks had been there all her life; they were in fact mother's marks, *taches de naissance.*

On the Progressive Changes which have taken place since the time of PINEL *in the Moral Management of the Insane, and the Various Contrivances which have been adopted instead of Mechanical Restraint, by* DANIEL H. TUKE, M.D., *Assistant Medical Officer of the York Retreat.* Churchill: 8vo. pp. 119.

IT is with great pleasure that we see the honored name of Tuke still associated with the Retreat, and advocating in authorship the highest principles in the treatment of the Insane.

Old William Tuke, who labored at his glorious task to the age of ninety, set about founding the first institution established for the humane treatment of insanity in the spring of 1792, being the very period when Pinel first engaged in his reforms at the Bicêtre. In 1813 his grandson, Samuel Tuke, published that remarkable Report on the Retreat, in which the new system of treatment first became known to a wondering public. In 1814 this Report was reviewed in the Edinbro' by no less a person than the Rev. Sidney Smith. An amusing piece of literature is this Review—not merely on account of the racy humour which pervades all the writings of its author, but also on account of the evident struggle taking place between the prejudices of the staunch churchman, and the warm generous heart of the man. It must be owned that the orthodox part of the reverend gentleman's individuality had the worst of it. He has indeed a joke here and there about statistics made hard for the Quaker market, &c., but it must be allowed that on the whole a warmer encomium on the practical philanthrophy of the Quakers has seldom been penned.

We shall venture to give one or two brief quotations, very remarkable when we consider the early period at which they were written:—

"The Retreat for insane Quakers is situated about a mile from the city of York, upon an eminence commanding the adjacent country, and in the midst of a garden and fields belonging to the institution. The great principle on which it seems to be conducted is that of kindness to the patients. It does not appear to them, because a man is mad upon one particular subject, that he is to be considered in a state of complete mental degradation, or insensible to the feelings of kindness or gratitude. When a madman does not do what he is bid to do, the shortest method to be sure is to knock him down; and straps and chains are the species of prohibitions which are the least frequently disregarded. But the Society of Friends seems rather to consult the interest of the patient than the ease of the keeper, and to aim at the government of the insane by creating in them the kindest disposition towards those who have the command over them. Nor can anything be more wise, humane, or interesting, than the strict attention to the feelings of their patients which seems to prevail in their institutions.

"An attendant upon a madhouse exposes himself to some risk—and to some he ought to expose himself, or he is totally unfit for his situation. If the security of the attendants were the only objects, the situation of the patients would become truly desperate; the business is, not to risk nothing, but not to risk too much. The generosity of the Quakers, and their courage in managing mad people, are placed by this institution in a very striking point of view.

"Upon the whole, we have little doubt that this is the best managed asylum for the insane that has ever yet been established.

"The Quakers, it must be allowed, are a very charitable and humane people. They are always ready with their money, and, what is of far more importance, with their time and attention for every variety of human misfortune.

"They seem to set themselves down systematically before the difficulty, with the wise conviction that it is to be lessened or subdued only by great labour and thought; and that it is always increased by indolence and neglect. In this instance they have set an example of courage, patience, and kindness, which cannot be too highly commended or too widely diffused; and which we are convinced will gradually bring into repute a milder and better method of treating the insane. For the aversion to inspect places of this sort is so great, and the temptation to neglect and oppress the insane so strong, both from the love of power and the improbability of detection, that we have no doubt of the existence of great abuses in the interior of many madhouses. A great deal has been done for prisons; but the order of benevolence has been broken through by this preference—for the voice of misery may sooner come up from a dungeon than the oppression of a madman be healed by the hand of justice."

But we must stop, or it will be said that we are

reviewing William Tuke by proxy, instead of giving our commentaries upon Daniel. Our apology must be, the gratification which it is to find that the noblest honors are sometimes hereditary, and that hereditary honors exist even among the Quakers. For that our present author does support and will support the reputation of his predecessors is sufficiently evident from the pages before us.

Dr. Tuke's first chapter contains aa account of the treatment of the insane prior to Pinel's time, and the horrible and revolting tortures, alternating with neglect as cruel, to which they were systematically subjected by the monks and other religious persons to whose custody they were then consigned. He mentions the expressions of opinion adverse to this treatment by St. Vincent de Paul, Tenon, and the Duc de la Rochefaucauld. He does not however appear to have been aware of Pinel's real rival to the claim of priority, not only in opinion but in practice, namely M. Daguin, a physician of Chambéry, who in 1791 published a book "*On the Philosophy of Madness, in which it is proved that this Malady ought to be treated by Moral rather than by Physical means.*" In this book Daguin earnestly advocated the abolition of the imprisonment of the insane in cells, and their coercion by chains; instead of which he proposed that they should be allowed a great degree of freedom in a spacious and agreeable enclosure in which they should be permitted to wander at will, and respire the fresh air in freedom. Daguin actually liberated many lunatics from their irons, and found that a promenade in the court of the hospital tranquilized and improved their condition in an extraordinary degree. In 1804 he published a second edition of his work, which he dedicated to Pinel. Pinel published his "Medico-Philosophical Treatise on Mania" in 1801, but he never referred to the labors, literary or practical, of the provincial physician. The metropolitan lights of science are too apt to ignore the existence of mind in the provinces. We have heard of such things being done even in this country. M. Daguin has found a champion in M. le Dr. Guillaud, and the latter has found an honorable and impartial reviewer in M. Brierre de Boismont, who concludes thus: "One experiences a painful astonishment at finding the first edition of Daguin, published on the borders of France and in the French language, *ignored* by Pinel, who cited so many other authors, ancient and contemporary. And this astonishment is redoubled when one finds the same silence pursued in the edition of 1809, and in his other works, although in 1804 Daguin had dedicated his second edition to Pinel. Can it be true that a secret corner exists in the heart of the most illustrious men, in which they conceal the weaknesses of our nature? And would it be correct to reckon in the first rank of these weaknesses the inability to pronounce or to write the name of a rival, an act which a modern author has so justly called *the conspiracy of silence?*" 'Tis a painful thing to find that any reproach can attach itself to the name of Pinel, canonized as it is in the records of mental science; but sooner or later outraged justice will have its nemesis, and so it has been in this instance.

Dr. Tuke's second and third chapters are on the opinions of the French and German physicians, respecting restraint and on the conditions of the asylums under their charge. Dr. Tuke has visited many of them, and the account of his personal impressions on many of the German asylums is especially interesting. From a perusal of these chapters the reader will draw the conclusion, that although the opponents of the non-restraint system may unjustly state that excessive shower baths and other violent means of coercion are used as substitutes for restraint: the real truth is, that the physicians who defend and practise the use of restraint, are *also* in the habit of employing the douche and other painful appliances of cold water, with other harsh and unjustifiable measures of coercion. Of Professor Ideler, the *facile princeps* of the alienists of Prussia, and a stout impugner of non-restraint, Dr. Tuke says: "Professor Ideler's apparently humane character and kind manner towards the patients form a striking contrast to his system of treatment. *The application of the douche is particularly cruel, and I witnessed it with feelings of indignation and disgust.*" p. 46. Unfortunately perhaps, Dr. Tuke does not describe what he witnessed; but this omission we can remedy, from a paper by M. le Dr. Moreau of Tours, in the October number of "Annales Medico Psychologiques." M. Moreau, who calls the non-restraint system an idea *toute Britannique*, and says it is an illusion and a lie (*mensonge*), admires Professor Ideler's *douche* so much that he has imported it into France to the Bicêtre. He writes that Ideler is particularly fond of (*affectionne plus particuliarement*) the *douche* of cold water on the vertebral column: that for its employment he has had a chamber constructed of water-tight walls, into which the patient is turned naked and unbound, while one of the assistants, standing on a platform, directs the jet of water projected with considerable force, generally against the back. This is at Berlin. At Vienna M. Moreau, writing of the new asylum there, says that a "A large room is devoted exclusively to the administration of the *douche* in all its forms; the simple jet, the sheet of water (*jet en nappe*), and the divided jet (*arrosoir.*)" He adds, that "*they have taken pains to isolate this room, so that the cries of the patients cannot possibly be heard outside.*" M. Moreau describes all the arrangements of this "*splendid palace*" in terms of praise. Should he import the *sâlle des douches* to the Bicetre, we venture to recommend upon acoustic and other principles, an improvement upon its isolation, namely, that he should find for it an appropriate subterranean locality.

Well may M. Moreau say in words which, by slight transposition become doggrel—

"L'eau joue grand rôle comme chacun sait,
"Dans la therapeutique des aliénés."

Doubtless under the treatment which M. Moureau records with approval, his experience of the insane has been of a nature to justify his distrust of the non-restraint system. It is a system however, which with one or two exceptions is in actual practise in all the public asylums in this country, and M. Moreau would have shewn more philosophic impartiality, to say nothing of politeness, if he had investigated its practical operation before he had denounced it as a delusion and a lie.

With such opinions respecting treatment, one may guess the kind of relations likely to arise between himself and his patients, though that is a subject upon which he does not dwell. The following sentence, however, shews the feelings of patients towards attendants under the system approved of by this physician. "Is it not, moreover, evident to any person who has had experience of the insane, that nothing is more likely to exasperate a patient than the eternal presence, the abhorred sight of the keepers, whom he always beholds through a prism of deliriant conceptions, and whom he makes out to be so many executioners, assassins, and demons? Imagine if you can the torture of a wretch placed in such conditions."

Very true. Under the system formed by restraint and the things which accompany it. What more natural than that under such circumstances the insane should look upon their keepers as executioners, assassins, and demons? But under the new English system the delirious conceptions of the insane do not take this direction. Under it the insane cling to their attendants as companions, protectors, and friends; and the moral atmosphere of the asylum is wholly changed, from the physician downwards.

Had M. Moreau taken as much trouble to observe the non-restraint system, practised in England, as he has devoted to the study of the intimidation and coercion system in vogue in Germany, he might have entertained doubts respecting his own ability to carry it into execution–[for a person who adopts Ideler's practice could scarcely attach himself to the reverse]; he could not have denied its existence.

But to return to Dr. Tuke, at page 60, he points to the curious fact that the French physicians do make use of seclusion in addition to restraint, and at the same time:

"In speaking of and contrasting the French and English systems, M. Battel says that they (the French) have the waistcoat and seclusion—we, only the latter. But when M. Battel speaks of cells, or separate rooms, as being employed by the French, he is speaking of quite a different thing to what we in England mean by those terms. The *cellule* of a Parisian asylum is a single-bedded room; to confound this therefore with our carefully guarded, empty, padded rooms is obviously unfair. There is neither in the Bicêtre, nor the Salpetriére, a single separate room without a bed, and otherwise prepared for a violent unrestrained patient. Nor did I see one at Charenton. I cannot therefore admit that the French do employ seclusion—in our sense of the word: and when employed, I believe it is rarely if ever employed alone, but in addition to the waistcoat, &c. If a patient is camisoled, then fastened into a chair such as I saw at Charenton, and then placed in his bedroom, he is certainly secluded; but it is not the seclusion of an English asylum, where non-restraint is practised. Many of the argumnets used against non-restraint, including several employed by M. Battel, would cease to have any force if suitably prepared seclusion rooms existed. It is one thing to leave a violent, dirty, suicidal patient alone in his bedroom, and quite another to place him in a padded room, deprived of everything that he can injure, or by which he can injure himself, and subject to surveillance by means of an inspection plate. M. Battel fears a suicidal patient would attain his object by running his head against the wall—an apprehension perfectly well grounded in Paris asylums, but groundless if the patient be placed in a properly padded room, and is subjected to an efficient oversight. It must then be clear that if an experiment is to be made under the non-restraint system, it must be under the conditions specified by its supporters. Without them it is impossible to decide whether it is practicable or not."

Thus it appears that where the use of mechanical restraint is still adhered to, seclusion in the most severe and unmitigated form is *also* employed. Dr. Tuke's observations on this point are amply supported by the independent and valuable testimony of Dr. Van Leuwen. What then becomes of the arguments of those advocates of restraint, who maintain that its disuse is only effected by excessive shower baths, prolonged seclusion, &c. &c.; statements which are not only incapable of proof, but are utterly unfounded in fact. While on the other hand we have it on record, from the evidence of eye-witnesses, that at the present day, in institutions where mechanical restraints are still habitually used, not excessive shower baths, but *douches* exciting "indignation and disgust" in the beholder, and *cellules de force* of the most gloomy and wretched description, are used *in combination* with mechanical restraints. [See Dr. Van Leeuwen's Report to the States of Jersey.]

After sketching, with a rapid pen, the condition of the insane in England previous to the year 1814, which he says, with a few noble exceptions, we must regard as most deplorable, Dr. Tuke passes to the commencement of the experiments at Lincoln. He illustrates the successive improvements in treatment by extracts from the Minutes of the Lincoln Board, commencing with the year 1819, when a Rule was passed against the employment of restraints without the consent of the director. In 1829 the Board "Resolved—that it appears, after full enquiry, that ——— died in consequence of being strapped to a bed in a straight waistcoat during the night," and ordered that restraint should only be used on a written order from the physician for the month, and that if used during the night, an attendant should remain in the room. From this time to 1835 various entries are found relating to the destruction of various instruments of restraint, all tending to shew that the Board viewed their employment as a great evil. In March, 1835, is the entry—"*From this date all restraint whatever has been disused at Lincoln.*"

We shall quote Dr. Tuke's judicious observations respecting the share which Mr. Hill and Dr. Charlesworth had in this noble success:

"It would appear that the mitigation of restraint, as evidenced by these minutes (which commence with 1819), was ever the principle pressed upon the attention of the Boards of the Lincoln asylum by its humane and able physician, Dr. Charlesworth, at whose suggestion many of the more cruel instruments of restraint were long since destroyed, very many valuable improvements and facilities gradually adopted, and machinery set in motion, which has led to the unhoped-for result of actual abolition, under a firm determination to work out the system to its utmost applicable limits.

"Mr. Hill became house surgeon in 1835; and it will be seen by the table already given, that the amount of restraint, which in consequence of Dr. Charlesworth's exertions had so much decreased, became less and less under the united efforts of these gentlemen, until the close of the year 1837, when restraint was entirely abolished; and while on the one hand, as Mr. Hill frankly acknowledges, 'to his (Dr. Charlesworth's) steady support under many difficulties, I owe chiefly the success which has attended my plans and labours;' while Dr. C.'s great merit, both before and after Mr. Hill's appointment, must never be overlooked—it is only due to the latter gentleman to admit that he was the first to assert the principle of the entire *abolition* of mechanical restraint—as is stated in the paragraph quoted from the fourteenth annual report; which report is signed by Dr. Charlesworth himself.

"The experiment then commenced by Dr. Charlesworth, and completed by Mr. Hill, had resulted in establishing the *possibility* of the discontinuance of mechanical restraint, even for a longer period than at the York Retreat. And it led to the adoption on the part of not a few, devoted to the subject of insanity, of what is now so well known as the non-restraint system. However much it was practically discontinued at York, it was now for the first time laid down *as a principle*—that in *no case* was mechanical restraint necessary. '*I assert then, in plain and distinct terms, that in a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious, in all cases of lunacy whatever.*' [Hill on Lunatic Asylums, 1838.]

"This we repeat was a principle never laid down in this unqualified manner before; and never before was it accompanied by the practical exhibition of the principle in the total abolition of all personal restraint throughout an asylum."

The measure of desert of Mr. Hill and Dr. Charlesworth has been the subject of acrimonious discussion, the more painful because, all the facts being known, it was perfectly unnecessary. It is not denied that the whole proceedings at Lincoln were animated by Dr. Charlesworth, and that, being first in command there, he was the systematic promoter of all efforts to improve the condition of the lunatic. Nor is it possible to doubt that with Mr. Hill originated the conception of the total abolition of restraint, and that he first put it into practice; that he was not only the first man to think the thing possible, and to express that belief, but the first man also to make it an accomplished fact. On what substantial point, therefore, is dispute possible.

There is actually no standing ground for disputants. As well might one stimulate the animosities of human nature, upon the question whether Pope Leo or Buonarotti had the best claim to be the builder of the noble edifice which perpetuates the fame of both.

The physician who on the basis of non-restraint has constructed the new English system, has acted towards his predecessors in a manner very different to the one which Pinel observed, affording them praise and thanks in such terms as to prove him a single minded advocate for the insane, forgetful of his own claims in the earnestness of his demands for them.

Dr. Tuke concludes his chapter on Lincoln, with the observation that—

"For a time there were certainly some drawbacks to the success of the Lincoln experiment, from the serious physical effects (such as broken ribs, &c.) which occasionally resulted from the struggles between attendants and patients, and it is highly probable that had not the experiment been carried out on a large scale at Hanwell by Dr. Conolly, with much greater success, that a reaction would have ensued of infinite injury to the cause of the insane."

The sixth chapter is made up of quotations from reports, and the seventh is devoted to the contrivances adopted instead of mechanical restraint; a task imposed upon him by the subject of his Essay, a task which we think he would have done wisely to have repudiated, for restraint has not been replaced by any *contrivances* whatever.

We must now take leave of Dr. Tuke's interesting book without mentioning that it is an Essay to which a prize was adjudged by the Society for Improving the Condition of the Insane.

The Secretary informs us in the dedication that the Society is a private one, we may therefore fairly hold ourselves excused for ignorance of its existence, and of the legitimate objects of its utility. We are told however that it is an old friend with a new name, namely, the quondam Alleged Lunatic's Friend Society. It has done good public service in the publication of Dr. Tuke's book, the merits of which are intrinsic and genuine.

J. C. B.

[We insert the following letter with readiness; although our readers will observe from Dr. Conolly's valuable communication to our present number that as far as the correction of his mistake is concerned it was unnecessary. That Gentleman must indeed be rejoiced to find that the system which owes its establishment to his exertions, is the subject of contention for the priority of its employment; an honorable contention affording homage to the merits of the system.—Ed.]

To the Editor of the Asylum Journal.

Sir,—In Dr. Conolly's 'Notice of the Eighth Report of the Commissioners in Lunacy,' inserted in your last number, there is a paragraph which contains an inaccuracy. It is in reference to the introduction of the non-restraint system into the Northampton General Lunatic Asylum. I will quote the passage.—"I may myself add, as respects the female side of the Hanwell Asylum, under the successive superintendence of my valued friends, Dr. Davey, Dr. Nesbitt, Dr. Hitchman, and Mr. Denne, mechanical restraint was never resorted to; and that the first three of these physicians have since shewed their unqualified approval of the non-restraint system by introducing it at the Colney Hatch Asylum, the Northampton Asylum, and the Asylum for the County of Derby."

Now as respects the Northampton Asylum, I cannot understand how Dr. Conolly could have fallen into such an error. Dr. Conolly may point to Col-

ney Hatch and Derby as instances where the non-restraint system has been successfully introduced by officers of his own training, but the great principles involved in this system, and which, undoubtedly, Dr. Conolly by his writings and exertions, has done much to uphold, were practised at Northampton long before Dr. Nesbitt's time, and were derived neither from Hanwell nor Lincoln.

The Northampton Asylum was opened in Aug. 1838.

Within twelve months of that date, the system of non-restraint existed and was in full operation there. Indeed I may assert that from the very first it was adopted in spirit, and would have been carried out to the very letter, had circumstances permitted. Dr. Nesbitt was appointed superintendent in 1845, upon the resignation of the late Dr. Prichard, who had organized and opened the institution in 1838.

The exertions of the late Dr. Prichard and the condition of the Northampton Asylum at the time the question of non-restraint was being so fully agitated, have not often been adverted to in the discussions that have since taken place. They were known, however, and appreciated by some who took a deep interest in the movement. The opposition both at Hanwell and Lincoln was violent and determined, and it is not impossible that the example set by Northampton at that time, may have contributed to the successful issue of the question at both these Institutions. I feel, therefore, that it is only due to the memory of those passed away from amongst us, not to permit such an error as that of Dr. Conolly's to remain uncorrected ; and to substantiate what I have advanced, I shall add extracts from the Visitors' book of the Northampton Asylum, proving that the non-restraint system existed there previously to 1845, the year of Dr. Nesbitt's accession to office.

"Oct. 13, 1839. I have visited this establishment with much satisfaction. *The entire absence of restraint* with the general prevalence of order and quiet are very striking. SAMUEL TUKE."

"March 4, 1840. I have derived very great gratification from my visits to the asylum. *The entire absence of restraint is a very remarkable feature*, and this circumstance as well as great cleanliness of the house, reflects the greatest credit, &c., &c. FITZWILLIAM."

"Feby. 16, 1841. Visited the house, nothing can exceed the cleanliness and order that prevail, &c., &c. I did not find one patient under restraint.

ROBERT WEALE, *Asst. Poor Law Commissr.*"

"Feb. 28, 1842. The entire abolition of restraint in this asylum, as regards the higher as well as the lower classes of patients, practically demonstrates that which some speculators have theoretically doubted, &c.

JOHN ADAMS."

Oct. 10, 1843. We have been particularly struck by the judicious classification and the ample attendance, by means of which, the superintendent has been enabled to carry into successful operation, the principle of non-coercion, &c., &c.

R. W. S. LUTWIDGE, } *Commissrs. in Lunacy.*"
J. C. PRICHARD, M.D. }

The reports are all in the above style to Sept., 1845.

I am, Sir, your obedient servant,

THOMAS PRICHARD, M.D.

Abington Abbey, Northampton, Nov. 17, 1854.

Died at Hanwell, 27th December, MR. WILLIAM CLIFT, for many years the Steward of that Asylum. The state of his health had been for some time such as to alarm his friends; they were however not altogether prepared for the ultimate rapidity of his decease.

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 1st day of February next.*

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" Si quid novisti rectius istis
" Candidus imperti, si non, his utere mecum."

THE ASYLUM JOURNAL,

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CONTENTS.

Life in Lunatic Asylums.—The London Quarterly Review.

There are few subjects on which a book could be written more interesting to thoughtful men than the experiences and confessions of a recovered lunatic. If such an one could remember with distinctness, and relate with perspicuity, the various phases of intellectual aberration and of emotional perversion through which he had passed, he might produce a work capable of competing for public favor with the confessions of an English Opium Eater. And if he had accelerated his own progress towards convalescence by energetic attempts to regain self-control, he might rival the lesson of self-victory taught in that astonishing production.

If during his mental illness he had been a resident in one or more of those institutions devoted to the care and cure of such patients; institutions at the present day regarded by the public with much interest not unmixed with awe; he might record the authentic details of his life there in a manner certainly not less instructive and amusing than the details of the sailor's life, given in Dana's popular book, "Two Years before the Mast." A few years since the public were amused by the "Confessions of a Water Patient," from the pen of no less eminent an author than Sir E. L. Bulwer. Why should not some other literary invalid, in whose organization the cerebral functions have proved weaker, than those of the more ignoble parts of the body, and have been the first to fall into disorder, why should not such an one imitate Sir E. L. Bulwer's example, and give to the world an accredited account of his sensations and his perceptions, his sorrows and his joys, his pleasures and his pains, during his residence in a phrenopathic institution? A difficulty does indeed exist in the fact that phrenopathy is not so fashionable as homœopathy; and we are indeed the slaves of fashion, the frightened devotees of appearances.

The last number of the *London Quarterly Review* contains an article, written under the circumstances we have supposed. The author admits very candidly, "It is not [our experience shews] an easy thing to get out of an asylum unless there be complete restoration to health." From this passage we must infer that, unless the article has been penned within the actual precincts of an asylum, the writer is in the full possession of his mental faculties. And it is not without reason that he makes this assertion, and claims for his writings the authority of sane authorship. This passage may also explain why mind-cure institutions are not often painted by their late inmates in such uniformly roseate colors, as the water-cure institutions above referred to. At the latter places, when the exhausted victim of business or pleasure is tired of mental quietude, regular exercise, moderate diet, mountain air, and pure water, he pays his bill (there

are no bad debts in *fashionable* medicine), and takes his leave whenever he pleases; without the formality of an official *exeat*, and notwithstanding Dr. G.'s opinion, that further residence may be of the utmost benefit. Not so with our friend in the other place: though he may be the proudest man in existence, he is generally compelled to remain, until "there be a complete restoration to mental health." *Hinc illæ lacrymæ!*

We are sorry to confess to great disappointment in the perusal of "Life in Lunatic Asylums." It is by no means the simple trustworthy narrative which would have commanded our deepest interest; it is a gossiping review article, apropos of nothing, except the doggrel verses of the insane, and a collection of cases, related not for instruction but for effect. And here we should take leave of the *London Quarterly* and its contents, had not our author rushed headlong into the discussion of a subject, which needs no small degree of discrimination and special knowledge. Of course we allude to the employment of seclusion and restraint. The reviewer pronounces boldly in favor of the latter, and when a physician who condemns its employment makes use of seclusion, he exclaims, "Thus it is that common sense triumphs in acts over sentimentality in words." He says that lunatic patients must be punished, and that they are punished even by those "who take credit to themselves for superior benevolence and skill." He designates the belief which many Superintendents entertain, that their patients are not subjected to restraint, as an illusion; because Superintendents are unlike Mr. Boyle Rochesbird, and are incapable of being in several places at the same time, and that they cannot know what takes place behind their backs. If the writer knows from his own experience that in any asylum restraint is made use of by attendants without the knowledge of the medical officers, it is his bounden duty without delay to inform the latter of the particulars. Or if he is cognizant of any acts of deception on this head by medical Superintendents, it is equally his duty to inform the Commissioners in Lunacy, who would without doubt institute a prosecution against the offender, as they did against Dr. Maddock. If he speaks from experience, we are not in a position to gainsay his facts; but if he merely makes use of an argument, we must assure him, that it is one which could only emanate from a mind weakened by recent illness. If a man having no other duties or cares than the superintendence of an asylum, in which he constantly resides, cannot ascertain the fact of the unauthorized imposition of restraint and seclusion by his servants because "he eats, drinks, and sleeps like other men," and must sometimes turn his back, what must be the condition of the patients in a private asylum, the medical officer of which is not resident therein? If the argument is good for anything in the case of a public asylum with resident medical officers, it must apply with far greater force to private asylums under the charge of matrons or even of medical men with private practice.

Now, presuming that the reviewer expresses his opinion on the subject of restraint and seclusion on the same authority of experience with which he comments on the difficulty of obtaining release from an asylum, are we justified in estimating it at a high value? The question is of some importance, for it has frequently been urged as an argument for the use of restraints, that patients like it, that they ask for it, and are never satisfied until they get it: *ergo* it is good for them, and humane to impose it upon them. But granting for the sake of argument, and in opposition to our observations that patients do occasionally make use of these solicitations; are they not insane, and are not such solicitations unequivocal proofs of the fact? Do they not also seek for other things which it would be madness itself to grant them? Do they not seek self-destruction?

This reviewer's appeal for restraints, accompanied by his plea for the necessity of punishment, and by his generally harsh picture of the insane character, confirms us in an observation we have long since made, but for which we still seek a satisfactory explanation. It is that men's judgments are most harsh towards those with whose nature they are best acquainted? The sternest martinet is always an officer who has risen from the ranks; advancing years convert the unscrupulous coquet into the most bilious of prudes; and no fanaticism glows with such lurid intensity as that of a convert. As often as we have made an attendant upon the insane of a cured patient, so often have we had cause for regret. Those who have been insane themselves are generally harsh in their judgments of the insane. It is a singular and a painful fact, the explanation of which is not very obvious.

As a singular exemplification of this fact, so far as it relates to the insane, I may mention the earnest opinions of Mr. D—n, for many years a patient in the asylum for the county of Cornwall. D—n, who is well known for his quaint wit and originality, on a recent visit to his old friend, the Superintendent of the asylum, said: "So you have not pulled this nest of idlers down yet, to build workshops and cottages? They did these things easier in old times, when the walls of Jericho fell to the sound of rams' horns. If blowing on rams' horns would do the business, I'd blow till I burst. I've offered the coachman a pound a head to take the lazy, skulking chaps up to Dartemoor, to cultivate the waste ground there. If that wont do, and I had my way, I'd take 'em down to navy dock [Devonport] and sell 'em aboard a man of war, for each sailor to have a slavey: leastwise, I'd take 'em to the Breakwater, and souse 'em in the salt sea ocean, to wash the confounded nonsense out of 'em; and, if that wouldn't do, I'd send 'em to 'Merica, and swap 'em for balk."

Such are the authentic opinions of Mr. D—n, respecting his late fellow-patients, of whom he thinks that, like the monkeys, they wont talk [reasonably] lest they should be made to work. The opinions of Mr. D—n bear a striking resemblance to those of the reviewer; like the latter, they are wholly free from "mawkish sentimentality," and, if an excuse is needed for their apparent cruelty, it is to be found in the fact that poor D—n is still of unsound mind. Whether the same excuse can be made for our reviewer, we are unable to say.

The reviewer does not appear to have formed a very

favorable opinion of Superintendents also. He imputes to the writings of all of them the qualities of "cant and false sentimentality;" and although he pays to his friend, the Superintendent of the North and East Ridings Asylum, the somewhat dubious compliment of being lowest in the list of these sentimental canting writers, it appears that he cannot find one of them who, in his estimation, is not tainted with this snivelling infirmity.

This accusation of sentimentality made against all Superintendents by this reviewer, is it true ? and is it to be lamented if it is true? This sentimentality for the possession of which we are arraigned, would it not on the whole be greatly to the disadvantage of our patients could we part with it? What does it mean but the exercise towards them of the finer feelings; of pity, gentleness, sympathy ? And what would the reviewer have us to substitute for it? Restraint and "common sense." The accusation of sentimentality is a stone certain to be cast at the promoters of every new mode of philanthropic action, or at the antagonists of any established brutalities. Howard was accused of sentimentality when he improved prisons, and Mr. Thomas Carlyle, in his "Latter-Day Pamphlet on Model Prisons,' re-echoes the taunt. He advocates common sense and the briefest disposal of scoundrels by "tumbling them over London Bridge," and as for attempting to improve them by model prisons and the like, why all that is but "the rotten carcase of Christianity; the malodorous phosphorescence of *post mortem* sentimentalism." We may be wrong, but as a matter of opinion and of taste, we prefer Howard's sentimentality to Mr. Thomas Carlyle's cynicism; we may be wrong, but we greatly prefer the new method of treating the insane to the common sense, punishment, and hard work, advocated by our reviewer.

It is not the easiest task in the world to make a daily professional tour through the wards of an asylum assume all the characteristics of a sentimental journey. An asylum is the place in which, if the finer feelings are not carefully watched and cultivated, they will easily cease to exist, even in the least degree. It is a place in which common sense stands a fair chance of being converted into common selfishness. And the mind-physician who does not constantly strive to treat his patients on principles dictated by the finer feelings of pity and sympathy, will not be long before he finds himself actuated by coarser ones. So much for this reviewer's scoffing accusation of sentimentality. We trust and we believe, that there are few Medical Superintendents who do not desire to possess this refined mental attribute as far as the adverse circumstances under which they are placed will permit them to do so.

It would be unpardonable to omit the reviewer's estimate of *treatment* in lunatic asylums. It is comprised in a sentence: "*The public asylums are virtually workhouses, and labour is the great means of cure, diversified by occasional amusements.* In the private establishments, labour is subsidiary only to amusement, and is itself used only as a recreation." There is not another word about treatment.

In conclusion, we must express a hope that the writer of this review will not allow himself to be annoyed with our observations. We have dealt much more indulgently with his article than we should have felt it our bounden duty to have done had it been written under other circumstances. Had not its tendency been most mischievous, we should have passed it by altogether. We entreat him to study and to profit by the interesting letter he has inserted from Southey. The Laureate's cautions will apply to prose as well as to poetry. It needs a firm mind to write safely and truthfully in either on the subject of insanity.

The Psychological Journal.

The last number of the *Psychological Journal* contains an article on the *Asylum Journal*, dictated by so much liberality of spirit and such entire absence of the petty rivalries which too often influence journalists, that we cannot satisfy our conscience without tendering our thanks to the learned Editor, and assuring him of our appreciation of that generosity which sees a fellow-laborer in the great field of mental science where a less unselfish person would only have recognized an antagonist. He says, with perfect truth, that the Association, of which this Journal is the organ, disclaimed from the first any intention of establishing a periodical in rivalry or opposition to his own, and we can assure him that the desire to avoid the appearance of such opposition has even actuated our choice of the form and mode of publication. The establishment of this *Journal* is but the development of one of the original objects of the Association, expressed in its earliest regulations, namely, the publication of papers written by the members on subjects connected with insanity. The execution of this primary object of the Association was commenced in the year 1843, but was soon discontinued; probably for want of some one to take a lead in its developement.

At the meeting of the Association, at the Retreat, York, in 1844, a letter was presented from Dr. Julius, of Berlin, stating that he had been commissioned by Professor Dammerow, of Halle, the Editor of the Journal of the German Psychiatric Society, to present to the Association a copy of their first number, just published, as a token of the high respect of the continental Association, and to express the desire of the members of the latter that the English Association would follow their example by publishing a periodical devoted to mental diseases, by which means a mutual and beneficial exchange of publications might take place. At that time the Association resolved that the question deserved their best consideration, but postponed any attempt to carry the suggestion into effect. From so early a period was the publication of a Journal contemplated and desired by the members of our Association.

In 1848, Dr. Forbes Winslow commenced to publish that journal which has made for him so high a reputation. His labors contributed greatly to attract the attention of the Medical Officers of Asylums to psychological literature, and to remind their Association that it was neglecting one of its most vital and important functions.

> "Willing to rouse the younger sort he came,
> And fired their souls to emulate his fame."

For we cannot without untruthfulness deny that so far as our paths lie in the same direction, the spirit of emulation must exist between us. But emulation directed to the increase of knowledge, efficiently serves the wise purposes of Him who made it one of the strongest motives of human action. Of rivalry, in the sense of opposition, we have none; and we hope and believe that, by exciting interest in our common subject in new quarters, we may even be the indirect means of extending the circulation and increasing the usefulness of the *Psychological Journal* itself.

It will, however, be obvious to the readers of both Journals that our paths do not run parallel for any length. Our Journal does not contain a single article which can be truly called *psychological*. Its character is strictly *psychiatric*, and the matters discussed in its pages are restricted to such as have immediate reference to the pathology and therapeutics of insanity, to the construction and management of asylums, and to the diseases, accidents, and difficulties likely to arise therein.

We aim not at the discussion of those higher branches of metaphysical science, the able and learned treatment of which has so long distinguished the pages of our contemporary. Our desire is to be the collectors of facts, the active practical pioneers in the march of mental science; and for this purpose we earnestly desire that our publication could be issued at shorter intervals, that it should at least be monthly. In Germany the *Journal of the German Association of Psychiatry and Judicial Psychology*, is published once a fortnight. It is even more unassuming in its appearance and mode of publication than the *Asylum Journal*. The whole contents, however, of each number are useful and practical; and in these days when one is so overwhelmed with Journals, that the table of contents is often the only portion which we find time to read, the brevity and unassuming character of this little German periodical is not likely to be objected to.

Where questions arise fraught with difficulty, and upon which much can be said for and against, it is certainly an advantage to the truth-seeker that they should be discussed by two parties. The same object often presents a different aspect from different points of view, like a piece of shot silk, which is of different colors according to its position. That such questions will arise in a field of scientific enquiry so extensive and difficult as our own there can be no doubt.

When on such questions our opinions differ from those of the Editor of the *Psychological Journal*, we shall feel pleasure in discussing them in that liberal and courteous spirit which he has evinced towards us; feeling the while that we have, as a common end, the advancement of human knowledge and the diminution of human suffering.

Third Notice of the Eighth Report of the Commissioners in Lunacy, by JOHN CONOLLY, M.D.

Among the most miserable asylums for the insane, the asylums for *boroughs* were until lately conspicuous. Inconvenient buildings, unfavorably situated, and regarded as only inferior appendages to hospitals for the sick, were assigned to the insane poor both of boroughs and some of our largest towns, and presented examples of every evil that could be accumulated on mental affliction. In some instances, as at Birmingham, Liverpool, and Manchester, new asylums have now been erected, better situated, superintended by medical men devoting their whole time to them, and ranking among the most improved asylums in the country. A few of the old examples, however, yet remain.

The new asylum for the important borough of *Birmingham*, opened a few years since, and containing three hundred patients, is excellently situated not far from the town, and possesses all the resources of a county asylum. Mr. Green, the superintendent, has never employed mechanical restraint in it; not even in surgical cases, although he thinks it might have been beneficial in some instances of that kind. All the exigencies of acute maniacal cases appear to have been efficiently met by resort to seclusion.

The *Bristol* lunatic asylum, better known as St. Peter's Hospital, has long retained an unfavorable character as respects its general arrangement. Even in the present Report of the Commissioners it is characterized as a place totally unfit for the supervision and treatment of the insane. Distressing casualties are alluded to as having recently occurred among the patients. "Not only," say the Commissioners, "is the building, in point of accommodation, quite inadequate to the wants even of that portion of the lunatic paupers in the population living within the ancient boundaries of Bristol, for whom alone, indeed, it was originally intended to make provision, but, from its close and confined site, the want of any proper means of separating, classifying, and, when necessary, secluding the patients, and the absence of suitable airing grounds for daily exercise and recreation, it is vain to expect that the good order, tranquillity, and repose, which are essential to the successful treatment of insanity, can ever be permanently maintained within its precincts."

In such a building, so little honourable to the wealthy city of Bristol, the superintendent has to contend with every disadvantage; and Mr. Stansbury says: "With regard to restraint, constituted as the asylum is, owing to the limited portion of the hospital set apart for the accommodation of lunatics, and the space being inadequate for proper classification, it could not, we think, with safety be wholly discontinued." He adds: "Of seclusion, our experience is but limited, having only recently had constructed two small rooms on the male, and one on the female side, for this purpose. These have been found very useful to isolate a noisy or a violent patient, until the paroxysm shall have passed off, who would otherwise have been intolerable in the wards, and thus have materially interfered with and disturbed the comfort of many others." Mr. Stansbury seems to do all that is possible to mitigate the condition of the patients in their inappropriate habitation. Carriage and foot excursions, winter balls, and music, and a certain extent of employment, are found to produce good effects among the inmates. The Commissioners truly state that, "a new and well constructed asylum, placed in an airy and spacious site beyond the smoke

and noise of the town," is "imperatively required;' and one cannot but rejoice with them, "to learn that Her Majesty's Secretary of State has signified his intention of putting in force the powers with which the Statute has invested him for securing this desirable result."

It is to be hoped that the same high authority may be exercised in other places also; as at the Hull Borough asylum; the arrangements of which appear to be equally unsatisfactory; notwithstanding the repeated efforts of the Commissioners "to arouse the Visiting Justices to a sense of its great defects, and to induce them to adopt energetic measures for effectually removing them." In their eighth report, they state that "the condition of the asylum is still by no means satisfactory. A portion of its land is not cultivated by the labour of the patients, but is let off as pasture to neighbouring occupiers; and the furniture, comforts, and accommodations for the patients, more especially for the sick and infirm, are of a very inferior description, the whole establishment being placed and conducted on a scale of extreme economy."

Where such principles prevail, the use of mechanical restraints is a matter of course. Economy has always had more to do with the use of restraints than cruelty. It long made them preserved with jealousy in public asylums; and it opposes a great obstacle to their removal from private establishments. But where this is the case, the restraints are but a small part of the wrongs to which the insane are exposed. The food, the clothing, the lodging, the warmth and comfort of the house, are all economically restricted; the attendants are the cheapest and worst that wander from asylum to asylum; and all relaxations, salutary employments, and exercises, are much too expensive to be thought of. The magistrates act on these frugal principles in accordance, no doubt, with their sense of duty to the public: and they know nothing of the insane. But surely the superintendent of an asylum would not find his representations always neglected. As it is, all the squalor of poverty, and all the misery of neglect, are as much added to the miseries of beings irritable in mind, and feeble in body, as if they were wholly at the mercy of men in whose breasts selfishness had wholly stifled humanity.

It is scarcely necessary to add, that in the Hull Borough asylum every difficulty seems to be met with restraints. What else can Mr. Casson, the superintendent do, although I know he is anxious to increase the comfort of those under his care? Without any of the multiplied resources of good asylums, and under the hard necessity of borough economy, ticken dresses with sleeves sewn down to the sides are found to prevent the tearing of clothes; and also *to prevent patients getting out of bed.* In more obstinate cases of this kind, leathern muffles are placed on the hands, and a long broad strap across the crib is tightly buckled beneath. As in the old asylums fifteen years ago, the only resource in every difficulty is some form of restraint. The town of Hull, it seems, is extending to the walls of this ill-situated and wretchedly arranged asylum; and it is to be hoped that the superintendent will some day be able to persuade the magistrates to build a new one, better placed; and that the example of other asylums may receive some little attention from them, both as to the construction, the general management, and the practical details.

Dr. Formby, so well known as a physician of great eminence at *Liverpool*, reports of the Royal Lunatic Hospital there, that "there has been but one instance of mechanical restraint during the last eight and a half years;" and in this case it was merely resorted to in order to facilitate the successful treatment of wounds received before admission. "Constant watching by night and day, and mild moral treatment, have been found all that the most trying case required. The number of attendants has been increased, night attendants employed, padded rooms and other appliances adopted, means of recreation extended, and employment, as far as practicable, provided." Dr. Formby adds, that many improvements have taken place in the furniture; and that although the windows have been so extended as nearly to double the amount of glass, the breakage is materially less than formerly. Seclusion is occasionally resorted to, but never prolonged.

A few of the readers of the *Asylum Journal* may, some years ago, have seen the interior of a dreadful place then attached to the fine infirmary of *Manchester*, and which served for the abode of lunatics. The princely liberality of some of the merchants have rendered it practicable to substitute for this doleful prison a new and fine building at *Cheadle*, of which Dr. Dickson is the superintendent. Into this asylum patients of the middle classes are received on moderate terms. Mechanical restraints have never been employed in this asylum, and even seclusion is seldom resorted to. Dr. Dickson's chief reliance seems to be on exercise and varied occupations out of doors.

The *Lincoln* lunatic asylum must always occupy an important place in the history of asylums, as having been the first in which the idea of wholly abolishing mechanical restraints was adopted in the most unqualified manner, and acted upon with success. I wish on this occasion, as on many former ones, to express my grateful recollection of the advantage I derived from a visit to that asylum in May, 1839, with Mr. Gardiner Hill; and to an interview, on the same occasion, with the late Dr. Charlesworth. Although, when a student, I had been familiar with the admirable principles of treatment, as regarded the insane, in Mr. Samuel Tuke's account of the Retreat at York, and with the writings of Pinel, it is probable that I might never have conceived the idea of entirely excluding restraints from an asylum, if I had not seen that it was practicable at Lincoln.

Mr. Walsh, the present resident surgeon of the Lincoln asylum, says that he has had no experience of the use or abuse of mechanical restraint or seclusion, as such have not been used since his residence there. He adds, that "no suicide has occurred since the disuse of mechanical restraint," although he finds "seven cases recorded in a shorter period before that time." It would appear that neither seclusion of the patients, nor classification when out of doors, are thought desirable at Lincoln. The small number of patients in the asylum, about sixty, perhaps affords

some explanation of what might otherwise appear only eccentric, or at least opposed to all ordinary experience.

Mr. Gibson, the surgeon of the *Bethel* Hospital at *Norwich*, although he sometimes has recourse to restraint, considers it "quite the exception, and not the rule." In the *Warneford* Hospital (near *Oxford*) it is rarely used, Mr. Allen says, but not abolished.

The important hospitals of *St. Luke* and *Bethlem*, and the lunatic ward of *Guy's Hospital*, may, at length, be satisfactorily referred to. Mr. Stephens, the resident medical officer of St. Luke's, says, "Mechanical restraint has been gradually discontinued in this hospital, and, since last July (1853), none whatever has been used." And he thus states his opinion: "I think it right to add, that I believe the entire abolition of every kind of mechanical restraint to be the most humane, the most efficacious, and, speaking generally, the safest plan of treatment; on the whole, less liable to objection than any other, and perfectly practicable in a well-regulated and properly-conducted institution." This opinion acquires additional value from the belief that may be reasonably maintained of a concurrence in it on the part of the two accomplished physicians of St. Luke's, Dr. Sutherland and Dr. Henry Monro.

The entire revolution in the practice both of St. Luke's and Bethlem is one of the most important events in the annals of practice in cases of insanity, and will have a wide and enduring influence. Dr. Hood, whose appointment to Bethlem Hospital has changed the whole character of the institution, is able to say, "No form of mechanical restraint whatever is resorted to in this hospital;" and he adds this most valuable testimony: "The non-restraint system, as it is called, is adhered to, because it is found to be attended with the best and happiest results; whereas the confinement by straps, belts, or gloves, rather increases the excitement, irritates the patient, reduces the necessity of vigilant personal attendance, and not unfrequently induces chronic or permanent mania."

Not many years since, the *Lunatic Ward of Guy's Hospital*, which contains about twenty patients, was rather unfavourably distinguished for the profuse employment of restraints. Mr. Stocker, the resident medical officer, is now able to make a most satisfactory report. It is to be observed, that all the patients in the ward are certified, before admission, to be incurable. "All restraint," says Mr. Stocker, "has been removed (except restriction to the room of the patient on the occurrence of violent paroxysms of mania); and this liberty has been followed by most marked improvement in the general condition and conduct of the patients; many of whom, having previously conducted themselves with great violence, and contracted very offensive habits, have, since the adoption of the non-restraint system, been much more quiet, cleanly, and orderly. It is difficult, from the limited number of the patients at Guy's, and the small premises allotted to the asylum, to attain that classification of patients, and the varied means of cheerful employment, which larger establishments for the insane afford."

It is indeed most honourable to the medical officers of Guy's Hospital, that, with such difficulties of situation, they have effected so beneficial a change. The same remark applies strongly even to Bethlem and St. Luke's. Nothing can make the present localities of those great hospitals really fit localities for an asylum. The day will no doubt come when both of them will be transported to some pleasant hill in Middlesex or Surrey, on which houses, squares, and villas have not yet encroached; and where the eminent men, who are at the head of these, among the most important and influential asylums in the world, will be able to command all the various resources which they unquestionably desire, and thus render these institutions models for every land to copy.

In the mean time, in the instruction even now given to the medical students of London in these asylums of the metropolis, an antidote exists against the examples of inferior institutions, and especially of the small private asylums of the country; and every year will witness the departure from the London schools of men competent to superintend county and borough asylums and hospitals, and really fit to be entrusted with the responsible care of patients in private institutions. The impossibility under which the most respectable general physicians who become attached to asylums now find themselves, of managing cases without having recourse to mechanical restraints, arises from their want of education in the daily duties and incidents of asylums. The attachment to mechanical restraints of many of the medical men who visit private asylums, or are proprietors of them, equally arises, in many instances, from their total inexperience. In this there is nothing to condemn, but much to regret. General opportunities of clinical instruction in asylums, and a better exercised control, on the part of the Commissioners, over licenses and appointments to private institutions, for the duties of which medical men who undertake them ought surely to be in some degree prepared, may perhaps remedy these things in time. The necessity for some remedy for very great existing evils will be more distinctly seen when consideration is given to the present condition of the majority of the private asylums, as manifested in their replies, or in the absence of replies from so many of them, in the Commissioners' Report. This, with the editor's kind permission, will constitute the subject of a concluding *Notice* of that important publication.

The New Pauper Lunatic Asylum for the County of Essex, by Donald C. Campbell, m.d., *Medical Superintendent of the Asylum.*

At the Easter sessions of the year 1846, fifteen justices of this county were appointed a committee, to superintend the erecting or providing of an asylum for the pauper lunatics, in terms of the Act 8th and 9th Victoria, Cap. 126. And at a meeting held on the 30th of August, 1847, the committee directed their clerk to advertise for a site for the asylum, according

to the rules of the Commissioners in Lunacy. They finally selected the ground on which the asylum has been erected—eighty-six acres of the Brentwood Hall estate, the same having been purchased for the sum of £8000. After obtaining the sanction of the Court of Quarter Sessions, the committee proceeded to take further steps in the execution of their commission, and at a meeting held on the 25th October, 1848, they resolved to select a certain number of architects, not exceeding ten, who should be invited to send in plans for the asylum, and that the sum of £100 should be awarded to the second best plan, and £50 to the third best. The committee having availed themselves of the advice and assistance of the county surveyor, and also of a medical gentleman connected with asylums, and having taken their opinion on the comparative merits of the respective plans, resolved on accepting the plan of Mr. H. E. Kendall, Junr., of 33 Brunswick Square, London, as the best offered to them; which, after having been altered and amended to the satisfaction of the Commissioners, was submitted to the January session, 1850, for the approbation of the Court.

On the 24th January, 1853, the Superintendent was appointed. He met the committee on the 7th of February, and gave his advice and suggestions as to the fittings, preparations, and arrangements of the building.

The asylum being arranged and prepared for the reception of patients, was opened on the 23rd of September; shortly after which all the patients belonging to the county confined in registered hospitals or houses licensed for the reception of lunatics, were removed into it.

The asylum is situated at South Weald, near Brentwood; and few spots could have been selected in the county so suitable for such an institution, being near the railway station, and commanding a very beautiful and extensive prospect.

The general view of the asylum is handsome, from its great extent, variety of color and broken outline, from its water and ventilation towers, chapel spire, and out offices; the effect of the building being also much aided by the grounds, which are well wooded. They are eighty-six acres in extent; the building within the airing court walls occupying over eight acres. The building is constructed with red bricks, pointed with blue mortar, and interlaced occasionally with black bricks in various fancy patterns, like the charitable buildings of olden times. The roofs are covered with plain tiles, having crested ridges. The style of architecture adopted throughout, externally and internally, is mediæval, of the Tudor period, and is very cheerful. The entrance building forming the centre of the east front is devoted to the residence of the Medical Superintendent, the Assistant Medical Officer, Steward, Matron, &c., all being perfectly distinct, with separate entrances to each. It also provides a large Committee room, Clerk's room, Visitors' room, room for Chaplain, patients' reception rooms, porter's room, &c. The entrance hall porch and arcade are paved with Minton's tiles; the ceilings being open timbered and very effective.

Passing from the entrance house, the galleries of the asylum are approached by cloister corridor communication passages branching right and left, and paved with Staffordshire tiles; at the termination of which immediate access is obtained to all parts of the building occupied by the patients: the left hand wing is devoted to the males, the right hand to the females.

The asylum stands due east and west; the latter being more genial is given up to the galleries and airing courts for patients, from which they have an uninterupted view of the country around, with free access of air and sun. There are nine galleries on the male side, two of which are infirmaries, and seven on the female side, one of which is an infirmary. The infirmaries advance in front on either side, at the junction of the wards; and the wards for quiet or convalescent patients recede from the front line on either side eastward, centralizing the Superintendent's house, the kitchen, offices, stores, and chapels.

The galleries are twelve feet wide and thirteen feet high, the floors boarded, the ceilings fire proof, and constructed with hollow hexagon bricks, which have a good appearance. The windows are in fancy forms of cast iron, and open in a manner good for ventilation and safety—the casements opening outwards, with double frames, so that one of them unglazed remains in position. The day rooms and dormitories are spacious, the single rooms are nine feet long, six feet six inches wide, and thirteen feet high, with ceilings arched. The whole number of galleries are capable of accommodating 450 patients; 150 in single rooms and 300 in dormitories, some of which are constructed for only four beds. Hot water is the medium for transmitting the heat to the fresh air, which is conveyed into the several rooms by horizontal flues under the floors and vertical flues in the walls; the foul air being drawn off also by means of flues in the walls, and thence conveyed by large horizontal flues in the roofs to the lofty ventilating shafts, where the furnace fires effectually draw it off. The system of ventilation appears on the whole pretty good, but I am glad to say, that as each gallery contains three open fire places, and also a fire place in some of the larger rooms, I have been enabled to discontinue its use, feeling assured that open fires are better both as regards ventilation and health, as well as comfort to the patients.

Each gallery contains two rooms for attendants, so arranged as to overlook the dormitories, a store room, scullery, bath room, and lavatory, all well fitted, and a supply of hot and cold water is available at all times, night and day. Convenient to the wards are two large rooms, one on the male, the other on the female side, used as dining rooms for the attendants, also a large amusement room.

The chapel occupies the centre of the west front, projecting forwards but attached to the wards. It is a very good specimen of ecclesiastical architecture, simple and appropriate, having a nave, aisle, transepts, chancel, vestry, &c., and will accommodate nearly 300 persons in sittings.

The asylum kitchen is large, lofty, and erected in a very good position, being surrounded by the galleries, with a communication by means of enclosed cloister corridors; attached is a large kitchen court with

spacious cellarage below, and corridors all round, with access to the stores, dispensary, bakehouse, steward's office, &c. The water tower is over the scullery, the tank is supplied from a large reservoir at the bottom of the grounds by a seven horse power non-condensing engine. From this tank, holding 10,000 gallons, the general distribution of water all over the asylum is made; the airing courts and gardens for the patients are spacious, they are all fenced round with boundary walls, ten feet high, the walls sunk in ha-ha's, so that the patients can overlook them, and see the country without the appearance of confinement.

In a working court on the male side, and at a convenient distance, stand the workshops, in which various kinds of handicrafts are carried on by some of the patients. Here there is also a brew house; and at the back of the building are the dead house and post mortem examination rooms. In a similar court on the female side is a detached building, consisting of washing house, laundry receiving room, boiler room, drying closet, laundry maids' bedrooms, &c., all well fitted.

Every part of the asylum is lighted with gas, supplied by contract from the town of Brentwood.

A little removed from the asylum are the gardener's house and farm buildings, which latter comprise cow house, piggery, barn, cart shed, dairy, and other offices. Attached to the establishment there are seventy-eight acres of ground to be laid out in kitchen garden, pleasure ground, &c., thus affording great facilities in giving the patients the necessary exercise and amusement, and also in employing them in wholesome recreatory employment.

Looking at the asylum altogether, it is well calculated for such an establishment, and is highly creditable to the architect, in whose views I entirely agree when he says, "The style of architecture adopted throughout is the best adapted for such a purpose, being substantial, cheerful, English in character, most suitable to our climate, and not expensive; this style gives the opportunity of breaking the building into masses and picturesque forms, without adding to the expense; the bays, clock tower, water tower, gables, spire, and ventilation towers, &c., being absolutely necessary; the stone dressings and red brick facings interlaced with black, form a pleasing contrast in color; they not only make the building effective without cost, but give a cheerful look and variety; and there is an important advantage in this; most medical men agreeing, that a cheerful looking, varied and picturesque building, has a beneficial effect on the patients in a curative point of view; and to every such charitable building something of comeliness should be assigned under the direction, of good taste; usefulness of purpose, and beauty of design, may always be made subservient to each other. It is a common error to suppose that beauty of design must necessarily be more expensive then deformity or plainness; it is the quantity of materials used, and not the form of their application, judicious or otherwise, that induces expense; and handsome and complete as this asylum is, the truth of the assertion is proved by the erection of it at a less cost per head than most of the asylums throughout the country."

On the Administration of Food to Fasting Patients, by JAMES WILKES, ESQ., M.R.C.S., *Medical Superintendent of the Stafford County Lunatic Asylum.*

The perusal of some interesting remarks in the last number of the *Asylum Journal*, by Dr. Manley, on prolonged fasting and the refusal of food by insane patients, in which he advocates the introduction of food through the fauces "by means of any ordinary funnel," rather than by the stomach pump, leads me to offer the following observations upon this subject, as well for the purpose of describing the instrument I have for many years been in the habit of using in this asylum, as of urging upon those engaged in the treatment of the insane the great importance in certain cases of introducing into the stomach larger quantities of nutriment and stimulants than are usually taken when this is left to the voluntary efforts of the patient, or administered by any of the usual processes of feeding.

The apparatus I allude to has been long in use in some of the Scotch asylums, and consists of a long flexible tube, rather less than a quarter of an inch in diameter, or the size of an ordinary cedar pencil, and which is attached to an oval metal case, containing the syringe, and holding rather more than a pint of fluid. The one I use was made by Messrs. Hilliard and Chapman, of Glasgow, and the only alteration I suggested was substituting a metallic piston for the one usually employed, which is liable to get clogged and out of order. The tube is sufficiently small to be readily introduced through the nose, but the irritation it often produces, and the difficulty occasionally met with in passing it, seems to me objectionable, and I always prefer introducing it through the mouth. This is easily done, either in the sitting or recumbent position, the hands of the patient being held and the head fixed, while the operator, having previously opened the mouth, rapidly passes the tube into the fauces and any distance down the œsophagus which may appear necessary. Where patients attempt to occlude the fauces with the tongue, it may be required either to depress the latter with the finger, or to make the tube less yielding by means of the whalebone stilet, which is supplied for this purpose.

Although the tube is not sufficiently large to admit particles of meat, still soup or milk thickened in various ways will readily pass; and, in order to introduce all the elements of nutrition into the system, I usually alternate strong soup thickened with sago, and containing wine, with new milk thickened with flour, to which eggs and brandy are added. In some instances also, cod liver oil has been combined with advantage, especially in cases attended with cachexia and great emaciation.

In speaking of the necessity of resorting to measures of this description for feeding the insane, I would wish to be distinctly understood not to refer to that frequent class of cases in which patients take food with reluctance, or, in many instances, for a time entirely refuse it. In the great majority of these there may be no immediate urgency, and perseverance in the usual conciliatory and persuasive means now employed in most asylums, together with judicious medical treatment, will generally be found to succeed in overcoming

this propensity. Cases, however, are not unfrequently sent to this, and I apprehend to most asylums, which admit of no temporizing; in which, from prolonged abstinence, in addition probably to want, disease, or, as is too often the case, excessive depletion, the exhaustion is so extreme, and the vital powers at so low an ebb, that the prominent and almost sole indication of treatment is to support the failing powers by the immediate and free use of food and stimulants. With this state, however, there is absolute and determined resistance to voluntary deglutition; and the introduction of food into the mouth by any of the various means which have been devised is either followed by its immediate rejection, or, if this is prevented, it is held in the fauces until the patient is nearly suffocated or choked by some portion entering the larynx.

In such cases the object to be aimed at is the introduction of food into the *stomach* in sufficient quantity with the least possible distress to the patient or difficulty to the operator, and, from some years' experience, I have come to the conclusion that these ends are more effectually attained by the use of the instrument I have referred to than by any other means I am acquainted with. I am aware that a prejudice exists in the minds of some high authorities against the use of the ordinary stomach pump, founded no doubt upon failures in the attempts to introduce it, or injuries consequent upon its use. With the small tube, however, I have never experienced the least difficulty, nor has any irritation or ill effect followed its use, even when that has been continued three times a day for weeks or even months; and I believe that, *where compulsory measures are unavoidable*, instead of being a painful or unjustifiable process, it is the most humane and least distressing to the patient, and, besides being the most effectual, is more easily accomplished than by any other method.

The following condensed history of the case of a patient now in the asylum will serve as a type of the class of cases I have referred to: C. M., æt. 29, a single man, a bricklayer, was admitted September 7th, 1854, in a most exhausted and almost sinking state, having been in his present condition for fourteen weeks, during which time he had taken food very sparingly and at irregular intervals, and, for the last three days, has refused it entirely. There is no hereditary tendency to the disorder, and the cause of the present attack is unknown. For the last month he has not spoken, lying with his eyes constantly closed, and in any position in which he may have been placed. He is now in a semi-cataleptic state, his arms or legs remaining for a considerable length of time in any position in which they are put, but gradually falling into their natural place. He is evidently conscious of what is passing around him, and resists any attempt to open his eyes or mouth, but does not raise his hand for this purpose. He is in a state of extreme emaciation and debility, surface pale, pulse 60 and very feeble, action of the heart hardly perceptible, though unattended by any abnormal sound, lungs apparently healthy; seems to have abdominal tenderness, and shrinks from pressure, especially when applied over the epigastrium; bowels torpid; kidneys act freely; tongue loaded; and the breath exhales the peculiar cadaveric odour observed in patients who have abstained from food; is disposed to be dirty in his habits, though he will at times get out of bed to empty his bladder. Attempts were made to feed him with strong soup and wine, which was introduced into the mouth with some difficulty, but only a very small portion was swallowed; and it was evident that the great state of exhaustion he was in required more support and stimulus than could be hoped to be introduced in this way. The tube was therefore passed without much difficulty, and a pint of strong soup, containing two ounces of wine, injected into the stomach. Daily efforts were made to induce him to take food without resorting to the tube, but were unavailing, and it was obliged to be used three times a day until the 15th of November, when he had so far improved as to be able to swallow soft food when put into his mouth. Under this treatment, combined with the exhibition of purgatives (which were for a long time necessary) and cod liver oil, the symptoms of exhaustion were slowly but gradually relieved, his general health improved, and nutrition became more active. Though he is still silent, he shows much more mind, and, from the absence of symptoms of organic mischief, and his improved physical condition, there seems to be reasonable hope of his ultimate recovery.

Another description of case in which the introduction of food also by the tube seems to be desirable is, in patients labouring under general paralysis, and that form of cerebral disease in which the muscles employed in deglutition are paralysed, and no food can be swallowed without imminent risk of suffocation. In a case which lately occurred here, a sufficient amount of nutriment could not from this cause be taken, but any quantity could be readily injected by means of the tube, and though used only to prolong a painful state of existence, it is nevertheless our duty to try to effect this by the employment of any means in our reach.

I may add, that though for the first time or two the patient will usually struggle and resist the introduction of the tube, I have never met with any case in which it could not be passed with the greatest ease; and in many instances where its prolonged use has been necessary not only has no resistance after a time been offered, but the patient has not even required to have his hands held or his mouth opened, and a small gutta percha plug has only been placed between the teeth as a precautionary measure.

Comments on a Case of Fractured Ribs, by W. Ley, Esq., m.r.c.s., *Medical Superintendent of the Lunatic Asylum for the Counties of Oxford and Berks.*

In the October number of the *Asylum Journal*, an account was given of an inquest that had been held at the Asylum for the county of Norwich, on a patient who had died, having at the time of his decease, an ununited and undetected fracture of the ribs. For many reasons it was a case of great interest. First, the liability of such injuries to be inflicted before the patient is sent to the asylum, of which no information is given. Secondly, the probability of the

injury remaining undetected at the time of admission or for a lengthened period afterwards. Thirdly, the probability of the injury being laid to the charge of ill-treatment in the asylum. Fourthly, the crimination and recrimination produced amongst the officers of the asylum by such imputations on imperfect evidence. Fifthly, the great difficulty that will always exist in fixing the time at which an injury was inflicted by appearances observed at a long subsequent period.

I had hoped that the publication of that inquest and history would have been followed by the communication of other cases, of which I have the information that several have occurred, occasioning great contradiction of opinion between the medical officers, great anxiety to visitors on committees of enquiry, much unsatisfactory gossip and scandal, and excessive pain to the responsible officers of the asylums. I believe that your giving publicity in the Journal to such cases will be a relief to several excellent men who feel that they have been unjustly aspersed, and great assistance to others who may be placed in a similar position.

With this view I request the publication of the following case. William Faulkner had been in the asylum at Littlemore in 1851. He was a tailor, addicted to drink, had a very large family, lost his employment, became a teetolaller; had delirium tremens, and rapidly recovered under a regulated diet. Subsequently to his discharge he was often heard of as being much in want, having very little employment, a teetotaler but of very weak mind, interfering and intractable. He was readmitted to the asylum Dec. 5th, 1854; was then in a state of trembling delirium and generally paralysed; he thought he was in communication with the devil on all subjects. On examination on admission, it was noticed that he was able to inspire deeply. He died on the 28th day after his admission. On *post mortem* examination on reflecting the integuments of the ribs, a small abscess was cut into. It had not been indicated by any outward appearance. The pus was of a pinkish color. The situation of the abscess was between the separated ends of two ribs, the fifth and sixth, which had been broken at a quarter of an inch external to their junction with the cartilages. The ends of the bones would have been in opposition except that they were shortened about the eighth of an inch; so that the scalpel passed freely between the separated ends of the bones. The fractured ends were cupped by the absorption of the cancellous structure. No provisional callus, or effort at union existed between the bones themselves. On cutting through the bones longitudinally, one was of a dark color and the blood in its texture was also of that character; it appeared in a state of incipient necrosis; no trace of any line of demarcation was observed; the other was of healthy color and the blood in it arterial, its granulating surface had a thin membraneous covering, apparently the effort to form a cyrt. The integument between the two bones was not discolored. On removing the sternum a layer of organised lymph of variable thickness was found adherent to the costal pleura, and to the lung by a band an inch and half long, and very firm. The layer of lymph on the pleura to which it was attached was a part of the sack of the abscess. No appearance of the lungs having been inflamed existed at that spot.

I was absent from the asylum at the time of the decease of the patient. On my return on the day following I was told immediately that the attendants believed that the fracture did not occur in the asylum, and that there ought to be an inquest. The coroner was therefore informed of the circumstance and an inquest was held. It was attended by the wife of the deceased, the relieving officer, the master of the workhouse, and some of the inmates. It had transpired that he had, during the five days that he had been in the workhouse before he was sent to the asylum, been at first put to sleep with another man; and a charge was made that he had been kicked out of bed and ill-used by that man. The charge was denied and so clear an account given of the insane restlessness of the patient that the refutation was accepted. I said that though the fracture might be occasioned by a direct blow of the fist; that I could not give a sufficiently definite opinion of the time when it occurred to attempt to lead the jury; that as one process of healing had apparently failed, and a distinct second process appeared to have been established, I should think the period of the blow might be considerably distant; that it would have been attended with marks of which probably the wife would have been cognisant if it had occurred previously to his being taken into the workhouse. There would probably have been bruise, but certainly pain in that particular spot, at a precise period, and cough or a pressing of the hand on the spot which she would have observed. She replied that he had had such pain without cough for some months. She could not say when it occurred. He had then been liable to more disturbance than she could account for.

The jury asked was the fracture of the rib the cause of death. I replied that it was not. The jury thought that they had need to be satisfied with what had transpired.

The Hanwell Asylum.

Obituary.—This institution has lately sustained a great loss by the death, in his 55th year, of Mr. Edward Clift, its well-known and much esteemed steward. He was not only eminently distinguished for his business habits in an office of great labour and responsibility, but, as a consequence of his peculiarly kind disposition, was one of the most important auxiliaries to the medical officers in fully carrying out and steadily maintaining what is generally known as the non-restraint system.

Mistrustful, at first, of a system involving many changes for which his previous experience had not prepared him, he was still faithful and diligent in providing every suggested substitute for restraints; and he was soon taught by his honest observation, and convinced by his thorough good sense, that mental influence was more powerful than shackles of leather and iron. Often, in after years, he would point to those strong dresses and devices, once necessary, even when coarser means of coercion were abandoned, as being but rarely required in the asylum. He soon perfectly comprehended that the mere disuse of strait-

waistcoats, and handcuffs, and leg-locks, and restraint chairs, formed but a part of that comprehensive system; and that the substitution of innumerable comforts, all acting favourably on the bodies and minds of the insane, was required to make the change from the old system to the new efficient and complete. And, once convinced, he never afterward wavered.

Charged with all the business connected with the food, clothing, and lodging of one thousand patients, as well as with the farm and the stock, he was not only indefatigable, but, his exertions being animated by warm benevolence, he was prompt at every call, awake to every suggestion by which the general welfare of the patients, or the individual good and improvement of any one of them, could be promoted. His assent was on all such occasions given, not only willingly and readily, but cordially; and the result was, that from the physician-in-chief (so long as there was a physician-in-chief) to the humblest inmate of the asylum, there was no one by whom Mr. Clift was not respected and valued. If anything was complained of, he was always ready to consider the complaint; if any patient required, from sickness or from waywardness, especial attention and solace, he was ever prompt to administer it. The various trifling petitions of the patients—trifling to others, not to them—were good-humouredly attended to, when he passed through the wards; and, on all occasions of festivity, his presence gratified and animated those who knew that he really desired to make them happy.

The order prevailing in his peculiar department, and in that of the general housekeeping, in which he was ever so aided by Mrs. Clift that their united exertions appeared to be those of one heart and one mind, must have been noticed by hundreds of visitors in the course of the last ten years. The physician was always gratified to acknowledge their peculiarly valuable services; and invariably took his visitors from the wards, farm, and garden, to the store-room, the bake-house, and at the dinner hour, first to the kitchen, that they might behold what wholesome and abundant provisions, and how well and carefully prepared, were supplied to the pauper lunatics of Hanwell; and afterward, into the separate wards, to witness the order with which the dinners were distributed, the neatness of the table service, and the unmistakeable gratitude of the crowd of insane paupers; all the details contributing to these general results being, as they well know, the work of the steward, in loyal and cheerful conformity to the wishes of the medical officers, and to the liberality of the committee of management.

It was an important part of Mr. Clift's duties to inspect the quality of the various stores and supplies necessary for so large a family as that contained under the roof of Hanwell, including latterly about 1300 persons. Those who know in what manner the competition for supplying such large establishments is carried on, best know to what temptations stewards are exposed; and these temptations were not withheld from Mr. Clift; whose honest and upright character, supported by every consideration that could animate a man of sincere and unaffected piety, was always proof against them.

There was another particular in which, at this time, those who superintend the employment of patients in lunatic asylums may usefully keep in mind the example of Mr. Clift. His duties in the asylum were commenced in the time of Sir Wm. Ellis, by whom the employment of the patients was justly considered very important. After Sir Wm. Ellis had retired, the introduction of the non-restraint system caused the occupation of the patients to be regarded more especially in a remedial point of view. Mr. Whelan, then the steward, and subsequently Mr. Clift, so regarded it; and the latter was remarkably successful in inducing several of the male patients, even from the refractory wards, to work on the farm under proper superintendence. In other asylums this kind of labour has, perhaps, been lately too much regarded as a source of profit; the remedial advantage appearing to be postponed to the financial. Of this great and cruel error Mr. Clift was never guilty; and, happily, we doubt not that his son, who has succeeded him at Hanwell, will equally remember that the insane are afflicted and feeble; that, whilst moderate labour invigorates them, they are unfit for severe and continuous exertion of body as much as of mind; and that a good steward can only be the real helper of the physician when he takes especial care that every thing appertaining to the food, clothing, occupation, exercise, and rest of the patients, becomes mainly conducive to the restoration of their bodily health. So only, will he really and materially aid the physician; who, on his part, is equally careful to remove and exclude every cause of mental irritation and excitement, in order that the brain, kept undisturbed, may regain composure, and be restored to healthy action.

Unless such views prevail in the breast of every officer in an asylum, the physician may rise early, and late take rest; but he does but disquiet himself in vain. Unless they are equally entertained by the governors or by the committee, county lunatic establishments must become merely monstrous workhouses. Such views were apparently always present to the mind of the good Mr. Clift.

A severe, and unexpected, and fatal illness has deprived Hanwell of his services, and the poor insane inmates of a most warm and tender hearted friend. But his example will not, it is to be hoped, be forgotten. —This brief memorial of a most worthy man is drawn by one to whom his labours and his virtues were well known; and whose deep anxiety for the preservation of a good system, still opposed or denounced by those who seem never to have given serious consideration to it, will only end when nothing in this world "can touch him further." C.

The late Rev. Dr. Warneford.

Obituary.—The Rev. Samuel Wilson Warneford, l.l.d., Patron of "The Warneford Asylum, near Oxford, for the reception, relief, and cure of the insane, from whatever county recommended." This great philanthropist died in his 92nd year, at his rectory, Bourton-on-the-Hill, on the 11th of January last. In the notices that have appeared of his munificence, the benefactions and endowments given to the above hospital for the insane, " in aid of poor patients from

respectable and educated life," have been merged in this eulogy—"very few have expended with such studious selection of purpose, such energetic and self-denying devotion, a sum which has amounted to at least £200,000." A member of an old family, and connected with many counties, his charities were given on a broad principle, for his countrymen; were bestowed in his lifetime for the purposes he wished to advance.

Much was given to the great Clerical Societies; his donations to the Queen's College and Hospital at Birmingham, denoted his christian anxiety for the encouragement of true knowledge. The sympathy of the man for the most neglected and distressing conditions of human nature was manifested in the gifts of which the Warneford Asylum records the receipt. It is thus stated in the report of 1853.

"The successive grants of real and personal property by the Rev. Dr. Samuel Wilson Warneford, in aid of poor patients from respectable and educated life, (besides his original contributions to the edifice, and subsequent advances, from time to time, for completing the wings of the asylum, the Warneford galleries, and the chapel, and enclosing the premises by a stone wall, and for other works.)

	£	s.	d.
Dec. 1853—Interest (Property Tax deducted) upon a mortgage of £4000, held by the Rev. Dr. S. Wilson Warneford upon an estate in Gloucestershire, and by him granted to the charity in 1838 . .	155	6	8
July 1853.—Rents (all charges being deducted) of the farms, &c., of the Broad Estate, Hellingley, Sussex, which estate was granted to this charity by Dr. Warneford 1843	728	3	5
July 1853.—Rents (all charges being deducted) of various lands and tenements in London, Middlesex, and elsewhere, granted to this charity by Dr. Warneford 1852 .	546	7	2
	£1429	17	3

It is currently stated that the income of which the donor deprived himself, by these contributions, would be equivalent to £2000 per annum. At this time the annual receipts derived from his endowments are nearly equal to the payments made by friends for patients in the asylum. In the year 1853, the asylum had not at any time 50 patients resident. The maintenance cost amounted to £2,350. The payments for patients, and the voluntary contributions amounted to about £2600. The rents and interest of the Warneford endowments amounted to £1,429 additional. Little need be said of the claim to the title of patron to the asylum. A statue of the benefactor, a fine work of art by Peter Hollins, sculptor, is placed in the chapel of the asylum.

Si monumentum quæris circumspice!—The asylum needs to be made a fitting receptacle and administrator of such charity. Built nearly 30 years ago, and of comparatively small dimensions, it will not bear comparison with those of recent construction. It cannot command the warm, airy, and equal temperatured exercise galleries, the competent and habituated nursing of many hands, the evenness of management, or the many other comforts which improved architectural arrangement, space, and a sufficient staff afford in the more modern asylums. Such benevolence as Dr. Warnefords asks that it should be afforded to the greatest number of the objects, for whom it was given, to whom it can be efficiently supplied. The monument to his memory should be a building adequate to the reception of such numbers as would display the magnificence of his charity; and an economy by which such numbers could be adequately maintained.

To the Editor of the Asylum Journal.

Dear Sir,—For Dr. Conolly's liberal expressions regarding myself and the institution which I serve (in your last number, page 148), I have only to be grateful. But in the same paragraph, he describes my practice as "an additional example of an adherence to the old ways," in the matter of restraint. He thus mixes me a dose of bitter-sweet which I decidedly object to swallow. I must, if needful, resign the sweet to avoid the bitter, which is presented in the shape of an unfair parallel, which view of the matter I will, with your permission, endeavour to make plain in a few words.

In the first place, Dr. Conolly's remarks upon my Reports immediately follow his animadversions on the practice and principle of restraining in the Yorkshire Asylum for the North and East Ridings. This would be of no importance if Dr. Conolly had not himself described my use of restraint as "an *additional* example of an adherence to the old ways;" which being interpreted means, the North and East Ridings' presents one and the Kent Asylum another example of that adherence.

That the word "additional" is incorrect, is, I think, capable of being well sustained by simply opposing different parts of Dr. Conolly's notice, in the same article. Thus, in the first column of p. 148, he says, in reference to the Yorkshire Asylum, "that fifteen years after the total abolition of restraint from the largest asylums in this country, the ancient restraint should be resorted to in every difficulty; to prevent suicide which it cannot prevent; to control destructive tendencies which it cannot remove; and above all, to tranquillise the dangerous, is a matter of astonishment and sorrow." Contrast this with what follows, taken from the first column of the next page (p. 149), "Dr. Huxley anxiously explains that he has never used restraints to prevent violence to others, or, the destruction of property, finding temporary seclusion sufficient to meet such cases; and he distinctly says, 'notwithstanding the exceptions which have annually been detailed, the system of non-restraint has been uniformly, if not universally, pursued and upheld in this asylum, with the same delightful effects on the moral state, domestic love and intercourse prevailing amongst the patients, and between them and the officers and servants, as have happily followed its adoption in other asylums.'"

Nevertheless Dr. Conolly overlooks the antipodal difference between the two systems, and finds himself able to call the latter an additional example of the former.

Mr. Hill explains, that restraint is necessary and something more, to control mischief and violence. I explain, that I have never used it for this purpose, and find temporary seclusion sufficient against them.

But, the grievance of being placed by Dr. Conolly's words in a wrong category, is not all my complaint. The assumption of an adherence on my part to the "old ways," because I resort to a certain kind of restraining, is capable of being refuted to the satisfaction of any impartial person. Although I never saw an instance of restraining in the old way (reform in that important particular having been effectively introduced into the public asylum with which I was first connected before I joined it), I have gathered a sufficient idea of its nature from abundant printed descriptions. And I know enough, therefore, of the old ways to enable me to declare, that between them and my practices there is nothing in common. Would it be just for me to say, because under non-restraint (called entire) boots and clothes are locked on, and remembering that limbs were locked too, in the days of restraint, that the former practice exemplifies adherence to the latter, because each has its lock? Surely this would be extremely wrong.

After all, do not the kinds of restraints used, the objects held in view, and the feelings actuating those who did and those who do use them, constitute the real difference between past and present systems; rather than the circumstance of including, or excluding this, or that, subordinate item in the wide course of treatment required in insanity? For, if this be denied, and the attempt to hold a separate way be carried to its logical ending, what will the *soi-disant* utter abolitionist do with the four walls, locked doors, clothing, &c., which are necessary to his, as to every other system?

My report, which is the basis of Dr. Conolly's remarks, makes it plain that except for surgical purpose, or, the prevention of self-injury, I have not used restraint otherwise than as I would use morphia, henbane, &c., viz: for the sake of an anticipated medical benefit. Dr. Conolly not only fails to recognize this important distinction in my favour but, also, to note the small extent to which I have suffered myself to use restraining even for a medical purpose. He further abstains from noticing the want of evidence as to "these exceptions growing into a rule," whilst he thinks it necessary to administer a caution against the "great danger" of such growth. I have never felt, and do not believe in this danger.

Now, the extent of restraining is a very important matter. The whole question of its abuse will lie in too great extent, until every atom of restraint may have been proved to be in itself abuse. It is the extent when too great, and the inducement when not sufficiently weighty that, alone, can propagate a bad moral effect, whence may spring harshness, uncleanliness, and general neglect. But fellow-patients and attendants are as capable of understanding and being influenced by the sight of restraining for one purpose as for another. If the former have been intimidated and the latter brutalized (as are doubtless true) by witnessing and practising restraining for the mere purpose of coercing the violent and disorderly, they may with equal justice be deemed capable of appreciating in a general, although not in a medical sense, some obviously appropriate recourse thereto, in its innocuous adaptation to distresses which they see and know to have resisted all other efforts at their alleviation. We can look on at a painful surgical operation without a doubt of its propriety and with sympathy for the patient; but without thinking it may be our turn next to submit our flesh to the knife. Could I be assured that only one instance demanding restraint would, hereafter, be presented to me for treatment, I should hold myself no more at liberty to abjure the practice of restraining with the effect of depriving myself of entire freedom of action, at the possible expense of the patient, than if I were sure of meeting with a thousand cases in which, to the best of my judgment, that practice might be beneficial and, therefore, necessary. People do not shoot themselves or others, only because they keep firearms in the house. But when they encounter a burglar in the act, the case is different, and so, also, should be the treatment. And perhaps it has been fortunate for many a man who has met a burglar in his house, and who has had a pistol within reach, that he had not incontinently foresworn the use of firearms under any circumstance whatever.

Two or three other points in Dr. Conolly's remarks demand notice. In reference to my reported case, wherein the patient had endeavoured to bite off one of his fingers, but was prevented by the imposition of gloves after he had inflicted considerable injury, he says, "some active medical treatment might, however, have removed the temporary propensity to mutilate the hands"—and active medical treatment *was* steadily pursued after, as it had been before, the injury; with a view to remove the inclination to mutilate and to relieve the maniacal symptoms generally; but without success. Yet, after a few days, the gloves were continued far less as a preventive against fresh attempts at mutilation, than as an indispensable surgical protection to the wound, from the patient's interference, his indifference to and restless conduct of the limb. Every day the wound was dressed in opposition to the most strenuous resistance, and the patient in nowise spared the injured hand as an instrument of violence and gesticulation.

In remarking on my case of melancholia, in which enforced recumbency seemed of so much benefit, Dr. Conolly says—"I think I have known numerous cases of this kind, in which the difficulties were overcome without restraints being applied."

Allow me to say that I, also, have known many, of the same kind, but not of the same intensity, in which the difficulties *were* overcome without restraints. I merely reported an extreme instance which had baffled all our other means and in which restraints, the last resource, showed indubitable power in prolonging life. I could not have entertained the possibility of further existence, in this case, during only two days more, when the restraint was employed; but the patient lived fourteen days. And, although it is impossible to say, she would not have lived during this period, under any, or, no treatment; it is wholly incredible that she could have so lived in the absence of that general, physical improvement which was so strikingly mani-

fested after the first night passed under restraint. Nor was it possible for me to disconnect the improvement and the only ostensible means thereof, from the relationship of cause and effect. If I could have procured lying down by any other means than that used, all may believe that I would not have resorted to restraint. But when life is flickering in the wasted body and a single thing seems possessed of the nature of a remedy, it is not a time to be bound by any restrictive, foregone conclusion (however meritorious that might be, as long as practicable and entailing no risk); it is, however, the time to sacrifice every private wish to the safety of the patient.

Dr. Conolly proceeds to speak of the success which in similar cases, had attended the application of a blister behind the neck, the use of a tepid shower bath, not too violent, sedative medicines, variously prepared food, and very patient persuasion. The blister I will try willingly, next time, on his recommendation. But on what ground of professional reasoning is blistering to afford relief in these cases? Have we deep seated congestion, calling for counter-irritation or local depletion; or is the blister to act as a stimulating irritant? The blue skin, sluggish circulation, and general coldness of surface, the injected conjunctivæ, the œdematous ankles and feet, seem to me to offer no evidence of congestion within the skull, but rather the opposite state, and to tell their history thus: first, cerebral energy was reduced by an ever present idea, exciting terror and banishing sleep; next, the heart, participating in this reduction, and soon further enfeebled by the want of healthy blood (due to the same cause as the emaciation), failed, to a great extent, in carrying on the circulation; and, last, the consequent absence of the due movement and supply of blood—healthy blood—in the brain, reacted on that organ, largely hastening the exhaustion. What is the first thing necessary to the relief of a heart labouring, not with too much blood, but with too little power? Lying down, which takes off from both heart and arteries the weight of their contents; and the brain is that portion of the body which can profit the most by the horizontal position. Dr. Conolly recommends sedatives. I freely used them throughout (under the great disadvantages, however, of the resistance to swallowing, and of the sustained erect posture), but not without conjoining stimulants. I do not hesitate to express my belief, that a sedative cannot take effect in such cases, without a stimulant. For a sedative to act, the organ must be in a condition, greater or less, to be laid at rest. In a state of almost lifelessness, it can hardly assume an artificial condition, the taking on of which is an act of life. But a stimulant, applying first to the heart, and through the circulation reviving cerebral function, may enable the brain to recover power and sensitiveness approaching to what it possesses in health; and then the combined sedative may obtain a response. The "tepid shower-bath, not too violent," would, I believe, at that stage, have killed the patient outright. Whether a course of such baths, at an earlier period, might have done good, I am not prepared to say.

Variously prepared food, and all the patient persuasion we could muster, had entirely failed before the feeding instrument was used, as described in my Report. I find it difficult to reconcile the notion of exciting temptation out of variety in food, with the cause why all food was rejected; *viz.* an overwhelming sense of unworthiness and desire of making expiation. Amongst the sane, absorbing emotions often destroy all appetite. They do not simply render the palate hard to please, and demand its temptation; they destroy the power of appreciating food, inclusive of all its varieties. Is the reign of delusion in insanity less absolute than the occasional abstraction in the healthy mind? I should think not; and I see no psychological impropriety in reasoning from the one to the other.

Dr. Conolly seems to think that the plan of associating suicidal with other patients in the bedrooms, is not followed in the Kent Asylum, for the sake of the security which it offers. His idea is probably founded on the case of restraining to prevent the commission of suicide, and on the case of actual suicide, both mentioned in my last Report, and both patients having occupied single rooms. The concurrence may seem to afford ground for his conclusion, which, however is still not in accordance with the fact. I do not allow the newly-admitted to sleep, whilst they are unknown to us, otherwise than alone, for a plain reason.

In the case restrained, the first attempt at suicide was made on the third night after admission; and, from its nature (knocking the head against the bedstead), the padded-room was resorted to. On the second attempt, at the end of one month, a strip of binding, torn from a mattress, was used for strangling. Very close watching was employed as a safeguard, and to its faithful performance we were indebted for a timely detection. In the variety of this patient's resources, coupled with the extreme earnestness of her attempts, I could see little prospect of security in any but the last resource. In the case of suicide, the woman had been resident twelve days, which may or may not be thought too long a period for judging of the existence of an inclination hurtful to other persons, of which there was some slight evidence in the history of the case. These isolated instances have misled Dr. C. as to the general practice.

This question of restraining has unfortunately become too controversial. The ground of dispute has been narrowed to the single proposition of 'All or none.' At a time when party has gone out of fashion, must a domestic question have its settlement deferred by a spirit very like that of the partisan? Are not all men striving to dispense with what all would rather do without? The tables are being turned, and restraint transferred from the insane to those who yet withhold entire conformity with extreme opinion; because of some opposing convictions affording the prospect of a more temperate settlement of the point in dispute, when time may have sifted all the human incentives that help to determine opinion, and rejected any which may have been found not to harmonize with the indisputable truth. It has seemed to me a bad thing to have to stand or fall by a rigid opinion, except in reference to an eternal truth; an opinion that may admit no fellowship without identity,

and which must denounce every approach short of uniformity, as being no approach at all. All men have been striving for years, in asylums, to get rid of restraint. It is utterly distasteful to them; to him who must still acknowledge the necessity of restraining and act upon it, as to the most ardent disciple of non-restraint. There is, there can be no doubt of this; and, may the question be allowed to rest. The active elements for its settlement are at work, and will infallibly prevail in the right direction; but time must be allowed. It might seem enough for the prime of life of one generation to have witnessed the grand step already taken and secured. The disuse of restraining for any but surgical or medical purpose is a settled conviction, not susceptible of disturbance. Let it be well remembered that with the riddance of restraint for any object not in the legitimate way of medical treatment, or preservation from self-injury under circumstances of great extremity, the *old wrong has been redressed.*

It remains for experience to determine, whether restraining is *ever* a true, eligible, indispensable remedy in the treatment of insanity; but long before we may possess an authorized "practice of medicine in insanity," that will have been determined.

Believe me to remain, dear Sir, your faithful Servant,

JAMES E. HUXLEY,

Kent County Lunatic Asylum.

Maidstone, Jan. 15, 1855.

Pathological Appearances Resembling Bruises.

Birmingham Boro' Asylum, Jan. 22*nd*, 1855.

Dear Sir,—I was much pleased with your paper on "cutaneous discoloration occurring in the insane," in the last number of the Journal, having often observed, and sometimes been much perplexed by, similar phenomena.

I have at this time under my care two cases so strikingly corroborative of your opinion, that these marks are pathological changes and not produced by violence, that I am induced to trouble you with them.

One is a married woman, 48 years of age, who within the last 8 years has had five or six attacks of acute recurrent mania, from the last of which she recovered several months ago, but since then she has been much depressed, rational in her acts and language, but unusually quiet and inert. On the 23rd of Nov. I found her complaining of pain in the back and right groin, and on the following day I was told that there was a large bruise in the groin; on examining the part I found a uniform purple discoloration as large as the palm of my hand, upon and to the right of the angle of the pubis. The patient was certain that she had not been struck or injured in any way. Her pulse was rather frequent, tongue clean but dry, face a little flushed, skin somewhat hot; she said the pain in the parts had kept her from sleeping. In the course of the next few days the discoloration gradually spread down the inside and back of the thigh, preceded and accompanied by pain. On the 8th ult. it covered nearly the whole posterior part and back of both thighs, and at this time a little sponginess of the gums was first observed. The face had become blanched and waxy, very like that of a lying-in woman who had suffered from profuse flooding.

The colour did not begin to fade in the parts first affected until the early part of this month, and fresh spots are still coming out lower down the leg. The patient has been in bed all the time, but one day thinking a little change desirable I prevailed upon her to get up. The consequence was an attack of syncope, from which I had some difficulty in rousing her.

The other patient is also a married woman, paralysed and demented, age 35. Three weeks ago I noticed a slight purple discoloration on the back of each hand, extending from the two forefingers nearly to the wrist, *both just alike.* Two days after the nurse reported a large bruise on the left glutæus, about which she was very much concerned, not knowing how it had been caused. Had I not been prepared for this, and recognised the nature of the affection I might have blamed the nurse unjustly. In this case the marks did not spread much further and they have now nearly disappeared.

Two years ago a circumstance occurred in connection with these marks, which at the time gave me a great deal of annoyance.

A private patient who was paralytic, and so unmanageable at home that for five days before she came she had been tied in bed with cords, was admitted covered with what I then, knowing the restraint to which she had been subjected, very naturally considered to be bruises. They soon went off, but two months afterwards similar marks appeared under circumstances which prohibited the supposition of their being the result of violence. They spread rapidly, and soon affected more or less nearly every part of the body. In this condition she was seen by her friends, who thought the marks were caused by violence, and I was unable to convince them to the contrary. In a fit of indignation the husband removed her, and, as you may suppose, the whole family did not fail to talk loudly of the gross treatment to which she had been subjected. I have, however, the satisfaction to think that they subsequently changed their opinion, for not very long afterwards I was asked to take her back again, but of course refused.

I give you these cases without comment,

And remain, dear Sir,

Very truly yours,

THOS. GREEN.

To the Editor of the Asylum Journal.

Birkfield, Ipswich, Jan. 10.

Dear Sir,—I have much pleasure in being able to confirm your opinion as to the causes of discolorations of the skin resembling bruises, noticed in the last number of the *Asylum Journal*, as the same thing occurred to a patient of mine on board the ship of which I was surgeon. The man was a private in the 9th Lancers, and one of a detachment of Queen's troops of which I had medical charge during the voyage from India. He was invalided for chronic dysentery and general cachexia, and after having been about a week on board, I discovered, what, at the time, I thought was a bad bruise, on the outer side of the thigh and leg.

Knowing how awkward soldiers are at sea, I thought it probable that the man might have hurt himself whilst getting into his hammock, though he had no recollection of having done so. I therefore took him into hospital and put him into a swing cot, where he could not possibly receive any injury; but I was surprised a few days after to find the arm of the opposite side discolored in exactly the same way. I then considered this appearance might arise from a generally debilitated and impoverished state of the system, and as you say in your case, from blood dyscrasia, so I put him on a nutritious diet, fresh meat and potatoes, with port wine, and gave him at the same time iron in small doses. Under this treatment the man improved much, and the discolorations gradually disappeared, though they returned three or four times during the voyage, but never to the same extent as at first.

I have given you these particulars merely to shew that these appearances are not confined to the insane, and also because I thought you might feel interested in the case.

I am, dear Sir, faithfully yours.

W. B. TAIT.

The Editor of the Asylum Journal.

Etherisation employed to detect Simulated Insanity. In one of those admirable Medico-Legal Reports which enrich the pages of the *Annales Psychologiques*, M. Morel concludes, "I declare on my conscience that Caroline Dugont is insane. But desiring to establish this couviction by every possible means of arriving at certainty, I have submitted her to *etherisation*. It was desirable to ascertain whether the abnormal indifference, and the automatism of her acts would disappear under a temporary change of physiological conditions. That which occurred was as follows: When etherised, not so as to produce coma, but to the stage of irritation, Caroline became very gay. She told us that she had been promised in marriage to M. Quissel [a delusion]. She did not deny her theft, but said that she had always been foolish, and knew not what she was about. Her imagination momentarily excited, carried her into her favorite sphere of matrimonial ideas; she laughed, was joyful, and the expression of stupidity usual to her physiognomy disappeared. But when this state of excitement, which seemed a moment of remittence, had once passed, the patient relapsed into her ordinary state of half-stupor." October, 1854.

Spirit Rappings: Physiological Explanation of the Sounds.—Dr. Schiff, of Frankfort, has devoted much patience and labor to the investigation of the source from whence arises the sounds, which the credulous imbeciles of this enlightened age attribute to the unquiet ghosts of their defunct grandmamas. His investigations have been rewarded by the discovery that they are produced at will through the medium of the tendon of the *peroneus longus* muscle. Our readers will remember that this tendon passes through a groove behind the external ankle bone. Dr. Schiff discovered that, by a little practice, this tendon can be slipped out of this groove, and slipped in again, producing the noise in question. M. Dechambre, writing in the *Gazette Hebdomadaire*, states that, in his presence, Dr. Schiff beat a measure in this manner to the tune of the *Marseillaise*. It is through the medium of their own malleoli that deceptive females have been hammering at the ear of public folly; —these Medeas who came from the country of Barnum's woolly horse with avaricious intent upon the golden fleece of the English donkey.

Testimonial to Dr. Diamond, of the Surrey County Asylum.—The services rendered by Dr. Diamond to photography, and especially in its application to archæology, and the frank and liberal manner in which he has communicated his improvements to others practising the art, have incited a numerous and influential body of photographers and archæologists to mark their sense of obligation by presenting him with a testimonial. Already, a handsome amount has been subscribed; Thos. Mackinlay, Esq., of Soho Square, being Honorary Treasurer to the Committee.

Appointment.

Dr. William Niven, Assistant Medical Officer of the Essex County Lunatic Asylum, has been a successful candidate in the recent Examinations for Medical Appointments in the East India Company's Service. The thoroughly scientific and practical knowledge of insanity, which Dr. Niven has acquired in the Essex Asylum, will be of the utmost value to that portion of the Indian public with which he will be brought into contact. His late appointment is now vacant.

Society for Improving the Condition of the Insane.—In our last number, p. 159, we confounded this Society with another private Society, known as the *Alleged Lunatics' Friend Society*. We are informed that this is an error, and that the two Societies are distinct, and for distinct purposes.

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 15th day of March next.*

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" Si quid novisti rectius istis
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

The Want of a Military Lunatic Asylum.

If legislative enactments, having reference to the care and treatment of the insane in this kingdom, can, of late years, be said to have been grounded upon any one broad principle, it is this, that insane persons, whose maintenance is provided from public funds, shall receive care and treatment in public establishments, directed by salaried officials, and under the inspection and control of public bodies. On this principle it is that the recent Asylum's Act renders it compulsory upon every county and borough, to provide a public asylum for its poor, and invests the Secretary of State with large and summary powers to enforce compliance. It is the operation of this principle which has removed pauper lunatics from almost all licensed houses throughout the country, and has brought the latter, with a few exceptions, to the more legitimate condition of private asylums. The legislature has imposed this broad principle upon the community at large. It has left freedom of action to the Government alone, of which the Government has taken and is taking an advantage, which is by no means edifying.

While the Legislature has been emptying licensed houses, Government has been filling them. While the former has been removing the insane poor from the custody of speculators, the latter has been farming out all the insane patients who are charged upon its funds.

Government farms some of its criminal lunatics to the governors of Bethlem, and the remainder to Mr. Finch, the proprietor of Fisherton House.

The ratepayers of the county of Essex having placed their pauper lunatics under the care of Mr. Bias, of Grove Hall, the Legislature interferes, and compels them to build a county lunatic asylum at great cost, to which the Essex lunatics are removed.

The vacancies so created are speedily filled up by the intervention of Government, which closes the Military Asylum at Great Yarmouth, and in its turn farms a hundred or so of lunatics to Mr. Bias. The Legislature compels every county and borough to withdraw its insane from the licensed houses, and to provide private asylums for their care and treatment, while it permits the Government not only to continue its old contracts for the custody of its lunatics, but even to enter into new ones, and to shut up the asylums which it did possess. If it is cheaper for Government to farm out its insane soldiers to Mr. Bias, and its insane criminals to Mr. Finch, and thereby to save the cost of buildings and of official staffs, it was also cheaper to the counties and boroughs to farm out their insane dependants to the keepers of those licensed houses which are now closed to them by the operation of Acts of Parliament.

Apart from the question of principle, it may well be doubted whether the accommodation available at Mr. Bias's licensed house will suffice for the requirements of our army, more than doubled in numbers as it has recently been, and exposed to the fearful strain of a

gigantic war. Of the men who survive the sufferings of the Crimea, and the more gloomy horrors of Scutari, how many will return to this country with mental faculties impaired or perverted ? and of how many will the mental powers give way during the incessant drill, by which soldiers are being manufactured at home in the briefest possible period? In all probability the numbers will be large : yet the only asylum which Government did possess for the treatment of insane soldiers has been closed, and the only substitute which the military authorities have thought fit to provide is a contract with the keeper of a licensed house, situated in the purlieus of the east end of London, with contracted boundaries and soot-laden atmosphere ; laboring in fact under those disadvantages of locality, on account of which the Commissioners in Lunacy are endeavouring to close various borough asylums. It is but fair to state, that under all these disadvantages Mr. Bias has conducted his asylum with such liberality, and has displayed so much judgment in the selection of men skilful and devoted to their duties as medical attendants, that he has deserved and enjoyed the marked favour of the Commissioners in Lunacy. Our observations, therefore, are very far from bearing any personal application to him, or any objection to Grove Hall as his asylum. We only argue against the violation of a principle by those who should be most forward to maintain it.

The want of asylum accommodation is beginning to be manifested by an exceedingly unfair proceeding on the part of the military authorities. Soldiers who have become insane within a limited period of their enlistment are "discharged, in consequence of being found unfit for further service." It is only a few days since we admitted an insane soldier who had just before been sent from his regiment to his parish in a state of destitution. We believe that such cases have been of rare occurrence up to the present time, but if the evil is not checked, and if no Military Asylum is provided, it is far from improbable that they will rapidly increase. It will be a monstrous injustice if the military authorities are permitted to discharge insane soldiers as incapable of further service, and to send them to their parishes, in charge of a corporal, in a state of destitution, or at most with a few shillings of marching money in their pockets. The act also is obviously illegal under the poor law, unless the disease is permanent and incurable. In cases of curable insanity such a removal would not be permitted from one parish to another : and supposing the soldier to have no further claim upon the Government, upon the occurrence of insanity, it would seem that he ought strictly to become chargeable to the parish in which he was stationed at the time of the attack, as in other instances of accidental and removable disease.

This is a serious question also as it affects the Militia. Now this force is embodied, and the regiments are removed to localities far from the districts in which they were raised, what will be done with the cases of lunacy occuring in their ranks ? Will Government send them to Mr. Bias's Asylum, or will the poor fellows be made paupers directly they become insane ? And if the latter, will they be "discharged as being unfit for further service," and sent under a Corporal's guard to their remote parochial settlements, or will they, like ordinary laborers fallen sick, become in the first instance chargeable to the parish in which the malady first occurs to them ?

It must not be forgotten that while Her Majesty's land forces are unprovided with any lunatic accommodation, except a few cells, at Fort Clarence, (a sort of ravelin,) an excellent asylum has been provided for the insane seamen of the Royal Navy. The Lunatic Asylum at Haslar, though small, may vie with any institution in the kingdom in completeness and skilful management. Why does not Government enlarge this asylum and send insane soldiers to it ; thus avoiding the expense of a double staff for two small asylums ? Why should the red coats be treated so differently to the blue jackets when they become insane ? They have both been servants of the Queen, and defenders of the country, and although these have fought on land and the others by sea, this elemental difference is no reasonable ground of distinction when they stand on the common chaos of insanity.

Medical Certificates, and Orders of Admission.

A recent decision of Mr. Justice Coleridge, respecting the invalidity of a medical certificate of insanity, because the name of the street, and the number of the house wherein the examination took place, were not therein stated, has profoundly affected the serenity of the persons most interested in the strict observance of the statutes on lunacy. This decision, the legal correctness of which has not been disputed, invalidates a large number, perhaps the majority, of the documents under which, lunatics placed in confinement since the passing of the late Acts are detained. The case upon which Mr. Justice Coleridge's decision occurred was that of Mr. Greenwood, an aged gentleman of large property resident at Todmorden. He was unmarried but had several natural children, to one of whom, a daughter, he was much attached. It is stated that he had expressed a desire to bequeath some of his property to this daughter ; whereupon his brothers caused him to be admitted into a private lunatic asylum named the Billingdon Retreat. He was confined in this asylum a day and a night without certificates. The day afterwards he was removed to a public house in a neighbouring town, at which he was seen by two medical men who examined him, and certified to his insanity; but they omitted in their certificates to state the name of the street, and the number of the house in which their examination took place. Through the intervention of personal friends, Mr. Greenwood was brought to London under authority of a writ of *habeas corpus* granted by Mr. Justice Coleridge. Here he was examined by various medical men expert and non-expert. Among the former were Dr. A. Sutherland whose affidavit testified to his insanity, and Dr. Forbes Winslow and Sir Alexander Morrison, whose opnions and affidavits were quite the other way. When the case came on for discussion on Saturday the 10th of February last, Mr. Serjeant Wilkins on behalf of the alleged lunatic raised the question of the validity of the two medical certificates in which, as we have before stated, the name of the street, and the

number of tbe house in which the examination took place, were omitted to be mentioned. Mr. Justice Coleridge reserved his judgment on this point of law, and on the 12th of February he gave his decision that the certificates were invalid in consequence of these omissions, and he ordered Mr. Greenwood to be discharged accordingly. Such is a brief outline of the train of circumstances which has sprung the mine upon the archives of admission papers treasured with such care in asylums and hospitals for the insane; and copies of which are guarded with jealous solitude in the muniment rooms of Whitehall Place. The Circular of the Commissioners [Feb. 14, 1855] on Lunacy trnly states, "This decision, although immediately applicable only to the particular case, has a wider and general bearing, and *enunciates the principle* upon which the superior Courts of Law will, it is presumed, judge all analogous questions of form." It enunciates in fact the very simple and reasonable principle, that the validity of documents upon which an Englishman is to be deprived of personal liberty on the ground of insanity, must be in strict and not in loose accordance with the statutary enactments of the legislature. If these enactments have been made too intricate and complicated for use, the difficulty has not arisen with the persons whose duty it is to interpret them, but with those by whom they were made. It has been stated, that Mr. Justice Coleridge evaded the onerous and disagreeable duty of deciding between conflicting opinions as to the sanity or insanity of Mr. Greenwood, by this decision on the point of law. That he shirked his straight forward duty by taking a side path. But it must be remembered that the point of law was not mooted by the Judge, but by the counsel for the alleged lunatic, and the Judge was compelled to decide upon it one way or another. If the opinion of Mr. Justice Coleridge is unsound in law it can be reversed. If his interpretation of the enactment is correct, but notwithstanding this has a tendency to consequences which will be of serious inconvenience to the public welfare, the only remedy lies in legislative interference and the amendment of the statute.

It has been urged that if a certificate is essentially correct, the omission of an unimportant particular ought not to invalidate it. But who is to decide as to that which is important and that which is unimportant in an Act of Parliament paper? If the address is unimportant is the date unimportant also? And if the date, what other particulars are unimportant? We have little doubt that on reflection, it will appear to our readers, that in a document of this kind, no particular can be deemed unimportant, which the Act of Parliament requires to be stated. A matter which has received the attention and the sanction of the Legislature, cannot be despised as unimportant. Besides, things apparently trivial in themselves make, in combination, an important whole.

We pointed out the difficulties and embranglements which were likely to occur from a lax employment of the proceedings and forms of admission, soon after the passing of the new Acts in a leading article in No. V of the Asylum Journal, to which we beg to recall the attention of our readers. The lapse of a few months has abundantly proved the justice of our apprehensions. That unfortunate clause, rendering permissive the amendment of informal papers, has been the source of never ending trouble to officers of asylums, public and private, and to the Secretary of the Commissioners in Lunacy.

In the article referred to, we stated, "We cannot think this section either a wise provision in itself, or consistent with the other parts of the statute. It has already been a fruitful source of irregularities. The act in fact contemplates the continual commission of misdemeanours by officers of asylums, and the 87 sec. is made to stultify the 73."

Under the old act the admission of patients brought with irregular and defective certificates was simply refused, unless the superintendent was willing to incur the risks of a misdemeanour imposed on him by the ignorance, stupidity, or wilfulneas of some relieving officer or justice's clerk. Under the new act it appears that he is expected to admit the patient, notwithstanding the misdemeanour; and as to the irregular and defective orders and certificates, he is "to procure the same to be forthwith amended." (*Com. Circ.*, Dec. 31, 1853.) And when one of the Commissioners in Lunacy has approved the amendment, "such formal sanction" will serve "for the protection of superintendents and proprietors against vexatious legal proceedings." (*Com. Circ.*, Dec. 12, 1854.)

If this unfortunate clause does not positively authorize the admission and detention of alleged lunatics upon informal certificates, at least it provides a facile remedy for such infractions of the law as often as they occur. The inevitable result has been that they constantly do occur. Few men will take more trouble than they are compelled to take in such a matter as attention to the minutiæ of a somewhat complicated legal document. The consequence has been, that persons officially engaged in sending lunatics to asylums, having been neither directly compelled by any penal clause, nor indirectly compelled by the refusal of admission to patients sent with informal papers, have neglected to make themselves acquainted with the requirements of the statutes. The operation of clause 87 has not been to protect superintendents and proprietors of asylums from vexatious proceedings, but to encourage the clerks of justices of the peace, relieving officers, and certifying medical men, in a careless and negligent unobservance of the statutory forms.

This clause has placed the officers of asylums in the very invidious position of having constantly to select between the admission of patients brought to the door with informal papers; or the refusal of admission, and the infliction of annoyance on those sending them, and of possible injury to the patients themselves; contingencies which it was known to be at their option to avoid. The clause in question was inserted to avoid vexatious legal proceedings on account of the detention of a lunatic on informal certificates. But for the sake of this possible advantage it has been the fruitful source of trouble and irregularity. If this clause had been omitted, and if any officer of any asylum had been rendered unconditionally liable to a moderate penalty for admitting any patient on informal papers, an incalculable saving of labor, annoyance, and expense would have accrued. Medical men, justices of the peace and their clerks,

relieving officers, and clerks of boards of guardians, and all persons concerned in the transmission of an insane person from his home to an asylum, would have been compelled to conform to the strict letter of the statutory enactment. In all documentary matters people inevitably suffer more from any laxity or uncertainty of the law than from its stringency. In such affairs it is almost merciful to be strict.

It is not very improbable that the next point of law in this matter which will be mooted in the courts will be the meaning of that phrase in clause 87 of the statute: "No such amendment shall have any force or effect, unless the same shall receive the sanction of one or more of the Commissioners in Lunacy." And we shall not be surprised to learn that all the forms of admission which have undergone any amendment since the passing of the recent statutes, including the great majority of these documents, are essentially invalid either from such sanction not having been given to them at all, or from its not having been given in the right manner and at the right time. Most of our readers are well acquainted with the routine through which an informal certificate passes during its progress of amendment. A copy of the document is transmitted to the office of the Commissioners in Lunacy, where it is examined by a clerk and returned by him to the clerk of the asylum with the informality marked in red ink. The clerk of the asylum is informed that it is his duty to "procure" the informal document "to be amended forthwith;" and although he is under no legal obligation, and has no legal power to do this, he endeavours, and generally succeeds, in obtaining the desired amendment. A copy of the amended form is then transmitted to the office of the Commissioners, and the business is considered to be settled. Now the question must arise, whether this acceptance of a corrected copy at the office of the Commissioners in Lunacy is "the sanction of one or more of the Commissioners in Lunacy," within the meaning of the act. In our opinion no sanction is given by the mere acceptance of the copy. Sanction given at a later period, and subsequent to the institution of proceedings for false imprisonment and the like, cannot legalize past acts. So long as this clause is permitted to remain a part of the statute, it would seem that the amended document itself, and not the copy, ought to be transmitted to the Commissioners in Lunacy, to receive their signature and formal sanction; or at the very least, that a note specifying and sanctioning the amendment, and signed by a Commissioner, ought to be transmitted to the clerk or proprietor of the asylum. For want of such a sanction, the Commissioners may any day find upon this point of law being raised by some astute barrister, that the great majority of insane patients placed under care and treatment in asylums, are and have been illegally detained, and that those who hold them in custody are liable to action for false imprisonment.

It a great pity that our new Lunacy Laws, which are admitted to be almost perfect, and eqnal to any thing in the whole body of the statutes, should any longer remain blurred by this stupid and mischievous clause. [Section 87.]

Fourth Notice of the Eighth Report of the Commissioners in Lunacy, by JOHN CONOLLY, M.D.

I am sorry to find that my remarks on the use of restraints in the *Kent* Asylum were displeasing to Dr. Huxley; and can only say that my desire was to confine myself to the actual statements in his own Report. I was careful to mention his anxiety to have it understood with what strict limitation he employed any mechanical restraint at all. Dr. Huxley may be assured, that nothing was further from my wish than to do him injustice or to give him uneasiness.

In a very short reply to the Commissioners by Dr. Simpson of the *York Lunatic Hospital*, he states, that he has had under his care "two or three of those happily rare and exceptional cases" in the management of which, "all other resources proving ineffectual," he was compelled to adopt a mild form of mechanical restraint." It is so evident that Dr. Simpson adopted it with reluctance, that it can only be hoped that such rare and exceptional cases will not long be met with in the York hospital.

All who were interested in the modern method of managing lunatics without treating them as criminals, and in the abolition of chains and other apparatus now even rarely resorted to in prisons, must have looked, as I did fifteen years ago, with anxiety, to some expression of the opinion of Samuel Tuke, one of the founders of the Retreat at York; and in whose Description of that establishment, published in 1813, are still to be found more clearly and fully explained than in any other work, English or Foreign, the soundest principles of treatment of the insane. When its venerable author, (who still survives, full of years and the honours which belong to those whose lives have been devoted to the good of mankind,) accompanied me round the wards at Hanwell, late in the autumn of 1839, I remember his start of surprise, not unmingled with an expression of grave anxiety, when, in answer to his enquiry as to how many patients, out of 850, were that day in restraint, I was able to answer "not one." The successive Reports of the Retreat since that time contained passages which, if not quite so determined as to satisfy my own impatience, sufficiently indicated the care, caution, and judgment, with which the possibility or advantage of the entire abolition of restraints had been considered. The reply made to the Commissioners by Dr. Kitching, the present medical superintendent of the Retreat, is equally expressive of the calm and unprejudiced manner in which this great question is viewed by him: and comprehends some important auxiliary points of treatment to which the opponents of the non-restraint system seem to pay far too little attention.

"The founders of the Retreat," says Dr. Kitching, "entertained the belief that more successful results might be obtained in the treatment of insanity, and the sufferings of patients more effectually alleviated by the agency of humane and moral influences than the public at large were prepared to attempt. They endeavoured, in the choice of the officers and attendants, that they should be animated with a feeling of kind sympathy towards the afflicted objects of their care; and it has always been their especial desire to dispense

with the use of mechanical restraint as much as possible.

"They also wished to adopt, as nearly as the peculiar objects of this institution permitted, the arrangements of an ordinary family and home. It was thought that the advantage of striking the patient's mind on his entrance into the establishment with the perception of arrangements altogether different from those to which he had been accustomed in private life, was not so great as that of showing him at once that he would continue to enjoy the domestic comforts, at least to a great extent, of his own home. The improved moral treatment carried with it an improved medical treatment also, and there naturally followed improved architectural arrangements. All these, and other improvements conjoined, rendered mechanical restraint less and less necessary; and again, led to the adoption of non-restraint, as a practice, itself a result of more enlightened moral and medical views, because in many instances a cause of the improved condition of asylums.

"The Retreat, although its first principles of treatment at once abolished all cruel forms of restraint, and although it has undoubtedly been beneficially influenced by the experiment of entire non-restraint made at Hanwell and elsewhere, has not considered it wise to pledge itself to the non-restraint practice as a principle, conceiving that there may still be exceptional cases in which mild restraint is the best and kindest, as well as the most scientific mode of dealing with them.

"Mania, and all the violent forms of insanity, are more successfully subdued by the medical treatment and structural adaptations of the present day, than by the strait-waistcoat and the restraint chair of the former times. The diminution of violence among the patients accomplished by these means is one of the most important results of modern days, and forms the key to a large share of the difference between asylums as they are, and as they were. Asylums were formerly constructed as if violence were the rule in the condition of lunatics; they are now constructed as if it were the exception, and it is the exception.

"Nor is this change due to any diminution having of late taken place in the proportion of maniacal to quiet cases.

"Another very important circumstance which has greatly contributed to the advantage of the patients, is the increased number of attendants with which our wards are provided.

"In this institution the proportion of attendants has been nearly doubled of late years, and not only has their number been increased, but the general standard of education and competence has also been raised. By this means the patients have been under the constant observation and influence of persons better able to understand the initial indications of important states and changes, and to meet them by immediate application to the medical superintendent, or by such ministrations as their own experience might suggest. That the general tranquillity, comfort, and mental healthfulness of a company of patients must be greatly promoted by this means, no one who has seen its effects can doubt.

"The total or almost complete disuse of mechanical restraint and of seclusion is another important feature, as well as the greatest single improvement of the present time in the practice of asylums. Whatever be the station assigned to it in the order of modern improvements, no single change has brought in its train so many advantages to the insane as this.

"In this institution the application of restraint is so small in amount, that the general practice and results would be unaffected by its formal abjuration. During the last five years only three cases have been under treatment to which mechanical restraint has ever been applied, and of these, two were patients under surgical care, whose lives were endangered by their propensity to interrupt the healing process in local disease.

"The disuse of prolonged solitary confinement ought perhaps to rank next as an important improvement in the treatment of the insane. Nothing impedes the recovery of a patient so much, or tends to confirm bad habits already contracted, as the abuse of solitary confinement. If the patient be rude, boisterous, or dirty, solitary confinement, if continued, delivers him over to the full force of his tendencies, and strengthens those habits which it is the object of the treatment to eradicate. Seclusion is chiefly useful during the acute stage of mania, and in chronic cases for short periods of time, as a mode of discipline when a patient has committed some act which he knows to be a breach of good order, or proper subordination.

"If the patient be confined to the bed or chair by straps or waistcoat, it is impossible for him to attend duly to the calls of nature, and thus a familiarity with uncleanliness is established, and the sense of self-respect injured; but if the patients are afforded every opportunity of observing cleanliness and decency, and encouraged to appreciate them, a departure from them is comparatively rare. The more constant personal attentions to the habits of the patients procured by the increased proportion of attendants has also been greatly instrumental in producing the same result."

It is satisfactory to be able to conclude the notice of what may be termed public institutions for the insane with this extract. It is less so to turn from these institutions, in forty of which mechanical restraints are not employed, and in few or none of the other ten of which they are resorted to, except in cases of peculiar and extreme necessity, to the contemplation of the disproportionate number of private asylums in which the proprietors still habitually have recourse to them, lean upon them, and magnify their merits.

There are, it appears, 128 private asylums in England; and there is much reason to believe that mechanical restraints are used in no fewer of these establishments than ninety one. Of the proprietors of these 128 asylums, thirty seven only report that they use no restraints. Forty seven proprietors avow that they employ them. Forty four make no reply: and there is reason to conclude that they may be added to the forty seven.

Well knowing that several of the proprietors of private asylums, who still allow mechanical restraints to be resorted to, are neither to be suspected of any leaning towards cruelty, nor of any desire to economise in anything that relates to the comfort of their patients, I can but deeply regret that accidental circumstances

have left them apparently as unacquainted with the practice of our best public asylums as if no such institutions existed. Circumstances, equally accidental, have made many of them proprietors of asylums; and for this task every medical man considers himself qualified. It is taken up as a good investment, a profitable business; the habits and practice of an asylum are purchased together with the patients, and the strait-waistcoats figure in the inventory with the rest of the furniture.

I will take, as a fair example of respectable asylums of this description, the Driffold Asylum, at Sutton Coldfield; knowing Mr. Bodington to be as kind and as candid a person as any holding a licence for an asylum. He has twelve private patients. He never, he says, "professed nor practised out and out the system which is called and known as the "Non-restraint" mode of treatment." He thinks the theory has produced much advantage in the treatment and cure of lunacy; but, "like all imperfect theories when carried into practice," serious concomitant evils." He considers "the doctrine of total non-restraint to be an ultraism which overshoots the mark, and goes beyond the truth." Mr. Bodington then considers; first, "the best method of meeting, resisting, and overcoming the propensity to attack and destroy, which commonly appertains to mental derangement;" and he at once declares his "entire conviction, that the use of instruments of restraint, properly adapted, is the most efficacious and merciful way of meeting the difficulty." Proceeding with equal confidence, and I am compelled to add, with really incredible ignorance of the whole practice and resources of the non-restraint system, Mr. Bodington says: "There are the cases of the lunatics who will not keep their beds, but will be up even all through the night, and in severe frosty weather are in danger of being frost-bitten. No personal efforts of an attendant can be effectual in remedying this evil. The system of total non-restraint leaves these cases quite unprovided for. It is impossible to meet them otherwise than by a mild and judicious application of instrumental restraint." And so this sincere superintendent, who believes he is discoursing wisely and humanely, goes on triumphing over the wild theory of "non-restraint." His opinions are, I believe, the opinions of the majority of proprietors of private asylums; his prejudices are theirs. He adds, however, that the foregoing remarks are the result of his experience in a small private establishment; and he admits that he has "no knowledge or experience of the practice followed out in our large public asylums."

On what practical subject, I would ask, in the whole range of medicine, could medical men be found on the basis of the experience of a village dispensary, utterly to condemn the practice of the whole of our large London and Provincial Hospitals? It is in vain to argue with these gentlemen of non-restraint as of a theory. It is a practice; and they have not been at school late enough, or at all, to learn it. There is scarcely a medical superintendent of a public asylum in the kingdom who does not know that the propensity to attack and destroy, the desire not to lie down in bed, and all the dreadful possibilities enumerated by Mr. Bodington, are met, daily, and nightly, and hourly, and easily, without the miserable and cruel resources of what he calls mild and judicious restraints; and that frost-bitten limbs are unknown under the non-restraint system, and belong to that under which patients were chained or tied down in bed, left neglected all night; badly clothed, badly fed, wet, dirty, wretched, and doomed to every misery which non-restraint has banished from our largest and best asylums. In small asylums in country places, twelve insane patients cannot be managed without the strait-waistcoat. In a large asylum near London, twelve hundred patients are admitted, and there is not a strait-waistcoat in the house. It is a reproach, perhaps in some degree attaching to all medical men engaged in practice, to have been so indolent as not to acquaint themselves with the present state of our improved asylums: but in medical men professing to take care of the insane, it is more than a reproach: it is a neglect of duty; almost a crime.

If the zeal and philanthropy of the good Earl of Shaftesbury should ever prove successful as to the abolition of all private asylums, or if the feelings of the public should lead to the same inconvenient result, the responsiblity will rest with those private asylum keepers who, when the contrasted condition of the public asylums with their own is considered, cannot but appear to the public as most deficient in the humane appliances of treatment. The evils following the abolition of private asylums would, I believe, be many and great; but they are such as those only who know the general sentiments of the friends and families of patients can foresee or at present appreciate. But the apathy in many of these institutions, and the contented ignorance of the great progress made in public asylums within the last twenty years, are bringing on the catastrophe. Whether it shall be found that the private houses are generally ill-adapted for the residence of insane persons; or that the attendants are too few in number, and ill-qualified for their task; or that the proprietor is too anxious for gain, or simply ignorant; the lingering abuses must and will be swept away. Better arranged houses will be required; more and better attendants insisted upon; and some amount of education in a large asylum demanded as a qualification for taking the charge of lunatics in smaller ones. The proprietors of private asylums may be warned that they set their houses in order. At present, these asylums comprehend every degree of conceivable merit and demerit; according to the character of the proprietor. Some are truly admirable, and worthy of the age; others are still but miserable places of incarceration: but the good and the bad may be swept away together. It is much to be wished that in the visits of the Commissioners the attendants should be seen as well as the patients; and their proportion to the patients ascertained, as well as their character. Many of them, at present, belong to the dangerous classes of society; their appearance announces it; their effect on the terrified or disgusted patients, declares it; and their manners, habits, and conduct too surely and too frequently prove it. Nor is there a doubt in my mind that, from causes difficult perhaps to avoid, some private asylums are confided to the care of persons whose character and previous history afford no security for

their patients being well fed, well lodged, and humanely managed.

Clever and cunning subordinates, in private asylums, often become inspired by the wish to set up for themselves. Possessing very little education, they consider themselves quite as experienced as the physician, and far more useful than he is; although he may have taught them all they know. They pursue a well-considered course; ingratiate themselves with the friends of the patients, and are profoundly obsequious to the Commissioners, or to the Visiting Magistrates; and, when their plans are quite matured, find some excuse for discontent and quarrel; vilify or even defraud those who have patronised them; and, having got a licence for a house of their own, defy the claims of duty and of honour, and triumph with the power given to them to trade in lunatics. They may be avaricious, or even severe and cruel to patients; but they deceive the Commissioners, who are incapable of conceiving such duplicity; and they are protected and perhaps even praised. There can be no sincerity for the proper treatment of patients in private asylums until a certain preliminary education is required both in the proprietors and attendants; and until, in cases in which the proprietors are not medical men, the houses are visited by well informed members of the profession. At present, any man, or any woman, not of notoriously bad character, can obtain a licence, and take a house in any village where rents are low, and where a poor subservient inexperienced practitioner is to be found, and thus possess all those chances of obtaining private patients that should only be given to persons known to be capable of treating all the varieties of mental disorder. The evils of this system fall on the public; and after a time will no longer be endured.

An examination of the replies from the private asylums shews, that the proprietors of all such of them as have been educated in the public asylums have disused restraints; (Dr. Sutherland, Dr. H. Munro, Dr. Davey, &c.) and that the most repectable of those who continue to advocate restraints, either confine their advocacy to cases of surgical difficulty, where it is not necessary to apologise for its use; or to cases in which patients injure themselves, undress themselves, &c.; cases in which the supporters of non-restraint believe all the difficulties can be better and more easily met without restraint. The replies are in general, temperately worded. One only, (from Heigham Hall, near Norwich), is characterised by a spirit and language unusual and unnecessary in the discussion of an important point of treatment. It is not my intention to examine these replies in detail, I shall merely refer to two or three of them.

Dr. Francis Willis, of Shillingthorpe, after candidly stating that he has only a few cases under his care, and those cases of many years' standing; and that he has "no new facts to communicate that can throw any light upon the advantage or disadvantage of restraint in the treatment of mental disorders," goes on to say; "The greater number of patients in the chronic state, require no mechanical restraint; but from my own experience, and that of my predecessors, who were most successful in their treatment, I consider mechanical restraint, in the feverish stage of the disorder, when a patient, through his fever and restlessness, cannot govern himself, a most merciful and beneficial means of cure, combined of course with medicines calculated to remove the symptoms; and my impression is, that, owing to the disuse of restraint through the cry raised against it, the opportunity of cure will be lost, the feverish stage pass into the chronic, and there will be more incurables."

Such are the convictions and apprehensions of a physician who, in the seclusion of a select private asylum, in the county of Lincoln, the county in which Charlesworth and Hill have been his neighbours and contemporaries, is content to refer to the success of his predecessors. I should be sorry to treat any deliberate opinion of Dr. Willis with disrespect. But his argument might be extended to all the parts of the old treatment. In the days of Dr. Willis's predecessors, the merciful effects of mechanical restraint were not alone trusted to in the feverish stage of madness; not even although they included thirst, and dirt, and unwholesome air. An additional means was resorted to, which it is scarcely grateful to leave out of the list of soothing measures; the *stripes and floggings* which were practised, and which, it cannot be doubted or denied, lessened the number of incurables, by increasing the mortality in the early stages of the malady. At that time, the stripes and floggings were as much praised, in feverish and restless madness, as mechanical compression of body and limbs is now; and the medical officers of the asylums in which non-restraint is now denounced as "psychological quackery," might no less then have thought the abolition of the whip "adapted to catch the unreflecting sentimentality of the vulgar."

It is painful to know that such views are still entertained by a few physicians, who are men of education, but apparently proud of adhering to ancient severities; and who have wanted opportunities of visiting, or inclination to visit, the great asylums in which mechanical restraints have now for so many years been unknown; and to study, profoundly and honestly, the system they so condemn.

Contrasted with such opinions and such expressions, I turn with satisfaction to the testimony of Dr. Sutherland, of whom it is unnecessary to say that he is one of the highest practical authorities on such a subject. In his reply from Blacklands and Otto House, he says: "Perhaps no example is more striking than the method of treating acute cases of mania in former years, and at the present time. Formerly the patient was strapped down to his bed, and not allowed to move; the consequence of which was, that the horizontal position favoured the congestion of the brain, and added to the development of the already superabundant nerve-force; thus producing greater and greater irritation, followed by collapse, typhoid symptoms, and too often by death: whereas, now, by allowing the patient the free exercise of his limbs, he works off much of the nervous irritation, and by tiring himself out, will sometimes get to sleep even without a sedative."

I strongly recommend this well-founded view to the consideration of all young practitioners in cases of insanity. This is not a matter of mere ingenious argu-

ment, but of the most serious practical import in acute cases; in which, amidst all the deceptious indications of superabundant strength, there is always a strong *tendency to death.* A practitioner who is not content to have secured the patient by a strait waistcoat and other means, because he has become "raving mad," but who, having him carefully watched, is himself among the watchers, will observe, in most of the cases in which the invasion has been sudden and recent, that amidst all the wild energy of the excited patient there are intervals, often short, but perceptible to observation, of sudden exhaustion; that the face becomes distressed in its expression, the loud voice ceases, the skin becomes very moist, the face pale, and the patient, although perhaps but for a few minutes, rests his weary head on his pillow. Fresh agitation succeeds; but these sinkings are important warnings; and when the patient is forcibly restrained, either by the hands of many persons, or by a strong strait-waistcoat, the repeated struggles will in all probability end fatally.

I am encroaching too much on the pages of the Journal. But one reference more I must make, and with it I shall conclude. It is pleasant to cite the latest testimony of Mr. Gardiner Hill, who, after his experience in the Lincoln Asylum, has now for some years put the non-restraint system equally to the test in his private establishment of Eastgate House in that city. Mr. Gardiner Hill may have employed a few unguarded expressions in his celebrated lecture in 1838; but that lecture excited universal attention in asylums. Many regretted, none more than myself, that Dr. Charlesworth's honoured name was too jealously regarded by Mr. Gardiner Hill's friends; that the venerable and eminent physician could not consistently grace the meeting to do Mr. Gardiner Hill honour; and that Mr. Gardiner Hill was not among those who inaugurated the statue of Dr. Charlesworth after his death. But when the memory of these things has passed away, medical history will associate their names; and, doing justice to Dr. Charlesworth, will do no wrong to his most active pupil and most meritorious follower.

Mr. Gardiner Hill says: "As I had occasion to remark some years ago, does restraint prevent accidents? Experience proves the contrary. Does restraint prevent suicide? Experience proves the contrary. Can a patient, insensible to the calls of nature, be restored to habits of cleanliness while under restraint? He cannot. Does restraint contribute to the recovery of a patient? Experience proves the contrary. It exasperates the sufferer, excites in him a spirit of revenge against the attendants, and thus is the fertile cause of accidents or injuries in an asylum.

"I further observe, non-restraint is practicable, for it has been well tested; it is humane, as all must acknowledge; it contributes to the comfort, the cheerfulness, and the recovery of the insane. It is also safe, for no serious or fatal accident has occurred in consequence of it. Constant surveillance has prevented this, It soothes the patient, keeps his angry and revengeful passions at rest, gives him the power to assist himself, and thereby prevents his falling into habits of hopeless filth and misery; and I venture to pronounce of it, that it is the system which must and will ultimately prevail in every asylum."

These are words of great weight and value. They proceed from one who has lived in an asylum; has watched the effects of different treatment in very numerous cases from the hour of their admission to the end; and who knows all the details of the anxious, but most instructive nights and days of those medical officers who, resident under the same roof with many lunatics, are zealous and vigilant, and depend more upon their own observation than on the vague reports of uneducated or slothful subordinates. I have already remarked on the great amount of respectable testimony to the same effect which is contained in the replies of the resident superintendents of our great public asylums, metropolitan and provincial; and I need scarcely say how valueless, compared with it, must be even the most imposing denunciations of those who have never known such labours, and never profited by such observation.

I have now dwelt as long as seems necessary on the answers sent to the Commissioners in relation to the question of restraint or non-restraint; and if any remarks of mine have given pain to those mentioned, I can only say that such was far from my intention; and that I have said nothing except on the authority of those whose own words I have quoted. My intention has been to speak truly, and even freely, but still as to friends. It has been the peculiar happiness of my life to enjoy the friendship of most of the physicians of my time who were connected with asylums; and, as I have never had any object in view but the improvement of the condition of the insane in asylums, I have always given respectful consideration even to opinions most opposed to my own. If I were convinced, even now, that mechanical restraints were more merciful to insane patients than non-restraint, I would abandon all my preconceptions. and confess my life to have been an error. But, seeing, after fifteen or sixteen years in which this controversy and this experiment have occupied the minds of mental physiologists, and of physicians especially devoted to mental disorders, that mechanical restraints are abolished in nearly all the public asylums in England, Scotland, and Ireland, I have retired from public duties with a conviction that my limited labours have been directed to an end that will surely be accomplished before many years more have passed away. As regards the general impression left by a perusal of the various evidence in the Eighth Report, cheering as it is, and gratifying to all who feel earnestly on the principal subject of them, I shall say no more; adding merely the well-weighed testimony of the able and indefatigable Commissioners themselves.

"As the general result which may fairly be deduced from a careful examination and review of the whole body of information thus collected, we feel ourselves fully warranted in stating that the disuse of instrumental restraint, as unnecessary and injurious to the patients, is practically the rule in nearly all the public institutions in the kingdom, and generally also in the best conducted private asylums, even those where the "non-restraint system," as an abstract principle, admitting of no deviation or exception, has not in terms been adopted.

"For ourselves, we have long been convinced, and

have steadily acted on the conviction, that the possibility of dispensing with mechanical coercion in the management of the insane is, in a vast majority of cases, a mere question of expense, and that its continued or systematic use in the asylums and licensed houses where it still prevails, must in a great measure be ascribed to their want of suitable space and accommodations, their defective structural arrangements, or their not possessing an adequate staff of properly qualified attendants, and frequently to all these causes combined.

"Our matured views upon this subject will be best understood by stating the course we have followed in the discharge of our functions as Visitors. In that capacity we have made it a principle to discourage, to the utmost, the employment of instrumental restraint in any form. Wherever we have found it in use, our uniform practice has been to inquire minutely into the circumstances and reasons alleged for its necessity, and to insist on recourse being had to those various other means which experience has proved in other Houses to be effective substitutes for it.

"In numerous instances in which the employment of constant or frequent restraint was represented to be indispensable, the patient has upon our recommendation been removed to another establishment, where a different system is adopted; and the removal has frequently been found to be attended with the happiest effects."

It only remains for me to apologise to you, and to the members of our Association, for having said so much, perhaps to the exclusion of more valuable matter. I cannot conclude without congratulating the members on possessing a common ground of liberal practical discussion, as well as so convenient a medium as the Journal offers for the communication of practical observations. Much benefit must be the result, to all of us.

Hanwell, March 12th, 1855.

Cases by D. F. Tyerman, Esq., *Medical Superintendent of the Middlesex County Asylum, Colney Hatch.*

Case I. Rapid death from rupture of a Cellular Cyst of the Heart, with effusion of blood into the Pericardium.

A. T., a male patient, æt. 32, unmarried, and by occupation a labourer, deaf and dumb, was admitted into the Colney Hatch Asylum on the 7th of January, 1853; having been subject to epilepsy from childhood, the convulsive paroxysms, of late years, having been succeeded by tendency to dangerous violence. He was of medium stature, of robust make, the osseous and muscular systems, as is generally the case with epileptics, well developed; the neck short and chest broad.

During the period of his residence, nearly 21 months, to his death, he continued prone to epileptic seizures, which were often followed by dangerous violence. In the intervals, however, he was usefully and willingly employed in household work, and shewed considerable intelligence, signifying by motions of his arms and by expression of countenance his various wants and complaints, and he sometimes pointed to his neck, the muscles of which no doubt suffered from the convulsive spasms of the epileptic attack. He was observed generally to be short breathed.

On the 11th of October, about 10 o'clock, a.m., under the influence of epileptic excitement, he suddenly became excessively violent and made a murderous attack upon one of the attendants with a chair; with some difficulty, and with the assistance of a second attendant, he was removed to his bed room.

On my attention being called to him, I found him lying down in an uneasy posture with a cadaverous aspect; the respiration being laboured; the skin cold and clammy with distinct emphysematous, crepitation in the cellular structures about the thorax; and he was evidently moribund. Without making any painful examination I inferred that fracture of the ribs, with punctured lung and effusion of blood into the thorax, had occurred. In about one hour-and-a-half he died.

A post-mortem examination was made twenty-two hours after death, and the following were the appearances, taken chiefly from Mr. Rose's description.

There was well marked cadaveric rigidity and much static congestion of the integuments, and dark fluid blood oozed from the incised scalp. The surface of the brain was pale, the convolutions packed and flattened as if hypertrophied and compressed. Moderate opacity of arachnoid with no serous effusion. Brain substance of good consistence with gray matter dark coloured. Ventricles considerably enlarged and occupied with clear fluid. Soft commissure absent. Brain weighed forty-four ounces.

Thorax. Old adhesion at apex of left lung, with some minute aborted tubercle in the cicatrix. Lungs of violet mottled colour, apparently healthy and crepitant. In raising the sternum and cartilages of the ribs, serous fluid escaped, apparently from the pericardium, which membrane was attached to the sternum, and on turning the bones fully back, the areolur tissue lining the sternum was seen to be distended with air, (from the roots of the lungs,) and the pericardium was found occupied by a thin watery blood, in which were suspended some long ropy masses of fibrinous blood-coagulum. A large collapsed sac, the size of an orange, was found in the situation of, and attached by a reflection of the pericardium to the right auricle, and occupied by a spongy areolur tissue, in places consisting of wide broken up meshes, and in this tissue an innumerable congeries of minute hard fibro-cartiliginous and bony masses, from the size of a pin point to that of a pea. There was a fissure of an half-an-inch extent in the walls of this sac, from which rent, the blood had gradually flowed filling and distending the pericardium. It was probably supplied with blood from the coronary vein.

There were very peculiar appearances in the anterior and posterior surfaces of the liver: small blood ecchymoses, with adjacent loss of tissue or broken tissue, resembling minute lacerations, and of various dates as to origin, some apparently recent, others of long existence, and similar to old fibrous cicatrices. There were small follicular ulcerations of the mucous mem-

brane of the stomach; the other abdominal organs were free from disease.

Case 2. *Rare Tumour of the Brain. General Paralysis*

T. H., æt. 26, a male patient, unmarried, by trade a shoemaker, was admitted December 6th, 1853, with marked symptoms of "general paralysis;" the intelligence limited, the articulation confused and stammering, the under lip being drawn to the left side in speaking, the gait very unsteady and tottering, surface pale, and general health much impaired. He had probably experienced epileptic convulsions.

During the period of his residence, (15 months,) the general and spinal paralysis advanced progressively, and the patient was prone to fall suddenly, as if the spinal nervous energy had altogether failed, and in attempting to walk he would attempt to support himself with his arms. He was not, during this period, subject to epilepsy, nor was he prone to excitement; an amiable placid disposition being evinced.

At the commencement of March, 1855, he suffered a mild febrile attack, which was relieved by akaline alteratives.

On the 8th of the month he was wholly unable to leave his bed, and the respiration becoming accelerated, he was removed to the infirmary, and on the following day he died.

An examination of the body was made twenty-two hours and a-half after death, and the following were the appearances, chiefly described by Mr. Rose, who conducted the examination.

Body well nourished, with well marked cadaveric rigidity. Calvarium thin and diaphanous, pitted by pacchionian bodies. Surface of brain much congested. Slight changes only in the arachnoid and very little effusion underneath. Brain substance of putty-like consistence. The ventricles greatly enlarged and filled with blood. Fine amylaceous bodies on floor of fourth ventricle. On turning up base of brain, there was observed a large mass of yellowish granular substance, evidently composed of distinct cells, the mass readily falling in masses distantly resembling masses of ants' eggs, the whole amounting to about ten drams in weight, and contained in a soft brittle cyst of white squamous glistening appearance. A portion was forwarded by Mr. Hedger to Dr. Willis, of Guy's Hospital, who, on placing it under the microscope, found it a tumour, "composed of fat and cholesterine, (cholesteatoma,) its physical characters like broken up suet, and the cyst compound of layers of a mother of pearl appearance. Under the microscope it exhibited a beautiful arrangement of polygonal cells, with faintly marked nuclei, and among them an immense quantity of cholesterine" in oblong tabular crystals.

This tumour rested on the right half of the pons Varolii, and was in contact with the medulla oblongata, pushing the pons to the left side, and insinuating itself into the right fissura Sylvii, thus making a bed for itself in the side of the middle lobe and adjacent parts of the brain.

Spinal cord in its upper dorsal portion, and in its inferior enlargement, much softened and disorganized, its tissue altogether having a dark muddy aspect.

Colney Hatch, March 16, 1855.

On the Employment of Seclusion in the Treatment of the Insane, by J. C. Bucknill, M.D., &c.

The witty Brillat Savarin wrote: "Quand j'écris et parle de moi au singulier, cela suppose une confabulation avec la lecteur; il peut examiner, discuter, douter et même rire; mais quand je m'arme du redoutable NOUS je professe, il faut se soumettre." *Physiologie du Gout.*

On this principle we descend from the editorial stool to reply to an article in the last number of the Psychological Journal, on the use of Seclusion in the treatment of insanity as practised in the Devon County Asylum; feeling that the subject has an individual reference to myself, and that it is one upon which the most free discussion is permissable, and even desirable. The writer of the article referred to has very fairly set my use of seclusion before his readers; and I might well be satisfied to leave my opinions and practice in this respect as by him stated, did I not learn from other reviews, that they are liable to great misrepresentation. The use and the abuse of seclusion is, certainly, a subject of sufficient importance to justify a full enquiry into its characteristics. It is one in which the greatest diversity of opinion and practice appears to exist. Some Superintendents "repudiate seclusion altogether, and some plead specially in its favour." Among the latter, I am "prominent." I accept the responsibility, and plead justification; premising, however, that my views are not so fixed, as that their modification or abandonment, upon sufficient reason, will occasion either annoyance or regret. On the subject of seclusion I profess myself to be in that happy state of receptability for facts or arguments, which is the necessary condition of a man capable of conversion.

The general views I entertain at the present time, and pending the production of arguments sufficiently weighty to justify my changing them for others, are stated in the Eighth Report of the Commissioners in Lunacy. They are, however, there stated in a brief official manner, shorn of all decoration and superfluous illustration, as becomes the gravity of the document of which they form part. It would have been satisfactory to me, and perfectly fair, to have treated the question of seclusion on its own merits, and without introducing that of restraint; since it shares the liability of being called a substitute for restraint with every part of the modern system of treatment. When restraint is not employed, everything which is employed is liable to be called a substitute for it. Instead of the periodical bleedings and vomitings which were formerly used, aperients, hypnotics, and stimulants are now employed *pro re natâ*; and these are pointed at as substitutes for restraint. Instead of the torture of the cold douche, now happily obsolete in this country, moderate shower baths are used to cool hot heads or give tone to hysterical nerves, and they become, in their turn, the scape goats of restraint. Since all means of treatment are liable to this imputation, it is scarcely necessary to defend from it a single one of them. This, however, I may state in broad terms, that I do not consider that I use seclusion as a substitute for restraint; and, that were I to discontinue the use of seclusion, in consequence of an order from the authorities, or for any other

reason, I have no doubt whatever, that I should be enabled to treat my patients without having recourse to the employment of mechanical restraint. The great majority of those for whom I order seclusion are patients for whom restraint would never even in the olden times have been thought requisite. Still, a small number of the patients who are now occasionally secluded would, in by gone years, have been placed in restraint; and conversely, some of those who would formerly have been restrained are now sometimes put into seclusion. But even in these cases the one could rarely be substituted for the other. Restraint was formerly used either for patients for whom seclusion would be inappropriate, or it was used in addition to seclusion. Let us, as Lord Eldon used to say, "clothe the case in circumstances," and suppose a patient in whom the destructive and combative propensities are in a high state of excitement. He rushes forward in headlong career, striking kicking, biting, pushing, striving, rending, tearing, smashing, crashing; of what use would it be to restrain the arms of such an individual, unless you also limit his powers of locomotion? Unless you tie him to a stake or a staple, or shut him up in a box where he cannot move, you must, in addition to the strait-waistcoat, put him into seclusion: and therefore, the use of seclusion alone in such a case, would not be a substitute for restraint alone, but a substitute for restraint and seclusion in combination. Again, suppose another case of violence, and of far more frequent occurrence than the above. Suppose a patient apt to strike, kick, or commit other acts of violence on the slightest provocation, but not under the dominion of the blind objectless excitement of the other. Such an one would formerly have been considered the most legitimate of all objects for the strait-waistcoat and the hobbles. But would he, in the present day, be frequently placed in seclusion? Certainly not, because sudden violence of this kind could only be prevented by seclusion, on the condition that it was constant, which it never is. Therefore, seclusion is not used for violent patients as a substitute for restraint alone, although it may sometimes be used as a substitute for restraint combined with seclusion. A comparison, therefore, made between the merits of seclusion and those of restraint, is destitute of the foundation which has been assumed for it, in their supposed power of mutual substitution.

I may now, I think, fairly claim the right to state the grounds upon which I found my opinion of the value of seclusion in the treatment of the insane, not as a substitue for any other means, but for itself, and on account of its intrinsic merits.

The general principle on which seclusion is employed may be thus stated. Assuming, that which will scarcely be denied, that seclusion from society at large is necessary for the protection and welfare of the insane; when this step has been taken, and large communities have been secluded in asylums from the excitement of the outer world, it cannot reasonably be maintained that one and the same amount of seclusion is all that is requisite for every variety of case. The principle of seclusion being recognised in the very existence of asylums; it is inconceivable upon what grounds it can be denied, that more or less of seclusion may be needful in the treatment of various cases of insanity, differing enormously from each other, as they do, in the intensity and character of their symptoms. Having secluded the inmates of asylums from the excitements of society at large, on what principle can it be maintained that none of them can ever need, for a time, to be withdrawn from the excitements of that society to be found in the asylum itself, and that one exact measure of seclusion is the proper dose in all cases? In China, where all things are done by exact rule, or at least used to be so done before the rebellion, the government lays down the most stringent regulations for the practitioners of physic and surgery; the exact kind and quantity of medicines to be given in all cases of disease are a part of the law; and, in the event of any deviation therefrom, if the patient suffers loss of life or limb, the doctor is punished in conformity to the *lex talionis*, the legal hue and cry is raised, and he is duly hunted down in the crown court of Pekin. A man daring to treat diseases under such restrictions must be a man-darin indeed, and deserving of the most distinguished button. Perhaps, in some bye-gone cycle of ages, the Chinese suffered from an epidemic of pathys, not dissimilar to the one which disgraces and devastates this country at the present time, and the beneficient and paternal government thought the best way to impede the progress of quackery was, to put the infant feet of medicine into little shoes. But are we to imitate the Celestials, and suffer it to be laid down as a dogma, that in the disease which most of all presents striking diversities in its symptoms and its intensity, the remedy which is most necessary and most universally beneficial shall be administered to all cases in exactly the same amount? Any one who would seriously maintain that this is reasonable, ought to imitate these interesting Orientals in one other thing, and without delay to get his head shaved. But a truce to banter, which, after all, is but the Cossack ingredient of argument.

The act of compelling a patient to reside in a special house or institution has been referred to as the first step towards the imposition of mechanical restraint; but this comparison is rickety and unsound. There is no resemblance between the locked gates and the boundaries of an asylum demesne, and ligatures applied to the arms and legs: while on the other hand, compulsory residence in such a locality is obviously the first step, the lowest grade of seclusion.

In my reply to the Commissioners, I have strongly expressed my disapproval of seclusion used in the old fashioned manner, by harsh and negligent attendants; and I have been careful to specify that I advocate its use only as a means in the treatment of insanity, to be prescribed solely and strictly for that purpose by the physician, at the same time that I admit the existence of a few exceptional cases, in which it is sometimes needful, for short periods, for the protection and security of other patients, rather than for the medical treatment of the individual secluded. I apprehend that this latter is the form of seclusion which is condemned by Dr. Diamond. I expressed my opinion that this form of seclusion "used as a means of coercion ought to be reduced to a minimum." Dr. Diamond has succeeded in doing without it altogether. Of this I am fully assured. I leave it to him to ex-

plain the favourable circumstances under which he has obtained this success, and whether it has been altogether unattended by disadvantages counteracting or diminishing its value. The difference which exists between Dr. Diamond and myself, in the use of seclusion as a means of treatment, is not very wonderful, perhaps not very important. It is well known that physicians differ greatly in their modes of treating other diseases; that one physician, for instance, treats pneumonia with calomel, another with tartar emetic, and another with ptisans; and diversities in the treatment of a disease, the pathology of which is far more obscure than that of pneumonia, need excite little surprise, even if they exist to the amount which is apparent between myself and Dr. Diamond. This diversity perhaps may be more apparent than real, and depend upon a wide difference in the employment of the term.

The reviewer in the Psychological Journal moots the question: "whether the seclusion practised by Dr. Bucknill, was wholly *necessary?*" I willingly reply in the negative; that it was by no means wholly necessary; that indeed only a small proportion of it was necessary. I only maintain that it was wholly beneficial, or at least that the whole amount of it was prescribed under the belief that it would be beneficial.

What is the advantage of doing without that which you believe will do good? And that the temporary separation of an insane patient from the throng of his insane associates will frequently do good, I cannot myself, at the present time, entertain a doubt. Do not even the sane feel that there are times when it is good to be alone, and shall the repose of solitude never be permitted to the insane, every fibre of whose nervous system is in a state of intense irritability? Educated sane persons who, in adult life, have for the first time been condemned, by circumstances, to uninterrupted association with their fellow men, have frequently expressed the acute moral suffering they have experienced from the impossibility of secluding themselves. School teachers sentenced to have their lives gradually rubbed away like a slate pencil by constant educational friction; and assistant surgeons, of literary and scientific tendencies, condemned to dwell in the midshipman's berth of a man-of-war, afford good examples of this truth.

It may be true that as a general rule for the insane, perpetual association may be preferable to prolonged seclusion. But there can be little doubt, I think, that unnecessary and prejudicial distress of mind is not unfrequently occasioned by the total denial of retirement. A patient, whose mental disease may have been produced by exalted sensibility, is admitted into an asylum, and from that time he must eat, drink, sleep, wash, dress, pray, and do everything else under the eyes of a throng of fellow-patients. Or if for a few hours he or she obtains the luxury of retirement, the fact must be noted in an official book, under penalty for neglect, and the treatment of that patient is liable to be considered as so far objectionable and unsuccessful.

Private asylums have great advantages in the employment of seclusion over public ones. Many of them *profess* to provide separate sitting rooms for any patients whose friends may desire such a luxury, and are willing to pay a reasonable sum for it; and, as far as my personal knowledge of the medical proprietors of private asylums extends, I believe there are few of them who would not, if they could, assign the use of a separate sitting-room to any patient, on account of the requirements of his malady, with at least as much readiness as they would do so on account of the solicitude and liberality of his friends. Yet the employment of a separate sitting-room for an insane patient must be considered as the use of seclusion. In public asylums each ward generally contains from thirty to forty patients, and in many of the new asylums there not not even day-rooms distinct from the galleries. At Colney Hatch, for instance, the wards consist of galleries with a lateral dilatation to serve for a day-room. In public asylums, therefore, the inmate must either be exposed to having his corns and his sensibilities perpetually trodden upon in the crowd of his fellow-patients, or he must be in legal and recordable seclusion. Suppose a gentle, timid woman—a lady, perhaps—fallen into poverty, retiring, fearful, susceptible, shrinking from all observation, with womanly pride and modesty veiling her sufferings from the world. At last her susceptibility and fearfulness becomes positively morbid; by some accident her destitution is discovered and she is found to be insane. She is sent to the county asylum to be cured or taken care of, and from thenceforth is compelled to live in an amount of publicity, in comparison to which the life of an officer in barracks is rural retirement. It may be argued, that such compulsory publicity of life will do her good: but it is rough work, and its occasional modification does not deserve to be considered as otherwise than humane and indulgent. I am very sure that there are many cases of acute melancholy in which the occasional use of seclusion is one of the most successful means which can be employed to bring about a cure.

There is a state of mind frequent in insanity for which we have no word, but which the Germans recognize and name *angstgefuhl:* we may call it passionate anxiety. Patients suffering from this state are intensely anxious, sometimes about one thing, sometimes about another; the object of anxiety often changes; it is generally some real existence: the husband, or the children, or the property, or the return to home, or the bodily health, or the interests of the future state. It is usually accompanied by sleeplessness, weak digestion, and general want of tone of the nervous system. Occupation is undoubtedly the best moral means of treating such patients. But sometimes this anxiety is so intense that all attempts to occupy the patient are futile, and sometimes the state of physical health discourages the employment of this means. Upon such patients, according to my experience, the refusal of seclusion inflicts great suffering: while two or three days spent in bed, aided by the use of small doses of morphia, or of tincture of opium with sulphuric ether, rarely fail to afford great relief. A few cases of a similar character are supplied by the mental state occasioned by intense fearfulness. This state, however, is seldom so demonstrative as that characterized by intense anxiety, and more frequently resembles the *melancholie avec stupidité* of the French,

than the form of disease which we call acute melancholy. In some of these cases, however, I have found occasional seclusion imperatively necessary for the relief of the sufferer.

I have mentioned above that I frequently employ seclusion in cases where it is not necessary, but only useful. To supply an instance, let me briefly refer to the case of E. R., a woman who has led a dissolute life, but whose ordinary condition now is that of tranquillity, with loss of mental power. She is a willing and laborious household servant, but about once in three weeks she undergoes an attack of nymphomania. Some years since, when I was in the habit of using a very small amount of seclusion in the treatment of my patients, this woman used to spend one week out of three in a state ot excitement, most offensive to all beholders, and most painful to herself. Medical treatment had little influeuce on the paroxysm, which was prolonged and exaggerated by the demonstrations to which it led. At the present time the paroxysm still comes on, but the patient is left in bed during its continuance. The consequence is, that it lasts only two, or at most three days, instead of seven or eight, and putting entirely out of consideration the comfort of the ward, the patient does not undergo one-tenth part of the amount of suffering which she did when these paroxysms were treated without seclusion. I could corroborate my opinion with a multitude of cases, but it does not appear needful to do so; since it seems to me that I have proved that of which, when fairly stated, proof ought scarcely be demanded: namely, that in forms of disease of which the principle manifestations are mental excitability and exhaustion, it may sometimes be necessary, and frequently be beneficial, to withdraw all possible sources of excitement, by the temporary removal of the patient from the society of his fellows.

In concluding this paper I beg to draw attention to the utility of a trivial expedient which I have for some time adopted. On the door of every dormitory or single sleeping-room, in which there is a patient detained, or remaining willingly on account of sickness, or for any other reason, I make the attendant suspend a label with the letter S painted on it. This label is of sufficient size to be observable from one end of the gallery to the other. It aids me materially in visiting the sick, since I have not to call the attendant every time I visit a ward, to enquire in which room a patient may be.

In asylums where efforts are made to keep the seclusion list as low as possible, patients, especially females, may not unfrequently be seen sitting alone in bed-rooms, at needle-work perhaps, or making artificial flowers, who are not considered to be in seclusion. It may be wrong on my part to think that these are virtually cases of seclusion. Still my plan of conspicuously marking the doors prevents my attendants from secluding a patient on any indirect pretext, and is so satisfactory to myself that I strongly recommend its adoption.

To the Editor of the Asylum Journal.

Sir,—In Mr. Wilkes' paper upon the subject of the administration of food to fasting patients, which appeared in the last number of our Journal, he alludes to a feeding apparatus which he has used with much advantage for some years past.

The instrument he describes was an invention of the late Dr. Balmanno, who for many years filled the office of visiting physician to the Glasgow Royal Asylum, and was known in Scotland by the name of "Dr. Balmanno's Feeding Apparatus." It was intended to supersede the use of the stomach pump in feeding lunatics; much difficulty being experienced in introducing the tube of the latter from the determined efforts of the patient to keep his mouth closed. The nasal tube was found to answer in every respect, and might with some slight modifications be adapted to the stomach pump apparatus, thereby giving the practitioner a choice of means in so far as the passage to the stomach is concerned.

The only objections I have ever known urged against the use of the nasal tube, are that it is sometimes from its small calibre apt to hitch on the epiglottis, and occasionally to enter the trachea. The latter accident has never happened to me, and I have frequently used the instrument, passing it as a general rule with but little difficulty. Sometimes if this tube is too flaccid from warmth it will curve when it touches the back part of the tongue, and pass forwards into the mouth —the patient may then grind it with his teeth, and so spoil the tube. This can be avoided by a little care in passing it.

We usually dip the tube into the liquid about to be injected, and when it is sufficiently pliable give it a slight curve with the end pointing somewhat outwards, and it readily finds its way into the pharynx. The constrictor muscles then seize it and carry it downwards to the stomach, frequently without our having to use the slightest force. The length of the tube passed, and the exit of gas through it, are sufficient indications that it has reached the stomach, and the liquid food or medicine may then be injected. A sensation of choking is experienced by the patient as the tube reaches the pharynx, snd this is sometimes so marked as to induce the operator to suppose he has entered the trachea; but a little patience, and withdrawing the tube slightly is all that is necessary, it soon passes onwards in the right direction. The tube may also be found to pass more readily by the right than the left nostril, this has happened to myself, and it will always be well should any difficulty arise in making the first attempt to try the opposite nostril.

In the old palmy days of restraint when medical aid was rarely invoked, cases of refusal of food or medicine were very summarily disposed of. The cause of the patient's refusal was deemed of slight importance, and scarcely meriting investigation. In no espect is the advancement made in the treatment of the insane more manifest than in the attention now paid to the causes of the varied phenomena which mark thees cases. The refusal of food, perverted appetite, vigilantia, and many other symptoms of disordered physical action are now minutely studied, and and in most cases relieved by appropriate treatment; but what was the course adopted in former times? The patient would not eat. Unless food is forced into

his stomach he will sink. He was therefore to be fed in the old orthodox manner. He was seized by two or three keepers as they were called, his mouth was wrenched open with an iron spoon or blunt chisel, frequently to the damage of several of his teeth, his nose was held tight, and the fluid poured down the throat of the half suffocated patient, who not understanding the necessity for these extreme attentions would only become more alarmed, suspicious, and determined in his opposition.

Even when the stomach pump was used as, it would be when professional aid was sought, the same difficulty existed as to the opening the mouth, and to keep it open a gag was used, which was secured by strings tied behind the head. Usually, however, the feeding process was trusted to the attendants, and it was not an unusual occurrence for patients to leave an asylum minus a few teeth.

To obviate these barbarities the late Dr. Balmanno invented his nasal apparatus. It was regularly used by him, and his successor Dr. Hutcheson, and has since been adopted in some of the English asylums. I am not certain whether it is used in the general hospitals of this country; but in certain cases of tetanus, and in stricture of the œsophagus it might be useful. Mr. Marshall, the medical superintendent of female patients at Colney Hatch, has found it answer all the purposes it is intended for, and I believe it has been tried at the Northampton General Lunatic Hospital.

I have known patients kept alive for weeks, and ultimately saved by means of this instrument, and in one instance a gentleman who had obstinately refused all nourishment and medicine for a protracted time until he was upon the point of sinking, submitted quietly for several days to the introduction of the tube, sitting up in bed voluntarily, and requiring no holding of the hands or head. He had made a vow to starve himself, and kept it rigidly until a few doses of medicine set his brain right, and a short argument, in addition to a sharp appetite, convinced him of the folly of his proceedings. As a general rule however, I have found that in cases of refusal of food, where perversity and sullenness of temper are exhibited, the introduction of the tube once or twice is sufficient. The patient finding himself baffled in his determination, at once succumbs, disliking the inconvenience he is putting himself to. In other cases where there are physical causes to account for the anorexia, medicine may be administered by this instrument, for which purpose a small elastic india rubber bag is provided sufficiently capacious to hold a good sized draught. This is supplied in the case, and fits the tubes tightly.

Mr. Wilkes' paper reminded me of Dr. Balmanno, and of his being the physician who first invented and used the nasal apparatus among the insane, and it occurred to me that many who may have employed it were not aware of this fact. Dr. Balmanno did much in his day to improve the condition of the lunatic, and no one had he lived would have taken a warmer interest in the great progress that has since his time been made in this department of medicine than he would have done. I am, Sir, your obedient servant,

THOMAS PRICHARD, M.D.

Abington Abbey, Northampton.

Medical Certificates.

Dear Sir,—I believe every medical practitioner who has been called upon to fill up a certificate according to the form 16 and 18 Vic., c. 96, has felt the difficulty of doing so correctly. For my own part I have never yet seen one which did not require amendment. The trouble thus occasioned would be removed if the letters of reference, *a*, *b*, *c*, *d*, *e*, were less microscopic; and if the directions were marginal, and printed in red ink.

The Commissioners generally return imperfect certificates for correction: but it seems this is not invariably done: but surely the doctrine that the Commissioners are not responsible for the correctness of certificates under which insane persons are confined, [see Commissioners Circular, Feb. 14th, 1855,] and that the responsibility, when *they* make no objection, still rests with the "Superintendents and others" is unsound. At all events, it is both inconvenient and dangerous.

I remain, dear Sir,
Yours truly,
A SUPERINTENDENT.

To the Editor of the Asylum Journal.

Dear Sir,—Allow me call the attention of superintendents to an India rubber chamber utensil, which Messrs. Macintosh of Manchester have made at my suggestion, and which I think will be very useful for violent and excited patients, who could not be trusted with those made of metal or earthenware.

One of the multifarious uses to which gutta percha has been applied has been the manufacture of these articles, but practically we find, that besides the difficulty of keeping them sweet, from the impossibility of using hot water to them, they are easily broken when made of the ordinary strength, and if made heavier they become serious weapons in the hands of excited patients.

The India rubber utensils seem to be calculated to meet all these objections, for while of sufficient strength to resist the ordinary rough usage of an asylum, they are useless as offensive weapons, and boiling water may be employed to cleanse them.

The price charged at present is rather high, but Messrs. Macintosh consider that they shall be enabled to offer them at a lower rate if there is any demand for them.

Yours faithfully,
JAMES WILKES.

Stafford County Lunatic Asylum.

Trial and Conviction of a Husband for the ill-treatment of his Lunatic Wife.

At the Devon Spring Assizes on the 17th ult., before *Mr. Justice Crowder*, *John Rundle* was charged with abusing, ill-treating, and wilfully neglecting, *Amelia Rundle*, his wife, a lunatic.

Mr. Stock stated that the prosecution was instituted by the Commissioners in Lunacy; and that they were fully determined to prosecute in all cases of a similar

nature which might come under their notice, in order that the helpless lunatic might receive every protection which the law would afford. He called the following witnesses.

Ann Hill stated that the prisoner's wife, who was now dead, was her daughter. She had been married to the prisoner eleven years. Some time previous to the 7th of October, the day upon which she was admitted into the lunatic asylum, she met her in Devonport, and she shewed her her arms, which were much scratched. They went together to the prisoner's house in St. Aubyn street, and witness told the prisoner that he ought to be ashamed of himself to ill-treat her, upon which he ordered her out of his house. The prisoner struck his wife with a hearth brush, and said he would make no more of killing her than he would of killing a rabbit. He afterwards removed to Monument street. On one occasion he refused his wife and her (witness) admittance, and they went away. The prisoner's wife had had no rest the previous night, and on returning to the house she fell down through weakness. At that time witness observed that her daughter's mind was disturbed.

Ann King, the wife of deceased lunatic's brother, remembered the period when the prisoner lived in Monument street. She had some conversation with his wife on one occasion, and afterwards took her to her mother's house. A short time afterwards the witness saw the prisoner and asked him where his wife was, when he made use of a disgusting expression, and said he hoped she would rot in prison or be transported. On another occasion when she went to the prisoner's house, the prisoner's wife came down stairs with her stays outside her dress, and looking very wild. She said "Jack" had beaten her, upon which the prisoner laughed. She then showed the bruises on her shoulders and breast, and said to the prisoner "you know you did it :" to which he replied "you were going to throw coals at me." He at first denied having struck her, but he subsequently admitted that he struck her with a brush.

Jane Butcher, a widow, residing in St. Aubyn-street, recollected when the prisoner lived next door to her. On one occasion she heard a violent "screeching" in the prisoner's house, and she ran in and found his wife crouched down in a corner : she said "the brute has kicked me with his boots." Witness had often heard him talk of the state of his wife's mind, and she remonstrated with him : she told him he ought to have a person to take care of her as she was incapable of doing anything herself, but he replied that it was no more harm to kill her than it was to kill a rabbit. Witness had noticed the alterations in the wife's mind some months previously ; sometimes she took things from witness's house which did not belong to her. In reference to these occurrences the prisoner had told witness he could not be responsible for her acts in the state of mind she was in.

Mr. Tripe, surgeon, of Devonport, stated that he had examined the prisoner's wife. He told her she would be taken to a place where her mental and bodily health would be taken care of : she replied that she knew she was not in a sound state of mind, and would be glad to go to a place where she would be safe from the attacks of her husband : she bared her left arm and shoulder, and showed some bruises, and, pointing to her husband, said "he did it." Witness was of opinion that the bruises were produced by a blunt instrument. He found several bruises on the abdomen and thighs, the hips, the left arm, and the buttocks, the latter he thought might have been inflicted by a kick : a magistrate was present at the time, and a sort of charge was made against the prisoner, upon which he denied it, and took up a brush which he said she might have ran against when he was defending himself from her attacks. Witness was of opinion it was a confirmed case of lunacy.

Dr. Bucknill stated that he was the medical superintendent of the Devon County Lunatic Asylum. He examined Amelia Rundle on the 8th of October, the day after her admission, and he observed the bruises which Mr. Tripe had described. He thought that the bruises could not have been self inflicted. The condition of the patient as to her mind was decay of the faculties. In his opinion she had been in a state of unsound mind for a year or more. She had suffered an attack of apoplexy and was paralysed. On the 12th of December she was delivered of a still born child ; and on the 12th of January she died. About the end of November the prisoner called at the Asylum, and witness sent for him to his office, and said "Your wife has told me that the injuries from which she suffered when she was brought here were inflicted by your violence. If that was the case, your conduct was brutal and unmanly." Prisoner replied that it was true, and that he was sorry for it.

The defendant, in addressing the jury, said his wife was in the habit of falling down the stairs which caused the bruises ; and he asked why the case was not brought before the magistrates when she was alive ? He admitted striking her on the shoulder : and stated that she had thrown him into great expences, and on one occasion she had put poison into his tea-pot.

A verdict of Guilty having been found, The Judge said that he should reserve the point of law as to whether the prisoner could be deemed, in the words of the statute, to have the care and charge of his wife. For this purpose he sentenced the prisoner to six months' imprisonment with hard labour ; and he divided the term, passing sentence for five months and a fortnight for the common assault, and the remaining fortnight for the offence charged under the lunacy statute.

Asylums for Criminal Lunatics.

In the House of Lords on the 9th ultimo, *Lord St. Leonards* rose to ask, whether Her Majesty's Government had any intention to erect asylums for criminal lunatics ? Under the existing system a prison frequently became what it was never intended to be—an asylum for lunatics; and he considered, that as it was improper to convert a prison into an asylum, so it was improper to make an asylum a prison, for the rules and regulations of the one and the other were altogether different.

He was aware that he might be met by a statement

on the part of the Government, that at present they did not contemplate the erection of buildings to be used as asylums for criminal lunatics, and under the pressure of the war, perhaps it might be impossible to provide new buildings for the safe custody of such persons; but whenever new asylums were erected, an important question would arise as to the classification of the persons who became inmates of those asylums. He thought, if the Government would consult the Commissioners in Lunacy, and the medical authorities who were at the head of public establishments for lunatics in this country, that, with the advantage of their experience, a plan for the erection and conduct of those asylums might be adopted, and a system of classification might be arranged, which might be introduced whenever asylums for criminal lunatics were built.

Earl Granville stated, in reply to the question, that it was doubtless most desirable that proper accommodation should be provided for the safe custody of criminal lunatics, and that arrangements should be made for their classification.

He was most happy to state, that the subject was under the consideration of the right hon. gentleman, the Secretary for the Home Department, (hear, hear,) though he, Earl Granville, was not able to give a pledge that the Government could immediately carry into effect any plan for affording the requisite accommodation. The question was, indeed, entirely one of money.

Legislation relating to Lunacy.—There are two *Lunacy Bills* before Parliament; one the "*Lunatic Asylums Repayment of Advances Act*, for *Ireland*, states in the preamble, that whereas it is doubtful whether it is competent for the Lord Lieutenant and Privy Council to make orders for the repayment of those sums, (expended from the consolidated fund in the building of asylums,) for the advance of which no orders in Council were made, &c.—That it be enacted, &c.

Sec. 1. That Commissioners of General Control and Correspondence, shall report to Clerk of Privy Council, sums expended from consolidated fund in erecting, enlarging, or extending asylums.

Sec. 2. That Lord Lieutenant and Council may order the repayment of such funds by the Counties forming the district for which the asylum is built.

Sec. 3. That the Grand Jury of each County shall make a presentment for such repayment, and that in default of this, the money shall be raised on the order of the Judge of Assize.

Sec. 4. Regulates the repayment between Counties of asylum expences in case of change of district.

Sec. 5. Gives the Lord Lieutenant power to revoke appointments of Commissioners of General Control, and to nominate others.

This Bill was read a second time before the House of Commons on the 9th of March. It received the strong opposition of the Irish members. Lord Palmerston explained that the Bill was not exactly one of indemnity, but that it was intended to set right an irregularity which had been going on a considerable time. The irregularity referred to appears to to have been the building and enlarging the Irish Pauper Lunatic Asylums on monies advanced from the consolidated fund, without the power of obtaining repayment from the county rates.

The other Bill is entitled an Act to explain and amend the Lunacy Regulation Act, 1853. It is a Bill of legal technicality, and explains and amends sec. 129 of the above-named Act, by enabling the Lord Chancellor, in matters of lunacy, to empower committees of estates to grant leases binding on issue or remaindermen.

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 1st day of May next.*

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"Si quid novisti rectius istis
"Candidus imperti, si non, his utere mecum."

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CONTENTS.

The Accumulation of Chronic Lunatics in Asylums. Question of further Accommodation.

That pleasant moralist of the Garden Sect, Alphonse Kerr, writes: "Je suis de l'avis de ce philosophe qui prétendait avoir découvert la véritable raison pour laquelle dans toutes les grandes villes il y a un Hôpital pour les Insensés; c'est qui, en y enferment quelques pauvres diables sous le nom de Fous, on fait croire aux ètrangers que ceux qui sont hors de cet Hôpital ne le sont pas."

If this quaint reason be accepted to account for the immense asylums, which within a few years have grown up around London, the elaborate care and cost with which the Londoners have attempted to prove their sanity, would naturally tend to excite a suspicion of the contrary, for "qui s' excuse s' accuse." Another philosopher, who was also a patient at Hanwell, once told us that the reason why he and others were the inmates of asylums was, that they differed in some matters of opinion from the people out of doors, and the latter exercised the powers if not the rights of the majority by shutting them up. He was in hopes that he should live to see the tables turned and the majority on the other side.

But in all seriousness, whatever may be the cause, the rapid growth of asylums both in number and size is a fact sufficiently serious to alarm the sanest of men, especially if he pays poor and county rate.

We append a circular issued this year by the Commissioners in Lunacy to the Clerks of Visiting Justices, on this subject.

That "in many instances existing asylums are overcrowded or full," and that "Pauper Lunatics in considerable numbers have been refused admission," is certainly "a state of things generally regretted by all who have authority, or take an interest in the care and treatment of the insane poor."

That the magnificent and costly institutions for the care and treatment of the insane poor, with which the enlightened philanthropy of the age has provided nearly all the counties of England, should have rapidly filled up with incurable and hopeless cases, is indeed truly to be regretted.

The most remarkable evidence of the manner in which chronic patients have accumulated, as accommodation has been extended, is afforded by the votes for asylum buildings passed at the Middlesex Quarter Sessions. On the 5th of May, 1829, the first of these votes was passed, authorising a committee "to enter into a contract not exceeding £50,000, for the erection of an asylum for 300 patients." The committee reported to the July Quarter Sessions, 1831, that the asylum at Hanwell was ready for 300 patients the number intended to be received;" "but upon carefully examining the establishment, it is found that 200 more patients, making in the whole 500, can be accommodated with great comfort." To build by mistake for 500 patients, instead of for 300, may be taken as proof that the first Hanwell com-

mittee did their architectural work in a style which may be called haphazard; still the mistake turned out to be a most fortunate one. From the Michaelmas report, 1831, we find that the expenses of the building then amounted to the sum of £123,000. From the Easter report, 1833, it appears that additional accommodation for sixty patients had been made by the conversion of a kitchen into an infirmary.

To the Epiphany Sessions for 1835, the committee report that "the number of applications which are still made for the reception of patients being more than the asylum can possibly accommodate, your committee recommend that Dr. Ellis should be directed to regulate the number of patients to be received from each parish according to their rental." At Epiphany, 1836, we find the asylum containing 604 patients; there has, however, been an hiatus respecting the expenditure for the increased accommodation, but on the 30th of April, 1835, the Court of Sessions "determined that the *savings* should no longer be applied to the building account." A resolution arrived at in consequence of accusations that the committee had charged a much larger sum for the maintenance of patients than it actually cost, and that they appropriated the surplus to building purposes. To the Michaelmas Sessions for 1838, the committee reported the expenditure of £19,846, for the erection of two additional wings to the asylum for the accommodation of 300 patients, accommodation which they had reported to be "quite commensurate with the wants of the county," and a further sum of £4000 for fitting, furnishing, and warming.

This was the last great addition made to Hanwell, other smaller ones which it would be tedious to enumerate took place from time to time, by which the asylum became capable of containing one thousand patients, the building having cost in erection, extension, modification, and repair, considerably more than £200,000.

The old asylum at Hanwell having been found utterly inadequate to the wants of the county, the new asylum at Colney Hatch was built for 1,200 patients, and opened in July, 1851. The first bill for the new institution was £289,356 5*s.* 6*d.*, but new buildings, new furniture, and new land, have already entailed a considerable additional expenditure.

Asylum accommodation for pauper lunatics has already cost the county of Middlesex little short of half a million of money. Yet both the great asylums are overcrowded with patients, and still the cry is, "they come." We learn from the report of th Hanwell committee recently issued, that not less than 500 pauper lunatics chargeable to parishes in the county of Middlesex are now unprovided with asylum accommodation, or are compelled to be sent to licensed houses.

The county of Lancaster supplies an illustration scarcely less remarkable than that of Middlesex. The county asylum at Lancaster Moor has been enlarged until it contains nearly 700 patients. Within the last five years two additional county asylums have been opened at Prestwitch and Rainhill; these also are now overcrowded, containing on the 1st of Jan. of this year 887 patients. We learn from the report of the visitors of the Rainhill asylum, that in consequence of the asylum being full at the commencement of the year, patients could only be received as vacancies occurred either by discharges or deaths. The committee have in consequence been compelled to refuse admission to upwards of 50 applications from townships in the hundred of West Derby; some of these were sent to the Lancaster asylum as long as there was room to receive them; since that time the townships have had no remedy but to send their cases to the private asylum at Haydock Lodge, where in the 20th of the present month there were no less than 26 from Liverpool alone." This pressure has been less severely felt in the agricultural counties in which the wear and tear of brain is far less than in Middlesex and Lancaster, where the social struggle for provision or position appears to keep the mind of rich and poor in a state of constant erethism.

But in counties remote from metropolitan or commercial turmoil there are few asylums, except those which have been opened quite recently, which are not over crowded with patients, or in which the necessity for enlargement has not been felt or already acted upon. There can be little doubt that of late years mental disease has become much more prevalent in this country than it formerly was, and that for many reasons this increase has taken place in a far greater proportion among the industrial classes of the community, among those who are ranked by political economists as the producers, rather than among those whose privilege it is to be considered as the consumers of the goods of life. Nor is it difficult to assign some efficient causes for this difference: the higher classes of the present day are better educated than their forefathers in the best sense of the term: they live less under the dominion of passionate excitement: they are infinitely more temperate, and their habits of life are more nearly in accordance with the laws of nature, which are also the laws of health. The working classes on the contrary are more drunken and dissolute than ever: there is infinitely more mental activity amongst them, more thought and mental struggle; but this intellectual developement has not been accompanied and fortified by an increase of the moral powers: the reading and debating artizan of the present day has less self-control and self-respect than his ignorant father; he uses more gin and more tobacco, lives in a dirtier room, and wears a looser and more uncleanly set of morals, and it is not to be wondered at that he is more liable to mental disease. Mr. Cleaton, the able superintendent of the county asylum at Rainhill, Lancashire, gives tables in his recent Report, in which he proves that, "in those years in which, from the high price of labor, the demand for relief was the smallest, the number of lunatics was the greatest, and the converse;" "that while parochial and charitable relief has diminished fifty per cent., insanity appears to have increased sixty-five per cent." And he observes, "should it therefore appear after more extended observation that prosperous times are, as compared with seasons of commercial depression, not only accompanied by a greater prevalence of crime, [See the Rev. Mr. Clay's Paper read before the British Association at Liverpool, on *The Effect of Good or Bad Times on*

Committals to Prison.] but are also attended by an increased developement of insanity, we must, I apprehend, look, in the latter as well as in the former example, for an explanation to the greater prevalence at such periods of *intemperance*, the too frequently besetting sin of the thriving operative and the well paid mechanic."

If new cases of insanity have in Lancashire increased sixty-five per cent., it must not be forgotten also, that among lunatics the duration of life has also been greatly prolonged. The average mortality of the pauper lunatics up to the year 1844 was ascertained by Dr. Thurnam to be 13·88 per cent. It is now 2 per cent. less. [See Dr. Parsey's Paper on the Statistics of Asylums, *Asylum Journal*, p. 149.] And if this difference is found to exist in asylums, it is very certain that in those counties which were unprovided with asylums, the medical treatment of insanity which was formerly in vogue was not likely to prolong the continuance of a burthen upon parochial rates: the lancet and the strait-waistcoat too often made short work of it. At the present time the probability of the duration of life of a chronic patient with good bodily health, without epilepsy or other complication, residing in an asylum, is perhaps not much below the average out of doors. Indeed, Dr. Wood has ascertained from carefully compiled tables and calculations, that forty-six lives who were in the chronic wards at Bethlem Hospital on the 1st of January, 1830, exceeded the high standard of life adopted in the Equitable Tables, in the proportion of 1382·53 to 1358·28; and he states, "the conclusion then from the above premises seems to be inevitable, that insanity after the violent symptoms of the acute stage have passed off does not tend to shorten life, and that the prospect of an average life is greater among those whose malady is confirmed, than among those who suffer from it in a minor degree." [Wood on *The Plea of Insanity*, p. 83.] With a greatly increased number of instances of mental disease among the uneducated and working classes of the community, and with a prolonged duration of life among chronic lunatics, it can excite little wonder that the most enlightened legislation on the subject of provision for pauper lunatics, carried out with the most active philanthropy by the magistracy of the country, has been unable to keep up with the ever increasing demand for asylum accommodation. The evil is a great and a growing one, and we fear that the addition of new wards, or even of new asylums, will only be a palliative, and not a radical cure.

It is the part of true wisdom to attack a great evil, not in its developed form, but at its source. To prevent insanity is better than to cure it, or to care for it humanely if incurable. The prevention, or rather the dimunition of insanity in a community, can only be permanently effected by increasing the moral and mental strength of the people, and by improving their habits. England is becoming a land of gaols and of asylums, because, the people have become surrounded by the excitements of a so called civilization, without having had the moral sense and the religious feelings strengthened to endure the tension. A great and wise system of education which would give to the humblest members of society a righteous self-respect, and entail upon them the practice of virtuous and wholesome habits, would alone render the further enlargement of county lunatic asylums unnecessary.

The "quality of education," in which we have faith that if general it would have power to check the increase of insanity and of other social evils, is of that kind so ably depicted by the Right Honble. J. W. Henley, in his Speech on Sir J. Packington's Bill, on the second of May last. "He would ask what was generally meant by the word education? If it was meant that a person was merely to read and write, do certain sums in arithmetic, or answer certain clap trap questions about various parts of the world, the reigning sovereigns, and other matters of that kind; then he had no hesitation in saying, that he did not believe in education at all: but he believed that that education was valuable which appealed to the boy's heart and mind, and tended to elevate the condition of the people, so that they might know their duty to God and man, and doing their duty to God and man, might successfully struggle through life to the life to come." The "quality of education" to be desired for the people is that which will train the greatest possible number of them to be good Christians and good citizens. That alone will have power to forestall the ravages of insanity and the spread of crime.

But while sectarian disputes indefinitely postpone the establishment of a national system of education, the people become more dissolute and drunken and improvident, and even high wages and physical prosperity are turned into a curse unto them, by becoming a cause of increased insanity and crime.

It is, however, one thing to shew how the increase of insanity might have been prevented, or how in times to come it alone can be prevented; and quite another thing to discuss the practical measures which the existence of the evil presses upon those who have authority. The Commissioners in Lunacy think that many chronic lunatics at present in asylums may be properly taken care of *elsewhere*.

Elsewhere is an indefinite term, conveying only a negative idea. No doubt the question was put in this manner by the Commissioners in Lunacy in order that it might not appear to have been in any way prejudged by them. But the whole question must turn upon the definition of this vague word. If "elsewhere" means Union Workhouses, we must express our earnest conviction that chronic lunatics cannot be properly taken care of in such places. The detention of lunatics in Union Houses is wrong in principle, and most unsatisfactory in practice. The detention of a lunatic, whether rich or poor, is an abrogation of the liberty of the subject, an act of imprisonment for his own benefit, and for the safety of the community. Such imprisonment of a pauper lunatic is legal, when it takes place in the State Institution provided for the purpose, under the control of the Justices of the Peace, as administrators of the law, and under the checks and stringent regulations of statutory enactments. But the continued detention of a lunatic against his will in a Union House, is an act of illegal imprisonment, and the practice of it is indefensible. In such a case the liberty of the subject is destroyed, without the checks imposed by the statutes, and with-

out any magisterial or other legal authority for the act. Every adult inmate of a Union House has by law the right of exit, upon giving three hours' notice; and the detention of a lunatic in opposition to this, in a Union House, is a positive misdemeanor. But in addition to its illegality, such detention has been found to work in the most unsatisfactory manner. Chronic lunatics, who are harmless, tranquil, and even happy under the circumstances which surround them, in a well-conducted asylum, where their dietary is good, their habits regulated by experienced attendants, their occupations and recreations rightly ordered, their mental and physical symptoms watched with skilful care, become, if these circumstances are changed or reversed, morose, irritable, and far from harmless. In Union Houses these circumstances are altogether reversed: the dietary is professedly such that no person will willingly continue to subsist upon it, who can obtain better food by hard work out of doors; and it is quite inadequate to afford to the ill-nourished brain of the lunatic those supplies which are essential to his *euphoria* and tranquillity. There are no pleasure-grounds, no regulated occupations and recreations, and above all, no attendants under constant and experienced medical direction. The ordinary inmates of the Union House are persons whom accident, infirmity, or vagrant habits, or indolence, or want of work or character, or some other cause have compelled to seek refuge in this place, which is purposely conducted so as to render voluntary residence therein a test of destitution. Such persons are not likely to view with favour the compulsory companionship of a madman, an object to them of dread and dislike; nor do their objections to such association appear altogether unreasonable.

Constant companionship with the insane is a matter so little desirable in itself, that strong inducements of duty or interest are required to make persons, who have a choice, tolerate it. But to compel the ordinary inmates of a workhouse to such companionship is, to inflict upon them most unjustly and illegally, a hardship, whicho ne cannot wonder, that in their own unreasoning manner they should resist or revenge. Whether this be the principal cause or not, the lot of a chronic lunatic detained in a Union House is a most unhappy one. By day he is the subject of jeer and jest and of small practical jokes; at night he talks, and the inmates of the dormitory endeavour to quiet him by a sound thrashing. He becomes enraged, and attempts some act of violence; or his misery finds vent in moans or cries, which cause more disquiet to the establishment, than acts of violence themselves. The master and mistress complain, and the patient is again removed to the Asylum, in a condition which makes the superintendent resolve, to sanction the discharge of no more uncured cases, if, by any means, he can avoid so doing.

What is a *harmless* lunatic? Our own opinion on this point, we shall quote from the Devon Asylum Report for 1850:—

"I beg here to make a few remarks on the question, as to whether it is desirable to discharge incurable, and as they are called, 'harmless patients,' or, in the words of the statute, those 'not dangerous to themselves or others.' This term, I believe to be inapplicable to any insane person, who is not helpless from bodily infirmity, or total loss of mind; it can only with propriety be used as a relative term, meaning that the patient is not so dangerous as others are, or that he is not known to be refractory or suicidal. It should not be forgotten, that the great majority of homicides and suicides, committed by insane persons, have been committed by those who had previously been considered harmless; and this is readily explained by the fact, that those known to be dangerous or suicidal, are usually guarded in such a manner as to prevent the indulgence of their propensities; whilst the so-called 'harmless' lunatic or idiot has often been left without the care which all lunatics require, until some mental change has taken place, or some unusual source of irritation has been experienced, causing a sudden and lamentable event. In an asylum, such patients may truly be described as not dangerous to themselves or others, because they are constantly seen by medical men experienced in observing the first symptoms of mental change or excitement, and in allaying them by appropriate remedies: they are also placed under the constant watchfulness and care of skilful attendants; and they are removed from many causes of irritation and annoyance to which they would be exposed, if at large in villages, or even in Union Houses."

We are glad to confirm this opinion by the following quotation from the able Report of the Hampshire Asylum, by Dr. Manley, which we have this day received.

"These incurables and imbeciles are cases that their friends or parish authorities are often desirous of removing from the asylum as 'harmless;' but it is by no means an easy thing to say, which insane person will, and which will not prove dangerous to themselves or the community, if discharged. Hundreds are willing to bear testimony that the 'village lunatic is a harmless creature;' but are astonished, when under some sudden surprise, caused, perhaps, by idle or thoughtless annoyance, he inflicts serious injury on some innocent or defenceless person. The fact of their being well-conducted, pacific, and usefully employed whilst in the asylum, under vigilant and considerate management, is no proof that they are proper subjects to be removed; indeed, most incurable lunatics are irritable in their tempers, so as to be easily provoked; and, with all our care, are subject at intervals to paroxysms of violence, rendering them dangerous alike to enemies and friends. The Lunacy Act enables the Visitors to discharge such patients; but as all the instances met with in asylums have been sent on account either of neglect or violence, the propriety of discharging them, except with a view of making room for recent curable cases, appears to me very doubtful.

The lunatic "not dangerous to himself or others" was an absurd fiction, which we had hoped the comments made upon the celebrated judgment in the case of Nottidge versus Ripley, had exploded for ever. A person actually insane can never be pronounced *harmless*, unless by the assumption of a profound knowledge and foresight into all possible stages and processes of cerebral disease, of which the possession would never be arrogated by any one, except by the most ignorant or the most dishonest pretender to cerebro-mental science.

But if the detention of chronic lunatics in workhouses is not feasible ; to what other locality can the *elsewhere* of the Commissioner's Circular have reference ? The obvious reply is, that the most natural place for the chronic lunatic is his own home, or under the roof of his nearest relatives. But alas, the homes of the poor are indeed a poor refuge for those suffering from mental disease. In any station of life it is well known that home is generally the worst place that can possibly be found for the sufferer from mental disease ; but the home of the poor man is peculiarly unfavourable to the mental invalid. In it he is frequently exposed to the influences of intemperance, of fanaticism, of domestic feuds, of scarcity of food, and the constant struggle for existence. These influences are so strong and so common, that the constant fear of the asylum physician is, that they will undo his work when it has appeared to be most satisfactory, and that they will send back to him the patients whom he has discharged as completely cured. *A fortiori* such influences cannot fail to affect most prejudicially any patients who have been restored to their homes relieved but still insane, the chronic and so called harmless lunatics of whom we are speaking. Still as a rule, and under certain conditions, the domestic home must be admitted to be far preferable as a residence for the chronic lunatic to the workhouse ; and if sufficient accommodation really cannot be provided for the insane poor in asylums, it is to the village home to which we must look for the least objectionable substitute. The conditions to which we refer are those of care and maintenance. Never again can it be suffered that lunatics, however chronic and reputed harmless they may be, should wander through lanes and villages ill fed, ill clothed, and uncared for, the sport of every idle boy and the butt of every rustic buffoon. A fuller appreciation of that which is just, becoming, and necessary, has impressed upon those who make and on those who administer the laws, that a recurrence cannot take place to such demoralising exhibitions of suffering humanity, gibbering, and moping about the country in gaunt and ragged neglect. If chronic lunatics are again to be kept at home they must be well kept and well cared for. This will entail not only the cost of sufficient food and of decent clothing, but the payment of wages to some trustworthy person, who will exercise that modicum of guidance and control, without which no lunatic is otherwise than dangerous to himself and others. But when these conditions have been faithfully fulfilled, will not the cost be found to have exceeded that which would have been incurred by the maintenance of the patient in a county asylum? And will not the rate payers be the very first to complain that sufficient asylum accommodation has not been provided?

But lest it be said that the faculty of discerning difficulties and objections is more common than useful, we shall close with a suggestion of our own for the relief of overcrowded asylums. It is, that small colonies should be thrown out from them, in such a manner as to be still retained within the government of the parent institution and under the direct inspection of its officers and the control of its board.

A house, if built in the most homely and simple plan, large enough to afford sitting rooms and dormitories for 27 people could be provided at a cost £720. Three acres of farm land, can in most parts of England, be bought for £180 : for land and house £900, add £300 for furniture, making a total of £1200. Such an outlay would provide the means of establishing a lunatic colony for 25 patients, being at the rate of £48 per head, or from one-fourth to one-seventh part of the relative cost per head, at which County Asylums have been erected. Or it might be found advisable to rent two or three cottages, or small houses, with garden ground conveniently situated for the purpose. Less ground would be necessary for women than for men. The former would only require a flower garden for exercise and recreation; the latter ought to have sufficient land to occupy most of their time in spade husbandry. An intelligent and experienced attendant, chosen for his honesty and trustworthiness, could in such an offset from a county asylum look after the comforts and well being of twenty or five and twenty patients, and he could do this better if he were a married man, and had the assistance of his wife in the cooking and domestic arrangements. The colony ought to be situate within easy distance of the parent asylum, in order that it might be easily visited and superintended from thence. The patients placed in it should be such as are least liable to excitement, to restlessness at night, and to evasion. Residence in the colony should be rendered an object of ambition and desire to the inmates of the asylum, and a probationary period therein would often form an excellent prelude in the final discharge of convalescent patients. It will be sufficiently obvious to those who are conversant with asylum expenditure, that the maintenance of patients in a simple establishment of this kind would be considerably less than that which is unavoidable in the parent institution. The selected patients it would contain, would entail no expense for destruction of clothing or for sick diet. There would be no new staff of officers to pay, and the industry of the patients would be rewarded by some remunerative return. Still, in the asylum itself, the actual cost of maintenance in the different wards, varies greatly. A patient in the infirmary, or one destructive to clothing, often costs a sum much greater than the general average. It would therefore perhaps be better to consider the colonies we propose as parts of the asylum, and to make no difference in the charge for the care and maintenance of their inmates. On this point, however, there would be great differences of opinion. An uniformity of rate could however inflict no injustice if continued for a series of years, because the patients chargeable to each parish in the county would at one time be in a larger proportion in the asylum, and at another in the colony.

We do not suggest this means of relieving the overcrowded wards of lunatic asylums on theoretical grounds alone. For several years past the Devon County Asylum, has afforded an example of the plan partially carried out. At this place two small houses were originally built for the occupation of officers, these are contiguous

to the asylum, but quite independent of its plan and arrangements. In consequence of the increase of patients in the institution beyond the number for which it was provided, these small houses, or cottages as they are called, have for several years been occupied by patients, with the most satisfactory results. They are cheerful and homelike, and patients much prefer residing in them to the wards. If these cottages were removed to a distance of from half a mile to a mile from the asylum, their management could be conducted exactly as at present, with the exception of some easily arranged matters relating to the commissariat. We entertain a strong conviction that if it is desirable or necessary to provide for the detention of chronic lunatics elsewhere than in the wards of county asylums, these simple lunatic houses, or offsets from the county institution, will furnish the most easily available and the least objectionable means of doing so. This plan will possess the very great advantage of retaining all pauper lunatics under the control of those to whom the law has committed their guardianship; for the law has for many years and by by repeated enactments recognized the Justices of the Peace as the proper guardians of the insane poor; not, indeed, until it had been abundantly proved by experience that parochial officers, the immediate agents of the rate payers, are not to be trusted with the power of controlling or detaining these helpless dependents upon the funds which belong to the destitute. The simplicity and practicability of the plan also appear greatly to recommend and to favor its adoption.

Office of Commissioners in Lunacy,
19, *Whitehall Place, Jan.* 25, 1855.

Sir,—The Commissioners in Lunacy have at present under consideration the duty imposed on them, by Sections 29 and 30 of "The Lunatic Asylums Act, 1853," to report to the Secretary of State, on the question of the adequacy of the accommodation provided in asylums for pauper lunatics.

The fact has been, in many cases, specially brought under the notice of the Board, that existing asylums are either overcrowded or full, and that, in consequence thereof, arrangements with other asylums have become necessary, or pauper lunatics, in considerable numbers, have been, from time to time, refused admission.

The Commissioners have reason to believe that there are many pauper patients now in asylums, of a harmless, chronic character, who might, under due regulations, be properly taken care of elsewhere. The adoption of this principle would, inter alia, be attended with the advantage of making room in asylums for recent and probably curable cases, many of which are now excluded. This object is expressly contemplated by the Legislature, in the 53rd Section, which empowers Visitors to reserve vacant beds for recent or any other class of cases. The rules of asylums generally contain a provision having the same object, superintendents being thereby required to promote the exchange of harmless chronic cases for those recent and probably curable.

With a view to a full consideration of the matter, and the suggestion of a practical remedy for a state of things generally regretted by all who have authority or take an interest in the care and treatment of the insane poor, the Commissioners will feel obliged by your furnishing them, by permission of the Committee of Visitors, as soon as practicable, with answers to the several annexed queries.

The Board would feel obliged by any further information, and any practical suggestions upon this important subject, with which the Visitors may be kindly disposed to favor them, especially as to the sufficiency of their present asylum for the wants of the county, and the views of the Visitors as to the best mode of providing for the care of the harmless and chronic pauper lunatics of the county not requiring to be in an asylum.

I am, Sir, your obedient Servant,
R. W. S. LUTWIDGE,
Secretary.

To the Clerk of the Visitors of the — Asylum.

Queries.

1. Existing accommodation for pauper lunatics of the respective sexes.

2. Additional accommodation, if any, in progress of being, or proposed to be, provided.

3. Unions or other arrangements existing, or proposed, with counties and boroughs.

4. Numbers of harmless, chronic patients, male and female respectively, who, in the opinion of the resident medical officer, could properly be taken care of elsewhere.

The Treatment of Melancholia with Refusal of Food, by James E. Huxley, *Medical Superintendent of the Kent County Lunatic Asylum.*

I propose to relate the features, treatment, and results of two severe cases of melancholia which have occurred in practice within the last nine months, in order to shew the occasional necessity for energetic action even in mental diseases, which belong to an order usually deemed chronic in respect of their progress and termination.

S., a male, aged 47, was received in July last, having been insane during ten weeks. *Symptoms:* inability to attend to his business; refusal to go to market, to attend to his customers in the shop, to go to bed, to dress or undress himself. Is very silent; used to be very communicative. Fancies he cannot pay his way and is in constant dread of poverty. Has refused food absolutely for the last two days; and, on strict enquiry, it was found to be undeniable that for many days previously, owing to his refusal, the quantity of food which he had been induced really to swallow had been next to none.

Cause. Losses in business; had been very temperate in drinking; had had a former attack of insanity, but no relative insane.

On admission, his mind was in a complete state of vacuity. He was wholly taciturn and his countenance expressed deep dejection and apprehension. His physical condition was one of alarming exhaustion; his conjunctivæ were injected and suffused, his breath had the characteristic fœtor of starvation, his skin in

general, and that of his extremities in particular, was shrunken, cold and clammy.

Treatment. Bed, warm coverings; fluid nutriment with brandy; the following mixture: R. Comp. Tinct. of Cardamums, Tinct. of Hyoscyamus of each 1 oz., Aromatic Spirit of Ammonia ½ oz., Camphor Mixture 9½oz. Mix., an eighth part every four hours. The food was administered by hand with varying success. Sufficient appeared to be swallowed, from time to time, to make the use of a stomach pump seem not indispensable; whilst his progress, such as it was, encouraged the idea of doing without that instrument. At the end of two days a slight improvement was visible, and it continued until after the fifth day. On the sixth a sudden relapse occurred with rapid sinking, and he died on the eighth day of residence, completely exhausted. After death, the brain and all the other viscera appeared, to the naked eye, quite healthy.

Remarks. On the mere history of this case with such corroboration as the appearance of the patient afforded, he should, perhaps, have been at once fed with the pump, and have had the process repeated at intervals (the resistance to food continuing) until there was a certainty that a considerable quantity of aliment had been placed in the stomach. It is a question whether valuable time was not lost in the practice of a modern refinement. Feeding the unwilling by hand and persuasion is often a very uncertain process. As no one can exactly calculate the waste, one cannot precisely tell how much has been deposited in the stomach. I decline implying that this case was actually lost for want of the stomach pump (because there seems to be a stage in exhaustion previous to the appearance of imminent danger to life, when the digestive powers, if supplied in abundance, are no longer able to perform their office, and the patient, notwithstanding, dies); but turn to the second case, the results in which are in striking contrast.

T., admitted three weeks after S., had been found wandering in a place many miles from his home. He could give no account of himself, and from his being astray, there was no history. In mind he was vacuous, muttering incoherently; and in body not less exhausted than the previous patient. I now quote from the Case Book. "The main features of the morbid state of mind were the nearly entire absence of energy and of the exercise of consciousness, as well as of every other cerebral function; and the bodily condition suggested only the imminent danger of death from starvation. There was no time to be lost. After ineffectual attempts to feed him by hand on the evening of his admission, it was next morning determined at once to use the stomach pump, whilst there was yet time. He was, therefore, fed once, and his general resistance of course did not prevent the introduction into his stomach of a sufficient meal of food, containing brandy. He never refused food again, and never seemed to remember (even after his recovery) the circumstance of his having been fed with an instrument.

The introduction of food was followed up with stimulating and sedative medicine in the mixture named below, with every gratifying effects. (R. Tincture of Hyoscyamus 1 oz. Comp. Spirit of Sulphuric Æther ½ oz. Camphor Mixture 10½ oz. Mix. an eighth part every four hours night and day.)

With plenty of food and porter improvement quickly commenced, and towards the end of August, the mixture (begun on the 29th July) was discontinued, as being no longer necessary. He had gained flesh and strength rapidly and become a working man. His mind had at the same time grown clear and sound, and it appeared that he was naturally possessed of more than the ordinary intelligence of his class. He was discharged after a residence of about seven weeks.

The following extract from a letter which I received from T. after his departure, gives some slight detail of the origin of the attack. "I have not had the slightest symptom of physical indisposition, or mental aberration since I left. I have been working for my cousin, ever since, ... I have had a visit from a fellow workman of mine with whom I spent the last day or two before I lost my wits, and from him I learnt that when I was with him I seemed to have a great cold on me (and I remembered when he told me), and that hot as the weather was I could not by any means get warm. I have also learned that I was wandering about for (or at least, out of my mind,) eight days before I was brought to the asylum, during which time it was most likely I never ate."

These cases require little comment. There might be some doubt as to the latter having been true Melancholia; there was none, however, as to the resistance to food, and the reality of the exhaustion. The case was probably saved by a vigorous treatment, which might possibly have had success, if pursued in the former. And this vigorous treatment was no more than the stomach-pump used *once;* which, however, overcame the resistance *at once and for all.* Would the first case have been saved by the stomach-pump? and would the second have been lost without it? I draw a moral from the facts, indicating direct mischief to practice, from seeking to generalise a medical opinion before its time. We all know that the stomach-pump, and every other instrument applied by compulsion in the treatment of insane persons, is mixed up with the practice of restraining proper; the laity being taught to believe that all are of one genus, antiquated and wrong. In cases like those I have described, to know the moment when *uncertainty,* as to the full and effective application of the treatment, is in itself danger, is everything; but, as the perception of this moment is not necessarily ensured by any particular sign evinced by the patient, its arrival must be anticipated; and in our proper desire to leave nothing undone, freedom in judging of and selecting further aids to treatment, of whatsoever kind, must not be clogged, so long as those aids have a reasonable adaptation.

An odd accident might happen in the practice of the "law of kindness," as it is called. Suppose for a moment a tenderness conceived in the spirit of this law, to cause a means of treatment, of good promise in extremity, but not in accordance with this spirit, to be withheld; then we may have a man "killed by kindness." Say a drowning man, whose intending deliverer is stopped, by feeling that it will hurt him very much to be pulled out of water by the hair of his head! The

law of kindness can be truly kind only, as long as acts done in the name of it proceed in company with a discriminating energy, and a sense of duty. The dictates of that law must not always be framed in the passive and melting voice, since true kindness may consist in the performance of things, the first aspect and immediate effect of which are harsh and painful.

JAMES E. HUXLEY.

Maidstone, March 13, 1855.

P. S. With this opportunity I should be glad to correct a printer's error, in my last communication to the *Asylum Journal.* In the eleventh number, at page 172, eighth line from the bottom, I am made to use the term *domestic* '*love*,' when I wrote *domestic* '*tone*.' Anything but humbug—(pardon)—even by accident!

A New Form of Reclining Chair for the Use of Paralytic and Helpless Patients.

It may be taken as a maxim in the treatment of general paralysis of the advanced stages of dementia, and of several other forms of slow physical decay, that the longer the patient can be prevented from becoming bed ridden, the longer will he live, and the less miserable will the remnant of life be to himself, and the less obnoxious to those around him. The general paralytic, in particular, needs to have his posture frequently changed, to provide against the occurrence of bed sores by pressure too long continued upon parts in which circulation continues when innervation has almost ceased to exist. The principles on which this means of avoiding bed sores are founded have already been discussed in the pages of the Asylum Journal, and do not need to be here repeated. The postponement to the latest period of the final confinement to bed has, however, other advantages besides that of preventing bed sores. The daily change from the bed to the easy chair, exercises a decidedly beneficial influence upon the bodily and mental condition of the helpless paralytic almost to the very last. It maintains in activity the small amount of cerebral function which remains; it excites agreeably the remnant of mind which he possesses; it aerates his body, and postpones the rapid decay and degradation of the functions which takes place when permanent continuance in bed at last becomes inevitable. It has therefore been my practice to postpone bed-lying as long as possible in the most helpless and hopeless cases of gradual decay. In so doing, however, the easy chairs in common use were found to be inefficient and unsatisfactory. The completely paralysed and helpless persons I am in the habit of placing in easy chairs, could not always be safely kept in them, except by some support in front to prevent their falling forwards, the use of which was liable to misinterpretation. Besides the easy chairs in common use require the trunk and the head to be more or less balanced by the action of the muscles of the back. These objections to the common easy chairs, led me to invent and to employ the reclining chair, of which a lithograph representation is appended.

Its advantages consist in the support which it gives to the whole length of the back and thighs. The patient sits in it in the form of the algebraic symbol N, and from his position it is impossible that he can fall forwards; the position is such indeed that many patients cannot get out of the chair without assistance; the act of rising from it requiring an effort, which a person too weak to stand safely upon his legs cannot make.

This chair is so truly an easy chair, that I recommend any of my brother Superintendents who doubt its superiority over all others in this respect, to order their carpenters to make one and place it in their own libraries, and they will find it the easiest and best reading chair they ever made use of.

When employed for a paralytic patient, it will often be found necessary to cover the well-stuffed cushions with a waterproof sheet; but to make it perfect for their use, Mr. Hooper, of Pall Mall, whose inventions and manufactures have already conferred immense benefits on bed-lying patients, has undertaken to construct water cushions in which the water will be prevented from gravitating to the lower parts.

The drawing appended hereto represents the chair made somewhat more slightly than is advisable. The dimensions for a large man are, width one foot seven inches, length of back three feet, length of front seat one foot eight inches. The construction, as the drawing will shew, is exceedingly simple. If made of American birch, the cost of each chair without the cushion will not exceed ten shillings.

Cases from the Middlesex County Lunatic Asylum at Colney Hatch, by D. F. Tyerman, Esq.

(Continued from p. 186.)

Case 3.—*Death from Chronic Abscess of the Pericardium. Absence of Marked Symptoms.*

A. F., a male patient, aged 42, married, described as a pocket-book maker and strolling musician, was admitted into the Colney Hatch Asylum, Nov. 14th, 1851, in a state of dementia, with uncleanly habits. He had previously, for many years, been an inmate of the Hanwell Asylum.

During the whole of his residence at Colney Hatch, the usual indications of incurable dementia were manifest. He was habitually taciturn, indifferent to surrounding events, the mental energies wholly in abeyance; nor was there at any time evidence of active physical disease. His expression of countenance was vacant; the forehead receeding, and hair straight; habitually semi-erect, assisting to stamp the physiognomical character of chronic lunacy.

On 23rd of March, 1855, the appetite was observed to be indifferent, and one or two meals were refused. He went to bed, however, much in his usual state, passed a tranquil night, and observed to the attendant on the following morning that he was better, and dressed himself.

In about an hour, however, a change was observed in his countenance; he became pallid and collapsed, and very speedily sank. After death the countenance wore a calm expression; the left brow was observed to be elevated, and a bulging at the right hypochondrium indicated enlargement of the liver.

Autopsy.—Brain, weight 49½ oz., without obvious

RECLINING CHAIR

FOR PARALYTIC AND HELPLESS PATIENTS.

structural change. Membranes scarcely opaque, but loaded with fluid. Ventricles slightly enlarged by fluid, which was also effused at the base of the brain.

There was much thickening of the areolar tissues about the pericardium, which was enormously distended and greatly thickened; and on opening it, an immense quantity of thick yellowish green pus, amounting to about three pints, was found to occupy its cavity. The heart was enlarged, its outer surface discoloured with greenish scabrous granulations, and this organ floated freely in the pus exudation. Through the medium of the thickened diaphragm, the pericardium had contracted almost inseparable adhesion with the enlarged, cirrhosed and fatty liver. On dissecting the heart, it was found to have undergone extensive fatty degeneration; a mass of fat, in some places half an inch in thickness, having insinuated itself beneath the serous layer, and encroaching on the muscular tissue. The kidneys were large, and weighed 6¾ oz. each. The lungs were not diseased, or adherent to the costal pleuræ.

I showed the heart specimen to the pathologists connected with the School of Guy's Hospital, and ascertained that an analagous case had, some years previously, fallen under the notice of Dr. Gull, a drawing of which is retained in the Museum.

Case 4.—*Subsidence of marked Symptoms of General Paralysis, on Localization of Phthisical Disease in the Lungs. Death from Phthisis. Necrosis of Sphenoid Bone.*

J. T., a male patient at 40, married, by avocation a letter-carrier, was admitted into the Colney Hatch Asylum, Feb. 17, 1854, having a few months previously been removed from Bethlehem Hospital, in an advanced stage of general paralysis, with the usual characters of that form of disease; the tottering, insecure gait, with very defective articulation, &c. having been most marked. On his return home from Bethlehem, these symptoms were observed by his wife also.

On his arrival at Colney Hatch, he was tranquil, prone to rambling conversation, but capable of giving rational replies; and he remarked, that he had been "overworked in his avocation, and required rest." He was pallid, and made no complaint of physical suffering, nor did the gait or articulation indicate the existence of general paralytic affection.

Feb. 18.—On the day after his reception he continued tranquil, and expressed himself satisfied with his position.

June 3.—Tranquil, with improved intelligence, and a disposition to converse.

Sept. 15.—Intelligence probably permanently impaired.

Nov. 6.—Very low intellectual power is exerted. He is tranquil, listless, and apparently indifferent to his position. No extravagant delusion has been expressed.

1855, April 2.—He has, for many weeks, exhibited evidence of lung disease, with anæmia and debility, and has been treated in the Infirmary. Cough, with muco-purulent expectoration has been observed for several days. There is no paralytic affection whatever, and the patient appears painfully conscious of his danger, but is resigned and tranquil.

April 6.—Died.

Autopsy.—Brain, weight without fluid, 52 oz. On removing calvarium, abundant semi-gelatinous fluid was found effused into the *piâ mater*, distending it, and inducing rather extensive atrophy of the convolutions. A semi-plastic and semi-organised thin, false membrane lined the reflected arachnoid over both hemispheres, and there was slight effusion into the *pia mater* of inferior portion of left lobe of cerebellum. Brain pallid and anæmic; its blood of thin, watery character, and light red hue. The sinuses and superficial veins of the brain contained fibrinous coagula, and the cortical substance of the brain was partially lechymosed.

Both lungs were almost wholly infiltrated with grey tubercular deposit, a small portion of the lower lobes only free, and they were extensively adherent to the sides of the thorax. A few small vomicæ were found. There was also tuberculous ulceration of the colon, commencing at the cæcum, and extending half-way down the rectum. *Dysenteric* symptoms had not been present. There was partial necrosis of the sphenoid bone; and the posterior clinoid processes were separated by ulceration, maintaining their position partially by membrane only.

I was wholly unprepared for such extensive brain changes, as no symptom of acute cerebral disease had been manifest during the residence of the patient. They were proof, however, of the presence of severe previous symptoms, which were witnessed by Dr. Hood, with whom I have had a conversation on the subject, and who fully corroborated the anterior full development of general paralytic affections.

County Asylum, Colney Hatch.
April 13, 1855.

[The following important paper is condensed from the Allgemeine Zeitshrift für Psychiatrie. Our readers will be astonished at many of the opinions expressed therein as a matter of course by an experienced and able physician, not less than by the treatment, which it is candidly admitted that criminal lunatics receive in Germany. In coming to a decision upon any embarrassing question of such a nature, as to promise only the least amount of evils upon the adoption of the best plan, (like the one at present discussed in this county relative to the disposal of criminal lunatics,) it is well to gather experience from all sides in order to learn that which to be avoided, as well as that which is to be attempted. The results of the practice in Germany are not such as to encourage those who have authority in this country to adopt the detention of criminal lunatics in prisons as some have recommended; they also point a bitter moral at the effect of long continued imprisonments. Dr. Delbrueck's purely professional observations are of great value, and we much regret that our limits do not permit us to insert his very instructive detailed accounts of individual patients.—Ed.]

On Insanity occurring among the Criminals in the Prison at Halle, and its Connection with Crime, from the Yearly Report completed up to January, 1854, *by* Dr. Delbrueck, *Physician to the Prison.*

The frequency of insanity among criminals has attracted much attention, and the question, whether its cause is to be found in the employment of solitary confinement, has particularly demanded consideration. I have stated my own opinion in my former reports, that the prevalence of insanity in this institution is to be sought in the peculiar circumstances under which it has been filled.

In the first place, criminals were brought to this prison under recommittals, or for periods of imprisonment of at least five years. Many of them have spent their lives in the commission of crime ; many of them have committed atrocious unnatural crimes, which indicate an abnormal physical organisation, and a large number of them have to undergo a prolonged punishment.

In the second place, this prison was established only eleven years since, and has subsequently undergone a considerable enlargement. When it was first opened it was filled by the overflowing numbers from the prisons of Spandau, Lichtenburg, and Berlin ; and these institutions made use of the occasion to get rid of their worst subjects. So that in our institution was united the quintessence of the punishment houses of the provinces. It might *a priori* be supposed that in such a population insanity would occur much more frequently than in other institutions. I have investigated these important conditions, and have here recorded the results. For easy reference I have tabulated my observations upon the insane in the institutions from its opening to the end of the year 1852.

In this table the cases of insanity are arranged under five heads.

First. Those suffering from epilepsy or chorea complicated with insanity ; of these there are nine cases.

Second. Those in the advanced stages of mental imbecility ; of these there are five cases.

Third. The undeveloped and doubtful cases; of these there are three.

Fourth. Intermittent cases of insanity, of which there are five.

Fifth. The remainder suffering from undoubted and more or less perfect forms of insanity; of these there are thirty six. The total being fifty eight.

Twelve have been sent to the lunatic asylum, of whom three are dead and one has been cured.

Ten, of whom seven were uncured and three were cured, have been released or removed.

Five have died in prison uncured.

Eight remain in prison either cured or convalescent; and,

Twenty three remain in prison uncured.

Thirty four had suffered attacks of illness, or had been epileptic, and were decidedly predisposed to insanity before their admission. In six cases the primary origin of the disease is unknown to me. In eighteen cases only, or in less than a third of the whole number, has the disease obviously shewn its primary, origin in this institution.

A very markworthy relation has existed between the crime and the insanity. Of the fifty eight patients, thirty five had committed crimes against property, and twenty three had committed crimes against the person. Of the latter, murder had been committed by one ; attempt to murder by one ; robbery with attempt to murder by two ; manslaughter by eight ; attempted manslaughter by one ; rape with destruction of life by one ; rape and attempted rape by three ; refractory conduct towards military officers one ; treason and rebellion two. As far as I have been able to ascertain from the documents and books of the institution, the number of prisoners for crimes against the person has fluctuated between one fifth and one fourth of the total number in confinement during the years from 1842 to 1848, but since that time this proportion has been altered on account of the large number of political criminals. But if we omit these as appertaining to exceptional circumstances, and disturbing the normal proportion, the above will still hold good. After abstraction of the two criminals whose offence was political, those who have committed crimes against the person will form more than a third of the insane criminals; consequently criminals against the person furnish to insanity about 13 per cent. more than those against property.

The disproportion among those sentenced for crimes against life is very striking. Nearly one fourth of all the criminal lunatics is included in this category. In the remainder of the inmates of the institution the proportion fluctuates between one sixteenth and one ninth of the total. It results, that this category of criminals presents more than three times the proportion of insane persons than the others estimated together.

In relative frequency rape comes next to murder and manslaughter, and next to this comes incendiarism. The causative connection between insanity and crime is proved by the crimes against the person, since the crime with its direct consequences is often the most essential cause of insanity ; or, on the other hand, the insanity is the cause of the crime.

When the first is the case, it depends partly upon the long duration of the imprisonment, which is frequently for life, or for that which is tantamount to it; partly in the circumstance that such crimes have for the most part been committed by persons not depraved, often without premeditation during an attack of wild passion. Remorse and grief for loss of freedom and of character seize upon such persons with greater force than upon habitual criminals. Among the twenty three cases of offences against the person are those of thirteen undepraved individuals, a very great number for our institution containing, as it does, habitual criminals chiefly. But frequently also the cause exists in the nature of the crime. According to my experience, the consciousness of having taken human life generally acts even in the worst criminal with deeper and more enduring influence upon the emotions than any other crime. The depressed introverted condition of mind, the thoroughly exasperated expression of countenance, have often led me correctly to con-

jecture the crime to have been murder or homicide. For the most part this wretchedness of disposition displays itself in the first year of the imprisonment, or much later, on the bed of sickness when there is no hope of recovery. I have lived to see a man grown old in prisons and houses of correction, and esteemed the worst of bad men, worn down by a year spent in bed in consequence of an incurable palsy, restless until he had confessed a murder committed twenty years before, and which no one had suspected.

A considerable number of cases have this in common, that the fixed ideas and insane conceptions betray an intimate connection with the crimes committed; these patients deny or palliate their offences, dwell upon the speedy attainment of freedom, and on the injustice of their imprisonment; the nature of these cases developes itself soon after the commencement of their punishment, and generally in the first year, one may usually recognise the form of disease, by its origin in the deep and enduing commotion of the affections, and the incessant occupation of the despairing soul with the one circumstance, the restless but fruitless endeavour to escape from the tortures of conscience or of retributive justice, or in the unfulfilled longing for freedom and their former happy state. If the disease has existed for some time, one can observe but little of the mighty convulsion which the emotions have undergone. The active process which produces insanity is at last ended, the emotional powers are dead, the chronic insanity remains.

[Here are detailed the particulars of a number of interesting cases which our limits unfortunately exclude, the concluding case, however, is so important that we give it in full; the author admits that its nature is doubtful and susceptible of different explanations.]

H. No. 15. A man of good reputation, living apparently in happy wedlock, in accordance with a matured plan killed his wife and three children, in a quarter of an hour one Sunday evening. He killed the wife by a blow in her head, and the children by fracturing their skulls and cutting their throats; apparently for no other cause than to withdraw them from the miseries and degradations to which they would be subjected in consequence of the loss of his property. According to his own account, he remained quietly with the corpses (which he had placed upon their beds) contented and happy with the deed, by which he imagined that he had exempted his family from the miseries of this world. He then set fire to the beds, and with the intention of self-destruction he inflicted considerable wounds on his own breast and throat. He lost for a time his recollection; but the smothering smoke and pain aroused him; not unconscious, but stunned, he fled from the burning house, in vain desiring death. He wished to throw himself into the well, or into the Elbe, but a fixed idea that he could not die withheld him: an attempt to hang himself failed. All night he wandered about as in a dream, turning back to the burning house and again flying from it. At last, broken down in body and mind, he applied to a surgeon for admission, under pretext that he had been attacked and wounded. The truth soon became known, and he acknowledged his deed after his plan of suicide had failed for the time. With unflinching constancy he awaited his death upon the scaffold. But when his sentence was remitted to imprisonment for life in the house of correction, his hope of death by the hands of the executioner was frustrated, and he no longer concealed his intention of putting an end to himself. In May, 1849, he entered this punishment house, where he remained in solitary confinement until his death, on the 20th of January, 1850.

Although one could not recognise in him any developed insanity, still in his whole conduct there was something abnormal. He excited the greatest attention, not only on account of his crime, but by his whole behaviour.

He was considered by some people as a thoroughly perverse being, by others as somewhat insane. Although apparently of good bodily strength, and never having excused himself on account of illness, he would do no work. Although people endeavoured by reward and by punishment, and by change of the occupation, to induce him to work, yet he would do almost nothing, and they were at last obliged to give way. Notwithstanding the possession of intelligence and inclination, a similar incapacity appears to have characterised his efforts to improve throughout life. According to his own account he had always been unlucky, and in business all the efforts he had made to gain a livelihood had failed, whether as soap-boiler, butcher, smelter, glove-maker, wafer-baker, or farmer; and this without any sufficient explanation in the occurrences of great misfortunes, or in the want of good will or of moral conduct. His manuscripts contained poems, short essays, single thoughts, and also a drama composed by him, called "The Oath of Revenge," from which one saw that he had excited himself with gloomy imaginations.

He had read a good deal, especially Eugene Sue, and French authors of that stamp. In the institution he was in reality gloomy and melancholy, altogether indifferent to that which was going on around him, and yet not free from a certain ostentation. He constantly spoke of his deed with unnatural serenity and with religious fanaticism; he never repented of it, but spoke of it as a work of love, and held himself and his family to be happy, that he had released them from the miseries of this world; he spoke of the blessed dreams with which he was favored during the whole night, in which he had around him his wife and children; he said that he should soon be entirely reunited with them. When going to church on a Sunday, the day on which he had committed the crime, he threw himself from the arch of connection between the wing of the prison and the chapel, a height of fifty feet; he shattered almost all his limbs and his skull. The post mortem examination displayed an unusual degree of abdominal plethora, and an enlarged and diseased liver and spleen; conditions which frequently accompany hypochondriac and emotional diseases. The skull and the brain were much broken, but in their separate parts they presented nothing remarkable. It ought to be noticed that H. had made himself master of the trade of a butcher,

but that he could not do the slaughtering "because his nature struggled against it."

The deed itself was enough to arouse suspicion of a diseased condition of the mind; and when one connects the little one was able to ascertain respecting his early life with his conduct in prison, with his suicide, and the appearances after death, it will appear more than probable that the true source of his horrible crime was a thoroughly diseased state of the emotions, and I do not doubt that a more exact enquiry into his history would furnish many corroborative data for this opinion. This case, so obscure and yet so instructive to mental and judicial physicians, stands on the limits between sanity and insanity, between accountability and unaccountability. The knowledge of the overt act itself with its immediate motives, and of the condition of the body and of the mind at the time and afterwards, is not sufficient to explain the enigma; the life of the criminal, from the cradle to the post mortem, taken as a whole might enable me to arrive at a conclusion thereupon with some degree of certainty.

I may take this occasion to remark on the disproportionate number of crimes totally against nature, to be found in the category of those committed by the insane, namely, the murder of a wife and five children, that of a wife, that of an only child, that of a mother, that of a brother; rape with homicide, the rape of a mother, and that of a child. Among the fourteen insane persons who have committed crimes against life are six who suffer from epilepsy or raving madness.

It must also be mentioned, that among the insane of this category, reasons are often discovered in the past life, which were equally the cause of the crime and of the subsequent insanity; for example, the debauched life of B, No. 58, who had ruined his health by drunkenness, and so laid the foundation of his insanity, and who in a drunken fit illtreated and killed his own child.

Coming now to the criminals against property, it is to be observed, that the crime acts as a cause of the insanity only in exceptional cases: for instance, in H., No. 18, who, a young, and not quite depraved man, as yet little under punishment, was condemned to sixteen years of the punishment prison, on account of theft and street robbery. From the first he suffered from deep remorse, and the hopelessness of again obtaining his freedom.

On the other hand, in nearly all of these cases, a sufficient reason for the developement of insanity is to be found in their past history. According to the documents, the large majority of the thirty-five, two lunatics who belonged to this category, in their early youth, seventeen of them before their twentieth year, and many of them in their boyhood, were offenders and residents in alms houses, correction houses, prisons, and punishment houses: those schools of vice and crime. It must be admitted that they generally grew up in want and neglect, and that in part they were afflicted with inborn or early developed depraved inclinations or vices, and that they led a dissolute vagabond life, which could not fail to destroy their morality and their bodily and mental soundness. Many of them acknowledged that drunkenness or dissolute habits of various kinds ruined their health in early life. No one can wonder that insanity should frequently occur among such people.

The frequency of injuries of the head among the insane well merits especial attention. Although I am unable to make the necessary observations on many cases who have left the institution or are dead, I yet find twenty-one instances of scars in the head, being more than one third of all the cases of insanity; and in these the injuries were of some importance, since they resulted in scars, which were complicated at least nominally with brain symptoms.

2. Scars of an unimportant nature have been disregarded; it is, however, well known that even unimportant injuries to the head leave behind them a disposition to insanity after the lapse of many years, and especially when other causes of disease add their influence. But it is evident that among such persons as are in this institution, their occupations and their strange suffering lives, their break-neck enterprises, and conflicts with the deputies of magistrates, would account for the frequent occurrence of injuries to the head, and moreover that these injuries, through the intervention of other well ascertained causes, have had far more important consequences than in the ordinary circumstances of life.

Also among the criminals against property the mental disease not unfrequently appears to be the cause of the crime, although much less frequently or directly than among the criminals against life.

On this point, particular consideration must be given to mental imbecility or to epilepsy existing from childhood or acquired at an early period of life. These kind of people among the lower classes at an early period of life take to mendicity, vagabondism, and theft. From whence it occurs that they are exposed to the sneers, the derision, and the persecution of their fellow-creatures, and their dispositions soon become totally ruined. The growth of their moral depravity proceeds with equal steps with the increase of the mental disorder: from small offences they proceed to serious ones, from the alms house they advance to the house of correction, and finally to the punishment prison.

Among epileptics, a restless, unsettled conduct is added to their liability to mental imbecility, to their periodical outbreaks, and their liability to violent conduct. It is also well known that epilepsy is frequently connected with a desire to steal.

Lastly. The long duration of imprisonment may be mentioned as a cause of mental disease. This generally depends upon the kind of crimes and their direct consequences, the influence of which I have before narrated. I have only here to remark, that a long detention in the punishment prison does not in itself act so injuriously upon body and mind, as the contrast between freedom and imprisonment, and the hopelessness and gloomy thoughts which arise from the loss of liberty for ever or for a long long time, on which account it is that mental disease, and also bodily sickness, are developed in general during the first year of the imprisonment. If by good fortune this year has been passed, and the body and mind

have become accustomed to the prison life, there is, *ceteris paribus*, much less need of anxiety. It is remarkable, however, how statistics indicate that the proportion of cases of insanity augments according to the number of years of the imprisonment. At the close of the year 1852 this relation was as follows, and it may be taken as a pretty constant one. Those condemned for less than ten years form one half of the total number in the prison: then the number of prisoners falls in proportion as their time of imprisonment increases, the smallest number forty-one, or one twentieth of the whole number being formed of those who are unconditionally condemned for life. Among the fifty-eight prisoners on the other hand, only twenty, or a little more than a third of the number were sentenced to so little as ten years imprisonment. There were seven whose sentences extended from ten to fifteen years, ten whose sentences extended from fifteen to twenty years, and twelve whose sentences extended from twenty years upwards..

There were seven whose sentences were for life, and of two the length of the imprisonment was unknown to me. Thus the number of criminals becoming insane not only increases proportionally but absolutely with the number of years of the imprisonment: only among those sentenced for life does this absolute increase not occur.

(To be continued.)

Epilepsy and other Allied Affections, by CHARLES BLAND RADCLIFFE, M. D., &c. *London:* Churchill, 8vo. pp. 144.

Dr. Radcliffe's theory of epilepsy is founded upon certain experiments of Dubois Reymond, and Matteucci, the first of whom observed that the muscles of a frog's thigh afford evidences of sensible electricity while *at rest*, but cease to do so *during contraction.* The needle of the galvanometer moves towards zero during contraction, which Dr. Radcliffe considers *conclusive* evidence that during contraction there is a decrease of the electrical action which existed in the state of muscular repose.

The experiment of Matteucci which serves Dr. Radcliffe to complete the basis of his system is the one by which he shewed that the muscles of a frog's leg were quiescent during the continuous flow of artificial electricity through them, but were thrown into contractions on breaking or closing the circuit.

On these experiments Dr. Radcliffe founds his conclusion that, "contraction as seen in ordinary muscle would appear to be analagous to that contraction which takes place in inorganic bodies in the abstraction of heat, with this only difference, that more forces have to be abstracted from the organic than from the inorganic body. The analogy is indeed perfect, for even that remarkable degree of contraction which is witnessed in muscle, as compared with that which is seen in inorganic bodies, may be a natural consequence of the physical constitution of muscle; for as muscle is composed almost exclusively of certain gaseous elements, it *may* contract to a great degree under a small abstraction of heat, because it is the law of its constituent gases, as gases, so to contract." (p. 24.) The muscles then are a set of springs, ready to go off in molecular contraction whenever the controlling force is withheld which keeps them in a check or relaxation. For instance, when a man strikes a blow he lets, as it were, his fist go off like a bolt from a catapult, by stopping for one moment the flow of the nervo-electrical fluid into the springs of the arm. The following are some of the objections to which this theory is liable.

1st. Molecular attraction, which Dr. Radcliffe affirms to be the sole cause of the phenomenon of muscular contraction, increases in energy as the attracted parts approach each other. But it is well known that the first part of a muscular contraction is most powerful, and the force of this contraction regularly diminnishes with its degree and extent.

Dr. Schwann instituted a series of experiments to determine this point, the result of which was, that the more extended the muscle the greater was its contractile force. "In the experiments in which the normal conditions of the system were least disturbed, the power of the muscles was found constantly to become greater, in the same ratio as they were less contracted, or to diminish as the contraction of the muscle was greater." "In the case of muscles this law affords a refutation of every theory which supposes the force of muscular contraction to be due to any of the forces of attraction already known to us, all of which increase in energy as the attracted parts approach each other, in the ratio of the square of the distance." See Müller's *Elements of Physiology*, translated by Baly, p. 906.

2nd. Those forms of death which, according to Dr. Radcliffe's theory, ought to be followed by the greatest rigidity of the muscles, namely, deaths in which the power of the nervous centres is suddenly and completely annihilated, as by lightning, smashing of the brain, blows on the stomach, &c., are exactly those in which the least amount of muscular contraction takes place after death, both muscular irritability and the tendency to *rigor mortis* being lost.

3rd. It is the universal rule that moderate use of bodily organs promotes their growth. But according to Dr. Radcliffe's views, a muscle is in use when it is in a state of relaxation, a condition which not only does not promote its growth, but which tends to its atrophy.

On the whole we do not think that the physiological basement of Dr. Radcliffe's views is trustworthy or defensible.

On the pathology of epilepsy Dr. Radcliffe states, "In lunatic asylums epileptics are classed and confounded with demented and imbecile patients. They are the most miserable of that miserable company. They are wanting in vital heat, and for this reason love to bask in the sun, to huddle round the fire, and their hands are cold and clammy, their complexion pale and sallow, their countenance languid and dejected, their pulse weak and miserable, their flesh flabby and often wasted, their little strength easily spent, and when spent slowly recruited; often also they exhibit signs of scrofula, of syphilis, and of mercurial abuse." (p. 48.)

We need not inform our readers that this picture in reality only represents one portion of the epileptic

inmates of lunatic asylums, and that every asylum can supply more than a sufficient number of remarkable contrasts to it: epileptics in whom the muscular system is firm and well developed, and the circulation is vigorous, who are capable of great exertions, who are turbulent, passionate, and dangerous. That they tend to sink into the condition described by Dr. Radcliffe is a proof of the effects of epilepsy, and cannot be accepted, as he demands it should be, as an indication of its source.

It will not be uninteresting to insert at this place another electrical theory of epilepsy by Mr. Solly, the able author of *The Anatomy of the Human Brain.* "The first morbid action is a sudden determination of blood to the brain, which expends itself in the secretion of that nervous power, which in a state of health is employed by the brain to convey volition to the muscles, and which power is, I have no doubt, identical with electricity. This excessive secretion is carried off by the motor nerves, like a discharge from an electric battery, and from its quantity and excess produces excessive action of the muscles." "I have always witnessed a flushing of the face previous to a convulsive paroxysm (of epilepsy), previous, as I believe, to the discharge of electric fluid in those epileptics who were full blooded and plethoric. In the very feeble and asthenic, I suppose that surplus quantity of blood has not been sufficient to overcharge the brain and flush the cheeks at the same moment." (p. 597.)

Thus our readers have two opposite electrical theories of epilepsy to choose from, that is, if they do not prefer to wait a little longer before they adopt any theory at all.

Dr. Radcliffe says, epilepsy depends upon the manufacture or transmission of electricity being stopped, and in confirmation thereof refers to the loss of pulse, palor, depression, &c., which according to him always preceed the paroxysm. Mr. Solly on the other hand says, epilepsy depends upon the excessive production and discharge of this mysterious electricity, and in support of his views he refers to the quickened circulation, the flushing of the face, &c., which he has always observed to precede the paroxysm.

Esquirol gives to epilepsy from plethora the second place in his classification.

Dr. Radcliffe's observation on the phenomena of cerebro-nervous diseases are not such as we find ourselves able to authenticate. He states, for instance, "if a demented person is not epileptic, he is almost sure to be afflicted with palsied shakings, or cramps or spasms in one form or other:" an observation which we need scarcely remark to our readers, although consistent with his theory, has scarcely been drawn from nature.

Again, "it would appear that during the fit the circulatory powers are depressed in an extreme degree, and *that in the very height of the paroxysm there is no proper circulation at all.*" "There is no doubt that the state of the circulation during the height of the fit is one of prostration verging upon actual extinction. This is the first fact in the pathology of epilepsy." (p. 55.) Mr. Solly states that the heart's action is excited during the paroxysm, and that "in the neck the carotid arteries may be seen distended and pulsating violently."

We have for several years given particular attention to the state of the circulation in the different periods of the epileptic paroxysm. We have found that the pulse at the wrist is rarely affected at the onset of the paroxysm. In a few instances it is retarded and rendered weak. During the convulsive stage, the pulse is often incapable of being felt; even the heart's action is often indistinguishable by the ear. The veins of the neck become turgid, and the current of the circulation appears to be quite interrupted for some seconds. The spasm relapses and the pulse is again perceptible, being at first weak and slow, then becoming faster, until a few minutes after the relaxation of the spasm it is often fifty per cent. more rapid than before. After a period, which varies greatly in different cases, the pulse reassumes its original standard. We are convinced that the condition of the pulse in the epileptic paroxysm is to be viewed as a consequence and not as a cause of the spasm. We have availed ourselves of almost daily opportunities of observing the patient at the moment of the invasion, and we have always found that in the brief interval which often intervenes between the loss of consciousness and the commencement of the spasms the pulse was unaffected. When the spasms come on, affecting as they do every muscle of the body, griping the heart within the embrace of the rigid muscles of respiration, and very probably affecting its own contractile power, then the beat of the pulse becomes imperceptible, and the beat of the heart itself can neither be felt nor heard, until the rigidity of the first spasm relaxes. That the failure of the circulation in any way tends to cause the convulsion is exceedingly improbable, from the fact stated Romberg, that "of all the organic apparatuses those of circulation and respiration exert the smallest influence in the production of epileptic affections." Sieveking's Translation, vol. 2, p. 215.

On the *treatment* of epilepsy Dr. Radcliffe says (p. 121), "arguing from the physiological and pathological premises, it may be inferred that epilepsy will have to be cured by strengthening the system." "Good substantial food, of which a large proportion is beef and mutton, is given to epileptics in many lunatic asylums, and with unquestionable benefit. Indeed the rule of these establishments appears to be, that if any difference is made between the epileptic and other inmates, it must be in favor of the epileptic." Beer, he states, is given in asylums, and beer and wine out of them, and that he is in the habit of recommending a very liberal allowance of stimulants. He thinks brandy is inferior as a remedy to gin, because gin is a diuretic; but he applauds turpentine.

"In actual practice" Dr. Radcliffe "has rung the changes upon the different stimulants" with uniform success. He "has never met with a patient who has not been benefitted," and "has met with many patients who have been completely cured." (p. 130.) We believe that the superintendents of asylums are generally much opposed to the dietetic use of stimulants by epileptics, and that where beer is approved for the patients in general, milk is sometimes as a rule

substituted for epileptics. But if Dr. Radcliffe benefits all his patients, and cures many of them, by a totally different plan, what can we say except that the general system is wrong, for seldom, indeed, does it result in a cure, or even in what may truly be called permanent benefit.

If we are unable to agree with the views of Dr. Radcliffe, we must nevertheless thank him for having relieved the dull monotony of despair in seeking for the true philosophy and treatment of this hideous disease. His book although it is so much opposed to all received opinions on the subjects of which it treats is both ingenious and interesting.

The Want of a Military Lunatic Asylum.

[In answer to our enquires, Dr. Lockhart Robertson has favored us with the following Letter, on the subject of the first Article in our last number. The former position of the writer as Medical Officer of the Military Lunatic Asylum, which once did exist at Yarmouth, adds the weight of experience to his able judgment. Ed.]

1, *Charles Street, Berkeley Square,*
April 27, 1855.

Dear Sir,—I write one line to say how fully I concur in the sentiments expressed in your Article on the Military Lunatic Asylum. The case is however stronger than you have stated it.

Shortly after the publication of the first Report of the present Commission in Lunacy, Parliament actually voted £60,000 for the erection of an asylum for the insane soldiers (officers and privates). The then Chancellor of the Exchequer took upon himself, after a site had been purchased near Maidstone and the foundations partly dug, to rescind this vote, and to apply a small sum to fitting up the barracks at Yarmouth, for the reception of the insane patients of the army, and by way of having it conducted on modern principles, Sir James M'Grigor offered me the resident physicianship, and I must say, during the five years I held office, every effort was made by the Secretary at War to place the establishment on the best possible footing.

Sir J. M'Grigor, however, retired from the Medical Department, and Dr. Andrew Smith (of sad notoriety) first removed both the medical officers who had conducted this new establishment to the satisfaction of all its official visitors, and replaced them by men who had never seen an insane patient before. He next acquiesced in its entire closure, and reverted to the exploded system of farming out the military lunatics.

Has ignorant routine, one may well ask, the right thus to nullify the vote and intentions of Parliament?

Further, it will hardly be credited that the Yarmouth Hospital has now for a whole year, at least, been fitted up for the wounded from the East; that two medical officers have been residing there; but that *no patients have ever been admitted!*

I should like to see a return of moneys expended in fitting up first the barracks at Hythe for temporary use of the insane patients of the army; then in adopting the Yarmouth barracks for permanent use; then for altering again the Yarmouth barracks for the purposes of the war.

Let us however hope for better things soon. Dr. Andrew Smith is about to be removed from his office, and the enlightened views of Lord Panmure will, when the crisis of more important matters is past, find, I trust, a remedy for Dr. Smith's mismanagement of the Insanity Department of the army. Yours truly,

C. L. ROBERTSON, M.D.

To the Editor of the Asylum Journal.

Physiological Effects of Haschish.—M. Berthault has written an essay on this subject. He describes from his personal experience, the effects of this singular agent to be distinguishable into three periods, that of excitation, characterised by great intellectual activity, exaggerated ideas and sensations, and acceleration of the pulse to 120 and even to 140; then the period of dissociation of ideas, with the desire of quietude and repose, accompanied by hallucinations and delirium, the pulse being normal; lastly, the period of reaction with an invincible desire to sleep; after some hours of sleep the patient awakes, refreshed and as well as ever. He thinks that the mischievous effects of Haschish are owing to adulteration with Stramonium or Belladonna, which is frequently practised in India. The principal contraindications of its use are an extremely nervous temperament, and diseases of the heart. He thinks that the properties of Haschish are far from being completely known, and that it is destined to take a high rank among the therapeutic agents in common use.—(*An. Med. Psych. Jan.* 1855.)

Chemical Composition of the Substance of the Brain, by Dr. Schlossbeyer. (*Annalen von Liebig und Wöhler. Band.* 90. 3, *p.*, 381.)

The ash of the grey substance of the convolutions has an alkaline reaction, that of the white substance of the commissures is acid, in man and in the higher animals. The mineral constituents also are very different in both. The reaction is very different among different animals, and also among different classes, as to age of the same species. The grey substance burns completely in oxygen gas to a whiteish grey ash, the white substance less completely, probably on account of the residual phosphorous compounds. A very important result is, moreover, made conspicuous, as was already mentioned in the former investigations conducted by Bibra, that *among aged people the material in the brain is diminished, which is usually soluble, and the watery parts are increased,* and this change proceeds as the years increase. The chemical constitution of the brain of old men gradually returns to a condition resembling that of children.

The Queen v. *Rundle, (see Asylum Journal, p.* 191.) The point of law reserved in this case was decided by the Court of Criminal Appeal on the 28th ult., to the effect that a husband ill-treating an insane wife was not within the meaning of "any person having the care and charge of any single patient" (16 & 17 Vic. c. 96, s. 97. Such a party should be prosecuted under the common law.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

NOTICE.—Those MEMBERS of the ASSOCIATION who have not paid their *Subscription* for the present year, ending the 24th of June next, are requested to forward the same to me without delay.

Subscriptions have been received from the following Members:

BEGLEY, DR., County Asylum, Hanwell.
BOYD, DR., County Asylum, Somerset.
BRUSHFIELD, N. F., ESQ., County Asylum, Chester.
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WINSLOW, DR. FORBES, London.

THE ANNUAL MEETING OF THE ASSOCIATION.—It has been proposed that this meeting shall be held on Thursday, the 19th day of July next. Members of the Association are requested to inform me whether any other day will be more generally convenient. When the day has been finally fixed so as to suit the convenience of the greatest number of Members, Circulars calling the Meeting will be issued.

W. W. WILLIAMS, HON. SEC.

Gloucester, May 12th, 1855.

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 15th day of June next.*

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" Si quid novisti rectius istis
" Candidus imperti, si non, his utere mecum."

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CONTENTS.

The Trial and Conviction of Luigi Buranelli for Murder. Plea of Insanity.

The execution of this unhappy man for the murder of Joseph Latham has strongly excited the attention of the medical profession, and has been the cause of much animated discussion in the medical journals. The conviction was obtained in opposition to the evidence of at least one medical witness, the value of whose opinion as a mental pathologist is second to that of no man in this or in any other age or country; and the extreme penality of the law was finally inflicted, notwithstanding the strenuous exertions of several medical men, who were highly competent, either from personal knowledge of the convict, or from their high standing in the profession as mental pathologists, to form a trustworthy judgment upon the soundness or unsoundness of the prisoner's mind. The action of the executive was indeed supported by the opinion of two physicians of reputation, so that it may possibly have been held that the evidence of the skilled witnesses on each side neutralized each other, and thus left the guilt of the accused to be decided upon principles of common sense, unaided by any rays of light shed from the lamp of science.

This trial has presented the painful and humiliating spectacle of mental pathologists differing entirely in their judgment, not only upon the particular question of sanity or insanity of the accused, but also upon the general questions of the nature of illusions and delusions, and the value of these and other phenomena as marks of cerebro-mental disease. The fact that the man respecting whom these questions arose has been executed, does not diminish the necessity of ascertaining their true answer. He, it is true, is no longer stretched upon the rack of this rough world, but the very feeling that if his presumed responsibility was a mistake, and his death a judicial blunder, it is now irrevocable; adds weight to the importance of an enquiry, having for its object a more clear comprehension of the grounds upon which future cases must be decided.

While medical men are ever striving to fathom the mysterious depths of psychological speculation, the more practical men of the law are deciding and disposing of their actual cases, and going on to new ones; disposing of them too often in a manner which admits of no reconsideration, which, adding precedent to precedent, adds nothing to wisdom, and leaves each new case to be decided on the shallow experience which precedents without broad and true principles are alone capable of supplying.

The result of Buranelli's trial has illustrated the existence of a wide chasm between the opinions of medical men and the existing state of the law. It has been assumed, not only at the trial itself, but still more explicitly in the able articles which have appeared upon it in the *Lancet*, and in the letters of Mr. Henry,

that it is sufficient to prove that a man is insane in order to purge him of guilt in the eyes of the law; that insanity, without reference to its degree or kind, implies legal irresponsibility. This however is an assumption utterly without foundation. Whatever opinion may be held by metaphysicians respecting the intimate nature of the bond which unites insanity and irresponsibility, the law of England is positive in its requirement of a certain amount and kind of insanity to exonerate a criminal from the consequences of his act. From the time of Coke to the present time the English judges have been unanimous in requiring, that to exempt from punishment, proof must be given of the existence of insanity from which irresponsibility can be reasonably inferred, either from its destroying the power of distinguishing between right and wrong, or from its having been accompanied by delusion; which resulted in the overt act; or in some other manner. Sir Matthew Hale explained that the reason the plea of insanity needed this limitation was, because a great number of real criminals might be said to be in some sort insane, and that partial insanity of this indistinct kind was never intended by the English law to serve as an excuse for crime. The law of England in regard to the plea of insanity is the same at the present day as it was in the time of Elizabeth and Charles II., inasmuch as it does not recognize any slight deviation from mental health to be a valid excuse for crime, but that it requires proof of the existence of disease which has assumed a definite character. Mental physicians on the contrary have assumed, that any degree or kind of insanity is sufficient to exonerate from the punishment due to crime. They have fallen into the common logical error of shifting the premises *a dicto secundum quid, ad dictum simpliciter.* The irresponsibility which is predicated by the law of England of insanity *secundum quid*, medical men have assumed to be predicated of all kinds and degrees of insanity whatsoever, which is an obvious fallacy. The law exempts the decided idiot from punishment as completely as the decided lunatic; but if we apply to the former the reasoning which medical men assume to hold good in its relation to the latter, the absurdity of the proposition will at once appear; thus: Some persons of weak intellect are incapable of crime and exempt from punishment; A B is not quite so sharp as he should be; therefore he is incapable of crime and exempt from punishment. A conclusion which would prostrate society under the donkey hoofs of vicious and brutal stupidity. This fallacy is one from which those who use it cannot escape by asserting, or even proving, that any kind or degree of insanity *ought* to exempt from *capital* punishment. For the question is not as to the justice of this opinion (one in which we entirely agree), the question is not as to what ought to be the law of England, but as to what is the law. We entertain a strong conviction that the law needs modification and relaxation to admit the influence of real extenuating circumstances, of whatsoever kind; an opinion which we doubt not prevails widely among those who have reflected upon this subject. [See an excellent Paper on *Crime and its Excuses*, by the Rev. W. Thompson; Oxford Essays, 1855.] But opinions of this kind are out of place when the real question at issue is whether a particular instance falls within or without the limits of the law as it actually exists. Such opinions, if they are sound and just, are at least in advance of legislation, and are therefore out of place in the deliberations of a court of justice.

We trust, that the thorough discussion which the case of Buranelli has been the occasion of, may result in a nearer approximation of the criminal law, as it relates to the partially insane, to the most enlightened doctrines of mental pathology. No truly humane person can fail deeply to regret the execution of any one whose mental faculties have been in the slightest degree warped by disease, however unconnected the motive of the crime may have been from the mental aberration. Nor on the other hand can any sensible man refuse to admit the danger of granting complete immunity from punishment to all offenders, whom the fine-drawn distinctions of modern science are able to recognize, as presenting instances of aberration however slight from the standard of cerebral health displayed in the integrity of the intellectual and moral functions. The only practical solution of the difficulty appears to be in the judicious employment of secondary punishments; a course which has for many years been adopted in Ireland, the Lord Lieutenant having in many instances upon the recommendation of the Inspectors of lunatic asylums, commuted the sentence of death to that of transportation. An institution like that recommended many years ago by Dr. Forbes Winslow, "between a prison and an asylum," would undoubtedly afford a much more appropriate means of disciplinal correction, than the ordinary convict establishments; and the establishment of some such institution we confidently predict, since it appears to be a necessity of the age, arising not less from increased knowledge of the nature of modified crime and of partial insanity, than from increased pity for the unhappy beings who commit the one under the influence of the other.

The story of Luigi Buranelli may be told in few words, for the facts of the case were simple and undisputed. He was an Italian, and had formerly been in the service of the Abbé Stewart. His master was assasinated while bathing, and after this event Buranelli came to London, in the hope of recieving from the executors, a sum of money which his master had promised him as a legacy, but which the untimely death of the latter had not allowed him to bequeath. He entered the service of a Mr. Crawford, and won the good opinion of all who knew him, by his amiable temper and cheerful manners. In 1850, his first wife, an Italian, died; on which occasion his master, Mr. Crawford, stated, that his grief was most exaggerated. He was inconsolable, was continually weeping, said his sufferings were greater than he could bear, and that he thought he must destroy himself. In 1851, he married again. His second wife was a native of Penshurst in Kent, at which place he worked as a tailor. He was a very sober, quiet, inoffensive person. In 1854, his second wife died in childbed; and after this he exhibited great depression and melancholy. He used to say "Poor Louis, poor Louis, many troubles, many troubles," often said he should throw himself into the river. He would not be left alone, and a little boy was em-

ployed to be with him. He asked a woman named Simmons, to buy laudanum for him. At this time he came under the notice of Dr. Baller, who treated him for congestion of the liver, and operated upon him for a small fistula in ano. After the operation he was violent and unmanageable, and tore the bandages away.

Dr. Baller thought him suffering from melancholia. "He had many extraordinary delusions on the subject of his malady, and from all the facts which were within Dr. Baller's knowledge, the latter came to the conclusion that his mind was affected." He left Penshurst in the summer of 1854, and came to London, where he entered the Middlesex Hospital, to be treated for the remains of the fistula, upon which Dr. Baller had operated. What remained of this fistula was of a very trifling character, and Mr. Henry, the assistant surgeon, told him so; but found that he had extraordinary opinions respecting it, especially that it was connected with the bladder, and that his bed was flooded with urine which ran from it. Mr. Henry endeavoured to convince him that these opinions were erroneous, and passed a catheter for that purpose; "but what he said had no more effect on the patient than if he had spoken to a stone wall. He was decidedly of opinion that the prisoner's mind was not in a sound state." When in the Hospital, he was in a very low and desponding state, and would frequently cry for hours together. When he left the Hospital, last autumn, he went to live with the man who went by the name of Lambert, but whose real name was Latham, whose life he subsequently took. At this time he cohabited with a fellow lodger, named Jane Williamson. This person thought him a man of great imagination, but did not think him insane. He went to theatres with her, and he read operas very much. She thought herself in the family way by him, and spoke of it to Latham, saying, she wished him to leave the house. Latham made him leave on the 28th of December last. He wrote to Williamson, entreating interviews, which she refused. The landlady of the house in which he lodged, after leaving Latham's house, stated that for two or three days before the murder was committed, he was in a very excited state, and she heard him on one occasion, talking very loud, and she thought some one was with him; but upon going to his room, she found no one was there but the prisoner, who was walking about and gesticulating with violence, as though he had been addressing some one. On the 7th of January, having previously bought pistols, under the pretence they were for a friend going to Australia, he made his way to Latham's bedroom, and shot him dead, he also wounded the woman who lived with Latham as his wife, but not fatally, he then rushed up stairs to the bedroom door of Jane Williamson, which was fortunately fastened, said Latham was dead, and that he was an assassin; went into an adjoining room, reloaded a pistol and shot himself, but the ball did not take a fatal direction, and lodged in the posterior nares. He lay on the floor when the police serjeant came, crying, "I shall die, I am a murderer, I am an assassin." On being removed to the Middlesex Hospital, he there made a clear statement of the manner in which he had committed his crime, to the police serjeant and the inspector: he said, moreover, that Latham had threatened to strike him; that when he did not get answers to his letters to Jane Williamson, he became desperate, and bought pistols for the purpose of shooting the whole of them. He was removed from the Middlesex Hospital to Newgate Goal. While in the latter place, he was under the frequent observation of Mr. Macmurdo, the surgeon to the gaol, who never saw anything in his conduct to justify him in coming to the conclusion that he was of unsound mind. He thought him suffering from hypochondriasis, which would account for the opinions he entertained respecting the fistula. The prisoner complained of having passed blood from the rectum which Mr. Macmurdo attributed to internal hæmorrhoids, but did not ascertain by examination whether such were the case or no.

Dr. Mayo had had an interview with the prisoner of an hour and half in duration, on the day preceding the trial. His opinion coincided with that of Mr. Macmurdo. He had examined the prisoner at the desire of the goverment. Dr. Sutherland had also had his attention called to the case by the government. He had conversed with the prisoner for an hour and a half on different subjects, and he did not observe any symptom of aberration of mind. He had heard the evidence relating to the delusions of the prisoner on the subject of his malady, and he was of opinion that they were merely *illusions, the result of hypochondriasis, and not delusions that were the result of insanity.* Dr. Conolly had heard all the evidence, and the result he he had arrived at from all the facts was, that the mind of the prisoner was in an unsound state. The jury brought in a verdict of guilty; sentence of death was passed; and, notwithstanding a petition to government, praying for commutation, and signed by Dr. Conolly, Dr. Forbes Winslow, Dr. Bailey, and other medical men, this sentence was carried into execution.

Taking for granted the truth of all the above facts given in evidence (of which indeed there is no reason to doubt), it is evident, that the question of the sanity or insanity of this unhappy man at the period of the commission of the crime, was one of considerable difficulty.

On the side of the prisoner's insanity, the facts of greatest importance were, the change of habits and of feelings which took place after the death of his second wife, the mental depression and disposition to suicide, the absurd opinion respecting the nature of a trivial disorder, and the unreasonable and excitable behaviour which led him to tear off surgical bandages—after his admission into the Middlesex Hospital, the continuance of depression of spirits, and of the absurd opinion respecting the fistula; (which was then absolutely healed,) that it was connected with the bladder, and that his bed was swimming with water which ran from it: and finally, the violent gesticulations, and loud and excited talking, which, according to Mrs. Gurney, existed two or three days before the murder.

A great change of disposition following the death of a beloved wife, displaying itself by deep mental depression, with tendency to suicide, and accompanied by a delusion, present a train of circumstances for which it is extremely difficult to account, except upon the supposition of insanity. Upon the violent excitement of manner and language immediately preceding the murder, little stress ought to be laid: because it is

so easily to be accounted for, as the expression of the rage of a disappointed lover, and moreover because such violence of conduct is scarcely to be viewed as a symptom of the particular form of insanity from which, if from any, this man was suffering. Such vehemence is oftentimes a symptom of mental disease, but it is scarcely to be admitted as a symptom of the disease under which the other evidence for the defence went to prove that Buranelli was laboring.

On the other hand against the supposition of the prisoner's insanity, it may be argued—That the grief which succeeded the death of the prisoner's second wife was not the result of disease, but the display of natural feeling by a person of acute sensibilities: that even in the evidence for the defence, it was proved that he displayed a similar kind of feeling on the occasion of the death of his first wife; that he then spoke of suicide, and cried for days together; and that notwithstanding his extreme grief, he quickly married again; and that even after the death of his second wife, which was assumed to have caused his insanity, he took an early opportunity to enter into the illicit union with Jane Williamson, the rupture of which led to the commission of his crime.—That if Buranelli was actually suffering from suicidal melancholia with delusion at any time when he was under the treatment of Dr. Baller, and Mr. Mitchell Henry, it was extraordinary that neither of these gentlemen "subjected him to medical treatment for mental disease," or took any steps to procure such treatment for him.—That after he left the Middlesex Hospital, neither the Lamberts (or Lathams,) with whom he went to live on their own invitation, nor Jane Williamson with whom he cohabited and in whose society he spent much of his time, had any idea that he was insane; and it was certainly strange that he never mentioned his peculiar delusion to Jane Williamson, with whom he slept.—That granting the existence of his delusion before his discharge from the Middlesex Hospital, it does not appear either that he continued to entertain it, or even had he done so, that it had any relation to the crime. It may be further argued, that not only was the motive for the crime foreign to any form of delusive idea, but that it arose from what may be even called a natural and sufficient motive. An ardent Italian is jilted by a woman with whom he is deeply enamoured; he is ignominiously turned out of the house in which she lives, and his impassioned letters of expostulation and entreaty are contemptuously disregarded. Is it wonderful, or requiring the explanation of unsoundness of mind that he should become desperate and think of revenge; he to whose imagination the revenge of the Corsican brother appeared in an heroic light; he born in the hot south, and coming from a race in which it has long been a custom and almost a right for individuals to exact bloody reparation for deep personal injury; one of a people whom bad laws and corrupt governments have deprived of public justice, and have forced into the habit of looking to personal redress for wrong. Truly to a person who will reflect upon the character of the criminal, and upon the provocation he received, extenuating circumstances will present themselves, without adopting the theory of unsound mind; circumstances which, regard for the public security, may not permit to be pleaded in bar of human punishment, which yet claim the mead of human pity, and compel us to the belief that they will receive their full mitigating value in the judgment of that Judge whose mercy is eternal.

The crime then was not connected with any delusive opinion; nor was it motiveless, but caused by a motive sufficient to produce it in a man of sane mind. Moreover Buranelli himself appreciated the nature of the act at the very time when he did it. At Williamson's door he called himself an assassin before he reloaded his pistol for the purpose of self destruction, and immediately afterwards he said, "I am a murderer, I am an assassin." This knowledge of the nature of the crime in the particular instance, is that which Hume, the philosophic jurist on Scottish criminal law, insists upon as the test of responsibility, and is that which Lord Lyndhurst, one of the most able of the English judges, also adopted, when he directed the jury to acquit Oxford, "if satisfied that he did not know, when he committed the act, what the effect of it, if fatal, would be with reference to the crime of murder."

From the date of the murder on the 7th of January, to the trial on the 12th of April, there is no evidence of any symptom of unsoundness of mind, although during part of his time the patient was in the Middlesex Hospital on account of his wound, and therefore under the observation of the medical gentlemen who had observed the previous symptoms. There was neither depression, nor delusion, nor perversion of feeling. The positive evidence of Drs. Sutherland and Mayo, and of Mr. Macmurdo, with the absence of evidence to the contrary, must be accepted as conclusive as to the fact of the non-existence of insanity after the crime and before the trial. After the trial also it is certain that the condemned man enjoyed the integrity of his mental faculties; indeed, he displayed an amount of firmness and manliness, which was neither to be expected under such circumstances from the excitable, sensitive hypochondriac, nor from the desponding lunatic. The pity and sympathy of good men went with him when he baffled the churlish priest who refused him absolution, because in the last hours of his life he would not break his promise to his dead wife, respecting the bringing up of their daughter.

After Buranelli had paid the last penalty to human law, his brain was examined by Mr. Stevens, the Medical Superintendent of St. Luke's Hospital, who found no traces of disease, either in the brain itself, or in its membranes.

If the above facts and considerations are duly weighed, we think the most reasonable conclusions to be deduced from them are as follow:

1st. That during the latter part of Buranelli's residence at Penshurst, and during his first stay in the Middlesex Hospital, he was the subject of mental depression, accompanied by an erroneous opinion, which one can view in no other light than that of a delusion, the result of morbid cerebral function. Of this there is excellent and direct medical evidence.

2nd. That from the time of his admission into the Gaol at Newgate, to the time of his execution, he was

of sound mind, without delusion or morbid depression. On this point also the medical evidence is in our opinion irrefragable.

3rd. That from his first discharge from the Middlesex Hospital to the commission of the crime, a period elapsed, during which there is no medical evidence respecting the state of his mind. Respecting this all important period it may be argued with almost equal fairness, that because he was insane before, therefore he was insane at this time; or that because he was sane afterwards, therefore he was sane at this time. The medical evidence of his sanity during the early part of the present year may be as correct, and not more so, as that which testified to the unsound condition of his mind during last summer. They neutralize each other as to the probable condition of his mind during the winter months which preceded the crime. It therefore remained to the Court to ascertain from other sources than facts observed by medical men, what the condition of the prisoner's mind was during the months which immediately preceded the crime, and especially at the time of its actual commission. In coming to a decision upon this, the critical point of the case, the Court might be aided by medical opinion, but all medical evidence of fact was absent; and the Court had to come to its own conclusion upon data furnished by the conduct of the prisoner towards those with whom he lived, and by the motive of the deed and the manner of its perpetration,—to a conclusion not as to the general soundness or unsoundness of mind of the prisoner, respecting which metaphysicians and psychologists might speculate and split straws for ever, but to a conclusion as to the existence of a certain kind of insanity, of insanity *secundum quid*, of insanity which would exonerate the prisoner from the consequences of his act, according to the traditions and precedents of the English law and the rulings and charges of the English judges; of the existence of a delusion which instigated the crime, or the existence of insanity in some form or other, which prevented the prisoner from distinguishing between right and wrong, or "of knowing what the consequence of the act would be with reference to the crime of murder."

Our own deliberate and impartial opinion is, that the evidence of the state of Buranelli's mind was insufficient to justify his execution, and that it was equally insufficient to authorize his entire acquittal. It was just such uncertain and undecisive evidence as that which has induced Dr. Forbes Winslow to urge the adoption of a middle course, by a verdict of "*guilty, with recommendation to mercy on the ground of presumable insanity.*" [*Psychological Journal*, No. 17, p. 123.]

The not unfrequent occurrence of such cases of balancing probabilities has urged us to advocate for many years past and in various writings, a modification of the present unbending stringency of the law, and especially to urge the adoption of secondary punishments in cases of capital crime, wherein there are "extenuating circumstances connected with the psychological condition of the accused," which although insufficient to justify an unqualified acquittal, are just and legitimate grounds for preventing the infliction of the severest penalty of the law. Such a system of punishment, modified according to degrees of responsibility, is not only recognized as a fundamental part of the law of France, but it has already in many cases been acted upon in Ireland, in consequence of the wise intercession of the Inspectors of lunatic asylums in that part of the kingdom. It appears that the Inspectors of lunatic asylums in Ireland have not only actively interceded with the Government, to obtain a remission of the sentence of death to several persons convicted of murder, on the ground of presumable insanity, but that they have done so from their own personal observation of the prisoners, by frequent visits to whom they have been able to make reports to the Lord Lieutenant, upon which he could act with security. Thus the enlightened humanity and activity of the inspectors have in Ireland supplied the place of the French experts, and provided the government with a mode of escape from the consequences of the defective forms of legal procedure.

The Diagnosis between Melancholia and Hypochondriasis.

In the cross examination of Dr. Sutherland upon the trial of Buranelli, he stated his opinion, that the unfounded and absurd ideas of the prisoner, relative to the slight surgical disease under which he labored, were "*illusions the result of hypochondriasis, and not delusions the result of insanity.*"

We have thought fit to argue the merits of this case in the previous article, solely upon the facts which were elicited in evidence; and not upon the value attached to those facts, either by the advocates or the witnesess. A man of Dr. Sutherland's great experience in mental pathology might be able with certainty to ascertain that a person subjected to his examination was or was not insane; notwithstanding which, in a logico-metaphysical argument with a practised word-fencing barrister, respecting the nature and the value of symptoms which he had not observed himself, he might be forced to admissions at variance with scientific knowledge. As a matter of great practical importance, we shall endeavour to ascertain whether there are any marks by which hypochondriasis can be distinguished from insanity, and whether such marks were present in the instance which has recently excited so much painful discussion.

Until recent times it appears that many cases of true insanity were regarded as instances of hypochondriasis. Galen and other ancient authors described hypochondriasis as a species of melancholy; and in later times Pinel and other authors of authority included it in their classification of mental disorders. "Joseph Frank included among hypochondriacs those melancholics who imagine that their body is made of butter, as did Gaspard Barlœus, a distinguished physician of the 17th century; of mud, like a patient spoken of by Aretæus; of wax, like one who was observed by Grimm; of glass, like a philosopher who was described to Sanchez by Boerhaave. Such persons avoid heat, lest they should be melted; they forbear to drink, lest they should be dissolved; or they continually remain sitting, in order to avoid being

broken. Frank also confounded with hypochondriacs persons who believe themselves turned into animals (zoanthropes), and all other monomaniacs who have false ideas or perceptions relative to their individuality. This opinion was an error which vanished before a more profound classification of mental disorders." [*Michéa, Traité de l' Hypochondrie.*]

It is therefore certain that hypochondriasis and melancholia monomania were not clearly distinguished by physicians until recent years.

The learned Pritchard himself distinguished between the two affections with his usual clearness and precision.

He observed, "that an hypochondriac is in full possession of his reason, though his sufferings are not so dangerous or so severe as he supposes them to be; *but if he declares that his head or his nose has become too large to pass through a doorway, or displays any other hallucination, he has become a lunatic;* his disorder has changed its nature; and this conversion takes place occasionally, though by no means so frequently as is supposed. "Hypochondriacs, however low spirited or dejected, also suffer differently from persons affected with melancholy. The apprehensions of the former are confined to their own feelings and bodily health. On other subjects they converse cheerfully, rationally, and justly. But melancholics view all things through a gloomy medium. They despond on all subjects, and are mentally miserable, and independently of any severe bodily suffering. The affections and sentiments of the hypochondriac, especially to his former friends or to his connections, are not in the unnatural or perverted state, observed in all the forms of insanity."

We must not omit the diagnosis between these two diseases drawn by the masterly pen of Cullen, than whom no medical writer has ever been more accurate and logical in his discrimination of disease, according to the light which he possessed. He says,

"Hypochondriasis I would consider as being always attended with dyspeptic symptoms, and though there may be at the same time an anxious melancholic fear arising from the feeling of these symptoms, yet while this fear is only a mistaken judgment with respect to the state of the person's own health, and to the danger to be from thence apprehended, I would still consider the disease as a hypochondriasis, and as distinct from the proper melancholia; but when an anxious fear and despondency arises from a mistaken judgment with respect to other circumstances than those of health, and more especially when the person is at the same time without any dyspeptic symptoms, every one will readily allow this to be a disease widely different from both dispepsia and hypochondriasis, and it is what I would strictly name melancholia."

"In this there seems little difficulty; but as an exquisitely melancholic temperament may induce a torpor, and slowness in the action of the stomach, so it generally produces some dyspeptic symptoms, and from thence there may be some difficulty in distinguishing such a case from hypochondriasis; but I would maintain, however, that when the characters of the temperament are strongly marked, and more particularly when the false judgment turns upon other subjects than that of health; or when, *though relative to the person's own body, it is of a groundless and absurd kind;* then, notwithstanding the appearance of some dyspeptic symptoms, the case is still to be considered as that of a melancholia, rather than a hypochondriasis."

Crichton maintains that the different origin of the two is the most characteristic distinction between melancholia and hypochondriasis; the former seldom arising except mental causes join themselves to corporeal ones, the latter ensuing in the first place from bodily ailments alone.

Romberg, one of the most experienced and learned of writers on nervous diseases, lays stress upon another mark which distinguishes hypochondriasis from melancholia.

"Diagnostic errors are frequent from psychical hyperæsthesia being confounded with melancholia and hysteria. The characteristic peculiar to the former, as of insanity generally, consists in an alienation of the feeling of identity and consciousness, as regards sensations and impressions, and this in melancholia is combined with a tendency to self-negation.

"In hypochondriasis, on the contrary, the egotistic principle is exalted, and in no ways estranged to some other sensation or impression, so as to render this an apparent reality. The difference is clearly expressed in all the patient's relations, not excepting his relation to his physician. The hypochondriac looks upon his physician, however often he change his medical attendant, as his guardian and saviour; while the person laboring under melancholia treats him as if he were a hostile or ignorant individual, and constantly tries to avoid him." [Romberg, vol. I. p. 181, Sieveking's Translation.]

If these authorities, which might easily be multiplied, may be accepted as conclusive upon the marks of distinction between melancholia and hypochondriasis, we venture to affirm, that the erroneous opinion of Buranelli, as described by Mr. Mitchell Henry, was demonstrably attributable to melancholia and not to hypochondriasis.

1st. The cause of Buranelli's mental condition was grief, the common origin of melancholia; and it was not dyspepsia, the usual origin of hypochondriasis.

2nd. It was an obvious hallucination representing things to exist which did not exist, and "though relative to the person's own body it was groundless and absurd." It was therefore, according to Cullen and Pritchard, a clear mark of melancholia.

It was not a mere exaggeration of sensation, like that which exists in hyperæsthesia, æsthetica, or hypochondriasis: for be it remembered that when the patient was under Mr. Henry's care, and when he declared that his bed was swimming with water, which passed from the supposed perineal fistula, the slight abscess under which he had suffered had become healed, and there was no fistula or solution of continuity whatsoever.

3rd. The patient took antipathies to his medical men, a mark of melancholia; and did not cling to them as his guardians, and persecute them to afford him relief, like a hypochondriac.

4th. The absurd ideas did not change from one symptom, and from one organ to another, as they invariably do in hypochondriasis; but one erroneous,

one persistent idea remained, to mark the mental infirmity, as long as this appears to have existed; an occurrence which is usual in true melancholia.

5th. An intense desire to be cured of his supposed malady, which is a characteristic and universal symptom in hypochondriasis, was so far absent, that before the patient was cured of his trifling disorder he tore off the bandages and prevented the wound from healing.

6th. The love of life and the fear of death, which is the prevailing mental characteristic of hypochondriasis, was not only absent in this case, but it was replaced by a strong and undoubted tendency to the commission of suicide, which, when it is motiveless, is one of surest marks of insanity.

On this subject Michea, whom we have before quoted says, "one may at first be tempted to confound certain hypochondriacs with persons affected with suicidal melancholia, but when one looks beneath the surface on the psychical condition of the two disorders, the *immense interval* which in most cases separates them is at once perceived. If hypochondriacs do indeed sometimes speak on the subject of suicide, and request their neighbours to put an end to their existence, all this is a mere feint, pure comedy. They see their friends and physicians little disposed to agree with them as to the dangerous nature of their supposed maladies; they see doubt imprinted upon the faces of those to whom they relate their sufferings, and they feign the desire to quit this life in order to induce in others the exertion of efforts to preserve them. They entertain in so slight a degree any real intention to embrace death, that the idea very rarely passes into the act, and even when it does come to this pass, the attempts they make are almost always abortive. Another proof of the correctness of these views is, that their features expand, and they gain rest to the very soul, if you are able to convince them of the reality of their cure; or if you boast with zeal and assurance the certain efficacy of this or that remedy, which they have not tried."

How completely opposed is description of an hypochondriac threatening suicide, to the account given by Mr. Henry of Buranelli to whom he demonstrated the impossibility of the existence of his supposed disease by the use of the catheter, but without the slightest effect; on whom the arguments and the proofs of the surgeon that he was cured, had as much effect "as if they had been addressed to a stone wall," and whose tendency to suicide was proved by the result, to have been removed in the furthest possible degree from a feint or a comedy.

We must therefore come to the conclusion, that the opinion of Buranelli respecting the existence of a fistula communicating with his bladder and swamping his bed with urine was a *delusion the result of insanity, and not an illusion the result of hypochondraisis*, That this delusion had ceased to exist, when after the lapse of many months Dr. Sutherland examined this unhappy man, only affords an example of a circumstance which that able physician must be in the constant habit of observing, that recent insanity often gives way under the influence of time and of change of place and circumstance.

Case from the Radcliffe Infirmary, Oxford, by E. L. HUSSEY, F.R.C.S. *one of the Surgeons to the Infirmary.*

Severe injury of the Arm in an Epileptic Woman—Amputation at the shoulder-joint on the tenth day—Maniacal exhaustion.—Death in 28 *hours.*

A woman, aged 45 years, the wife of a laboring man, was admitted into the Radcliffe Infirmary, Oxford, under my care on the 24th of April, 1855, on account of a severe injury to the soft parts of the right arm and shoulder, caused apparently by fire, though said to be the effect of boiling water, three days before admission. A large round patch of integument, in the subclavian region, extending upon the shoulder over half the breadth of the deltoid muscle, was blackened, hard and dry; on the inner aspect of humerus, the integument was white and gangrenous; around and below the elbow the limb presented the appearance of moist gangrene. The tendons at the wrist were all exposed, and the fingers were contracted upon the palm of the hand.

The history given by the friends who brought the woman to the Infirmary, (a distance of 20 miles,) was, that she had been found in this plight in her cottage, laughing and tearing the ragged skin from her hand. Afterwards, upon further enquiry, we learned that she was subject to "fits," which came on at irregular intervals, from various trifling causes of irritation or excitement. During the attack, she was generally very violent, sometimes for five or six days together; and the fit often ended in her rushing to the fire and raking the burning coals out with her hands, and clinging to to the hot bars of the grate when her neighbours tried to remove her. In some of these former fits she had burned her hand and forearm severely. It seemed as if great part of the true skin of the forearm and back of the hand had been destroyed; and as if the only covering before the present injury had been the cicatrix formed of the fascia and superficial layer of muscles.

There was some feverishness about her, and the circulation was depressed. The usefulness of the limb seemed clearly to be lost beyond hope of recovery. From the appearance of the integument in the upper part of the arm, an effectual covering for a stump could not be ensured, unless by removing the limb at the shoulder joint,—an operation I was not willing to urge in her state at the time. Good diet, with a little wine, was ordered, and opium was given at night. The limb was wrapped in cotton wool, and a bandage applied round it.

Her manner was odd, but without exiting any special attention, till between 2 and 3 o'clock in the morning of the 28th; when, after tossing the bed clothes about in a restless state, she jumped out of bed, frightening the other patients in the ward, and broke the glass of the nearest window. After carrying her back to bed, the nurse summoned the house surgeon. She continued her violence in his presence: she threw the injured arm about like a flail, and gave him several blows in the face with it, trying to scratch his face with her contracted fingers. At length she was subdued by the inhalation of chloroform, followed afterwards by

laudanum, which, as she refused to take it by the mouth, was poured through a tube into one nostril, while the other was compressed: two doses (60 minims and 40 minims of Tinct. Opii.) were thus swallowed. In the afternoon she was moved to a separate room. She was here watched without intermission by a man and his wife who have been often engaged in that duty in the Infirmary, being relieved now and then by two other nurses.

She was supported with strong beef tea, wine and gin. She spent the next day without any other violence than refusing to take the opium at night, which was therefore given through the nose as before.

On the 30th, her pulse had more power, the tongue was clean and moist, and the edges of the slough were beginning to separate from the sound skin. She seemed altogether in a fitter state to undergo a severe operation; and I did not think that anything would be gained by longer delay, with the certainty that she would be lowered by the free suppuration which would arise from so large a surface of ulceration.

She was laid upon the operating table in the recumbent position, with her head a little raised, and the right shoulder projecting over the edge. She was quickly brought under the influence of chloroform; and by a smaller dose than I have ever before seen efficient in a grown person—10 minims dropped on the sponge of the inhaler in common use in the Infirmary. The forearm partly flexed was held by an assistant across the abdomen. The subclavian artery was compressed by the house surgeon, standing at her head, thrusting his finger from above downwards upon the vessel where it passes from between the scaleni muscles over the first rib. She was a thin woman, and effectual compression was easily made. Standing rather behind her, and keeping the scapula steady with my left hand, I entered the point of a catling deep into the flesh near the acromion, (as far forwards as the sound skin reached,) and cutting inwards to the bone in a semilunar direction downwards toward the posterior border of the axilla, made a large flap from the sound skin at the back of the arm, including the posterior portion of the deltoid muscle and the triceps. The upper and posterior part of the fibrous capsule was freely opened by cutting upon the round head of the humerus, which was made more prominent, as the elbow was drawn forwards to facilitate the dislocation of the bone. Then passing the thumb of my left hand through the joint between the glenoid cavity and the head of the humerus, I held all the soft parts in the axilla between my thumb and fingers, (carefully including the vessels in the grasp,) and cutting through them, severed the limb from the trunk, carrying the catling in a direction downwards and forwards between my thumb and the head and neck of the bone. The posterior flap was made large to allow for the contraction of the cicatrix which would follow the healing of the slough still existing in the subclavian region and inner flap. This slough, though partly detached, I left to be thrown off by suppuration, instead of dissecting it away at the time of the amputation. The axillary and other vessels were then tied: they were all in a healthy state, and not plugged by any coagulum. There was not more than an ounce of blood lost during the operation, and none of it came from the axillary artery or vein. As the effect of the chloroform went off, the woman became very violent, but was easily subdued by the exhibition of more. The flaps were brought together, and held in place with compresses of lint, and long strips of adhesive plaster, and an elastic flannel bandage passed over the shoulder, and under the other axilla.

After taking some wine she was carried back to bed, and the left hand was restrained by a strap confining the wrist to the side rail of the bedstead. She did not seem to have suffered any kind of shock from the operation.

About four hours afterwards she became very violent, upon the nurse offering her some beef tea; she threw herself over in the bed on to her face, and displaced the dressings by jerking the muscles of the scapula violently, and rubbing the shoulder on the pillow. In the evening she took a small cup of beef tea, and afterwards some gin and water. At night some opium was given in toast and water, being poured into the nostril as before.

She had about five hours quiet and continued sleep. On waking she still refused all food; but her violence was characterised by decreasing strength. About eleven o'clock she took some wine. Becoming weaker and weaker she died quietly between four and five o'clock in the afternoon,—about twenty-eight hours after the operation.

Remarks.—At the time of the woman's admission into the Infirmary the period for primary amputation was passed, and the necessary operation for removal of the local cause of irritation was delayed in the hope of a more favorable opportunity than was afforded by the state in which she first came under observation. Yet, if the information which was afterwards obtained had been furnished by the friends when they brought her, or if I could have foreseen the rapid exhaustion which followed the operation, I would have amputated the limb immediately on her admission: for in that state I should have had less fear of her sinking from *exhaustion*, whatever other sources of danger might have been feared.

The exhaustion, under which she sunk, seemed referable to her previous condition. The injury inflicted did not involve any vital part, and she had rallied from the first effects of it. The operation did not produce any "shock," or any immediate appearance of depression. And the abstinence from food was not of sufficient length to shorten life.

In a forensic enquiry it might be a matter of curious speculation whether the injury was a "burn," or a "scald," whether it was the effect of fire or boiling water; there is not any doubt that it was the effect of *heat*. The evidence given by the friends is of a scald, the appearance was that of a burn. No clew could be got from the patient. The neighbours who saw her soon after the accident say that it was the consequence of overturning the kettle on the fire, and that her clothes were wet and were not burnt. To me it had the appearance of being the effect of fire; and as if the tightly drawn sleeve of her gown had saved the skin of the upper arm from some of the effects of the flame which had charred the shoulder and forearm.

In that region only, (on the inner aspect of the humerus,) was there any resemblance to the more common appearances presented by the effects of boiling water.

Oxford, May, 1855.

On Insanity occurring among the Criminals in the Prison at Halle, and its connection with Crime, from the Yearly Report completed up to January, 1854, *by* Dr. Delbrueck, *Physician to the Prison.*

(Concluded from page 205.)

I shall, in conclusion, permit myself to discuss three points of great practical importance, namely: 1st. The connection between solitary confinement and mental disease. 2nd. The transmission of insane criminals to asylums. 3rd. The application of discipline punishment to the insane.

As to the first point, there can be no question that long and absolute isolation acts very injuriously on body and mind, and appears to dispose to hallucinations. When circumstances permit, if isolation should have a prejudicial influence on the mind, it must as a matter of course be at once abolished, and exchanged for the most opposite manner of life possible, with employment, variety, and diversion, especially in open air, under the immediate control of the physicians of the hospital: this is the surest method of preventing disease, or of smothering it in its commencement. But unfortunately this is practicable in but few cases; since on the one side the malady can be recognized often only at a late period, and on the other side the criminal lunatics, on account of their general dangerousness, must often be kept in separation, to avoid disturbances to order and discipline.

The first stage of the disease often passes without the attention of the physicians being called to it, while it is not recognized nor even suspected by the other officers. The diagnosis also is often incredibly difficult. Even in the perfect and well described forms of insanity it is often scarcely possible, especially in old prison birds, to distinguish between monomania and mania on the one side, and lies, villany, and dissimulation on the other. In the commencement of the disease the distinction is often totally impossible, and it may be not only months but years, before a safe judgment can be arrived at; and when this has been done, the consequent measures will come too late. In all such cases isolation is an indispensible evil; the welfare of the individual must succumb to that of the many. Moreover, it is understood that isolation is frequently a means of cure for the insane, and is recognized and constantly employed as such in asylums. In the punishment prison it is often particularly needful and valuable; partly in order that through it an appropriate treatment of the disease and of the individual may be possible, partly to keep off all irritation tending to cause excitement.

Concerning the question of removing lunatic patients to asylums, the opinion is very generally entertained, that when a criminal has become insane, he ought no longer to remain in prison. I cannot myself accept this opinion to its full extent, and the more experience I have in this department of medical practice, the less I can entertain it. This principle, made applicable universally, is neither just, humane, nor conformable to the end in view.

All convicts when they become afflicted with disease must, notwithstanding this, undergo their punishment; and it is on this account that all institutions for punishment are provided with abundant means for the treatment and cure of disease. Notwithstanding this, I am able to assert, that many patients certified to be ill of incurable maladies, if released at a seasonable period from the institution, would perfectly recover. *But this never happens.* Disease of the mind is a disease like all other diseases, only in another form; and, *ceteris paribus*, I see no reason why this disease should have a privilege over others; and especially as persons ill of other diseases frequently suffer much more than the insane, being better able to appreciate their afflictions and anxieties on the bed of sickness. The majority of the insane are also not so entirely insane, as not in most cases to possess a greater or less amount of consciousness of their past and of their present condition, of their punishment and their punishability, of right and wrong. It would therefore not be in accordance with justice to exonerate them from their imprisonment, while other unfortunate patients must support their lot without relief.

This would certainly not be humane. Moreover, the interest of asylums must be taken into consideration. For if all the insane persons from our institution are to be turned over to the asylum, the latter will soon be filled to overflowing with criminals, and no room be left for patients of good character. In the greater number of the insane from the prison a sufficient intelligence and corruption of character remains to disturb the order of the asylum, to form conspiracies and invent new crimes; these would soon exercise so pernicious an influence on the whole institution, that it could no longer be made to correspond to its original philanthropic destination.

The exercise of humanity in its fullest extent towards the criminal lunatic would thus result in inhumanity towards persons of good character: Since therefore the most insane persons in the prison are always more criminal than insane, the State must keep them safely, that they may do no more mischief, as has many times happened; this can it only do while they remain in prison. Moreover, the most skilful and intelligent physician, on account of the difficulty of diagnosis, would not be safe from errors; so that by simulating insanity, the most dangerous criminals might be passed from the prison to the asylum.

I believe on the whole, that we must adhere to the same principle in the instance of persons with mental disease, as we adopt with persons suffering from other diseases, and their dismissal to the asylum must be limited to the following cases.

1st. When the form and the conditions of the disease are of such a kind that a cure is only possible or probable in an asylum. This condition will, however, seldom occur, since on the one hand the prison is furnished with all necessary means of cure when cure is possible, and on the other hand the advantages which the asylum affords are outweighed by the disadvantage, that when cured patients are brought back to prison, in nine cases out of ten the disease

will return, while, when the cure has been effected in the prison, it will, *ceteris paribus*, be much more likely to be persistent. Further, one is scarcely permitted to hope for the probability of a cure, partly on account of the difficulty of diagnosis, and partly because such a form of disease is seldom one leading to a timely transference to the asylum. In many cases the disorder developes itself slowly and by degrees, or it appears periodically, the periods being short and unfrequent; only after many repetitions they become longer, and the free intervals diminish; so that when at last a transferrence to the asylum appears proper, that measure comes too late.

2nd. Transferrence to the asylum appears right, when the order and discipline of the prison suffers essential disturbance, as for instance, from a raving madman, and when on this account or on others the prison no longer offers sufficient means, by humane methods, to render due attention to incurable patients. These cases are not frequent, and the prison offers as good, and as regards the criminal element which they contain, even more appropriate means of treatment than the asylum.

3rd. Finally, when incurable disease has attained such a degree, that with the complete decay of mental power all consciousness of right and wrong, guilt and punishment, and so forth, has become lost, and the further infliction of punishment has no meaning, and there is no longer any need to fear the individual as a criminal, such an unfortunate must be transferred to the asylum.

As to the employment of punishment discipline, my opinion certainly is, that it should be diminished as much as possible, but by no means altogether abolished; because in many cases the criminal more or less outweighs the lunatic element, and even in complete insanity a certain degree of accountability is left; and because the use of punishments, measured in degree and adapted to the purpose, are in such cases not only necessary to the interests of general discipline and order, but are even to be recommended as means of improvement and cure.

Great difficulty is commonly experienced in the correctional treatment of partially developed and doubtful cases, in which there is suspicion of simulation. In such a case one must take care above all things that in the event of simulation existing, it may confer no advantage, especially as it is possible through direct or indirect means, which yet are not actually pernicious, to disgust the simulator with his attempt. Among the direct means are the lighter kinds of punishment or coercion: solitary arrest, withdrawal of food, the strait-waistcoat, the force-mask (?) and so forth. Among the indirect means, I hold a complete ignoring of the affair to be the best. The idea of playing an important part, and of causing to the officers of the prison the greatest possible vexation, disturbance, and trouble, affords to criminals one of the greatest incentives to excesses. With this end they often bear the most severe punishments with astonishing endurance. All these motives fail, when their conduct is unobserved in the solitary cell [which in these doubtful cases cannot be dispensed with], where the simulators, left to themselves, soon finp that they injure no one but themselves, and finally come to reason. One can at a later period, when simulation is proved, always make an example by more severe punishment.

General Reports of the Royal Hospitals of Bridewell, and Bethlem, and of the House of Occupations, for the year ending December 31st, 1854. Report of the Resident Physician of Bethlem.

Although it is not our custom to review the Reports of our brother superintendents, the one above named presents points of interest which demand notice. The body of the report may be divided into two parts, that which has reference to the improvements which have recently been effected in this celebrated and once notorious institution, and that part in which Dr. Hood developes his opinions respecting the most beneficial action of the charity.

A recent visit to Bethlem, has convinced us that Dr. Hood has succeeded in converting that institution from a gloomy, comfortless, wretched place, an age behind the average of county asylums in all its appointments, into one of the most commodious and magnificent establishments for the cure of the insane, which this or any other country can boast. It is not many years ago since a French alienist of distinction, after making the tour of Bethlem, was asked to express the opinion he had formed in the book kept for that and similar purposes. His native politeness contending with his love of truth, prevented him from writing any thing which he thought might be disagreeable, and the opinion he did express was as follows. "This is a very handsome building *outside*." At the Association Meeting, held at the Freemason's Tavern, in 1851, the most eminent lunacy physicians in London described its condition in terms of indignant censure, which must be fresh in the memory of many of our readers. After this came the investigation, and the blue book, and the wrath of the public. Then followed the change of system, and now we look for its results. These have been such, that no one interested in the welfare of the lunatic, or in the honor of psychiatric science can fail to rejoice that those investigations took place. When they were concluded, Dr. Wood, an able and conscientious physician, whose principal fault it was, that he had striven to do his duty, under adverse circumstances, became the last victim of the old bad system, and was sacrificed as a peace offering. The visiting physicians were superannuated, and a resident physician was appointed, to whom "paramount authority" was promised. But the true lord paramount still remained in office, in the person of the steward, a gentleman whose duties extended from the appointment and discharge of attendants and servants, to the making of prayers for the use of the wards, and the management of the steam engine. The most important duties which fall to the lot of the stewards and clerks in other asylums, namely, those connected with finance, being discharged at Bethlem by a treasurer and a receiver, there was nothing left for this officer but the humble duties of the commissariat department, unless by infringement upon the departments of the medical and other officers, he could gain something worthy of his dignity

and position. Such infringement gradually took place, until at last, the steward of Bethlem became like the mayor of the palace in the time of the Merovingian kings, the true ruler

"Warwick was all in all; and powerless Edward
"Stood but a cypher in the great account."

and as in all usurpations which are not supported by absolute power, affairs fell into disorder, and no one knew whose duty it was to do anything. Some little time after Dr. Hood's election to his office at Bethlem, it was found essential to depose the steward of the palace, and a steward of the larder was elected in his place, to whom was not even entrusted the appointment of attendants; at least we have heard that in this respect his power is limited to recommendation.

Dr. Hood's hands being now unfettered, he began to use them in right good earnest. One of the first and best things he did, was to stop the unlimited supply of beer. Will our readers give us credit for telling the truth, when we assure them, that under the old system in the common passage, on the men's side at Bethlem, stood one of those curious pieces of hydraulic mechanism which are to be seen in the bars of public houses, and which pass by the name of *beer machines*. This beer machine was accessible to the attendants and servants at Bethlem, at all hours, and by means of it they obtained for their accommodation and comfort, an unlimited supply of malt liquor: a circumstance which may account for the common appearance of the formidable men who acted as keepers in those wards, in the olden time, an appearance which we may designate as more satisfied than cheerful. The traditions of the place affirm, that the tap was not bad, and that the keepers had no reason to complain that, like Lycidas they were supported upon a watery bier: but when they were cut off from the main, "bitter constraint, and sad occasion dear," how can we doubt that they frequently shed tears melodious or otherwise. When the tyrannical turncock for rates not paid, cuts off the supply of that fluid which in London may truly be called living water, the deprived householder seldom finds himself in an amiable mood: but to cut off a thirsty crowd of big men from a main of beer, that is an application of the Maine liquor law which needed the courage of a stout reformer. Dr. Hood will excuse us for attempting to draw fun out of such a dry subject as his beer machine has become since he cut the pipes. We have ourselves been engaged in the reduction of quartz into pints, without the aid of Mr. Berdan's cannon balls; and we know that it is easier to get gold out of pebbles, than satisfaction out of thirsty men. We give this as one instance of the state of old Bethlem, and of the reforms which Dr. Hood has succeeded in effecting. He has a right to use the old beer engine, which we saw not long since, dry as the remainder biscuit after a voyage, as a symbol of victory: like Gesler's hat hung up in the town hall at Altdorf, let it be to him a trophy: the fat attendants will find atrophy more useful to them.

In sober seriousness, Dr. Hood has succeeded in reducing an establishment, the government of which was as bad as well could be, into order and discipline. He has effected a most satisfactory change in the *personel* of the place, and in the spirit pervading it; a task more important, and which we do not doubt he has also found more difficult than the material changes of which we have now to speak. Dr. Hood describes the changes which he has effected, in a manner which, considering the magnitude of the revolution, is peculiar for its modesty and good taste. Our want of space compels us to condense our extracts more than we like. Dr. Hood's unadorned statement gives us a very imperfect idea of the admirable development of the capabilities of the old building, whose former merits were confined to its handsome exterior.

He has said nothing of the new glass recreation rooms, of the abolition of whitewash, and the cheery comfortable aspect of papered walls, of swing doors admitting light and cheerfulness everywhere through glass panels, of admirably arranged infirmaries, of numerous lavatories, and comforts of every description, nor of his own excellent taste by which all these have been arranged to give an air of elegant simplicity to the whole. We wonder what the ancient anti-reform governors of Bethlem say to all these changes. If they fully approve, does not the question constantly suggest itself, 'why was not all this done before?' But do they all fully approve? Do they not feel that the romance of the place, its gloom, and its terror have departed? The Bethlem of 1855, is no more like the Bethlem of 1825, than the latter was like the place depicted by Hogarth, or the woodcut which illustrates the old editions of the Tale of a Tub.

We knew an instance of a fine old English gentleman, who having become unable to manage his affairs, they fell into the hands of his son who belonged to the new school of socio-chemico-utilitarian agriculturists. After the lapse of several years the fine old English gentleman got quite well, and returned to his ancestral halls and acres. These had been improved in a manner which would have delighted the heart of Pusey or Miles. The glorious old hedge-rows, dear to woodcock pheasant and hare, had been replaced by lines of invisible fencing; the low-lands had been drained and levelled, there was not a boggy place left big enough to feed a jack snipe; and the trout streams had been converted into straight trenches. The worst of his old enemies, the poachers, had gone to Balarat, and the keepers had gone after them. The others had subsided into the stupidest habits of industrious respectability. The old gentleman wondered and admired, and at first approved; but after a time he found that all his ancient sources of amusement and of excitement were gone: he had neither game to pursue nor poachers to convict; and eventually he left his home in disgust, and rented for his residence the mansion on an estate in Chancery, upon which no stroke of axe or spade had been struck in the cause of improvement for half a century.

Are there not some of the old Governors of Bethlem in a similar state of mind respecting the revolution which has taken place there? Or is it true that several of these gentlemen have caused their names to be

erased from the list of Governors of Bethlem, and have transferred their services to an institution more congenial to their habits and opinions.

On the subject of the proper aim and object of the munificently endowed charity which he serves, Dr. Hood writes,

"The Rules of the Institution expressly state, that it was established for the reception and cure of "Insane Poor." For a long period after the foundation of the Hospital there were no such places as County Asylums. The *cure* of the insane, though professed, was practically lost sight of, and lunatic asylums were considered and treated as places for the safe custody and restraint of their unfortunate inmates."

"The records of all asylums show how liable are clergymen, authors, artists, governesses, professors, and similar persons to be attacked by this terrible calamity. None are more subject to this visitation, none are less able in a pecuniary point of view, to struggle through the trial of such an affliction, yet none are less cared for by the many charitable institutions of our country.

"Within the walls of Bethlem many distressing cases such as I have alluded to, may be found; persons of good and even superior education, who from their utter inability to obtain admission into private asylums are grateful to accept the means of treatment this Institution offers them. But you will readily believe that when their day of convalescence arrives, thankful as they feel, they are not a little pained to find their affliction has associated them with paupers of every grade. This arises from the fact, that every applicant being admissible (unless disqualified either by length of illness or some few other restrictions,) parishes are ever willing to avail themselves of the boon, and by placing their Insane at Bethlem, save the first year's expense of the County Asylum, to which place, if not cured at the expiration of the twelvemonth, they are removed. It is a small charity to relieve a parish of some £25; but the association incurred is often a source of sad reflection to our more educated patients.

"It is certain that such a blending together of the insane is far from being calculated to promote the curative treatment of the well educated, though poor and sensitive, patient of the middle classes; on the contrary, it cannot fail to awaken unpleasant emotions, and frequently produce much mental irritability.

"It requires, I think, but little reflection to assure selves that such persons as curates on £80 or £100 a year, or governesses earning less than half of those sums, cannot be in a pecuniary position to enter a private lunatic asylum; that their previous position unfits them, and when recovered, their future state renders undesirable a close association in the sitting-room, at the dining-table, and in the airing-ground with parish paupers, and yet for this truly unfortunate class of sufferers philanthropy has not yet made suitable accommodation."

We concur in every word of the above quotation; and we heartily wish God speed to the efforts Dr. Hood may make to render the great institution he has reformed, the noble charity which he desires.

Bethlem before its reform was no place for a poor gentleman or a poor lady. We well remember visiting a patient in Bethlem who had been a gentleman and a clergyman. The annoyance which he suffered from the vulgarity of the people with whom he was compelled to associate, and from the common and disagreeable appointments of the place, appeared to have so injurious an influence upon him, that Dr. Monro kindly removed him to his asylum at Clapton, at a charge which his friends were able to pay.

But now everything is altered, and the best private asylums may take a lesson in the elegance and appropriateness of its furniture and appointments. The principle obstacle yet remaining to the appropriation of the benefits of this noble charity to the insane poor of the middle classes, is the use which is still made of it by the London parishes to save their rates, by sending thither the destitute insane of the lower classes. Let us remind Dr. Hood that there is one other obstacle to the fulfilment of his wise and benevolent intentions, namely, that Bethlem still assumes the custody of such persons as Mary Anne Brough and Captain Johnson: and that while jurors are taught to look upon it as a sort of indirect penitentiary, in which murderers whom they do not like to hang, may by a legal fiction be confined for life; such an opprobium cannot fail to rest upon it, that in spite of the utmost efforts of its governors and its officers, it will never gain that reputation as a house of mercy, which is essential to the noble *rôle* which its resident physician] has marked out for it among the charities of the country. In a former publication, Dr. Hood advocated the continuance of the custody of convicts, and criminal lunatics which the governors of Bethlem have for many years accepted from the Government. We are inclined to think that his opinions on this subject must have undergone a change; since in the report before us, he has expressed a higher ambition; and marked out a nobler destiny for the institution under his charge, than the custody of the most notorious criminals who have escaped the extreme penalty of the law, on the plea of insanity. Dr. Hood has done an excellent thing in introducing labor among the criminal lunatics at Bethlem. The women do the laundry work of the establishment, the men are occupied on the various works in progress in the interior of the building, in painting, cleaning, and whitewashing. Will the insane poor of the middle classes, curates, governesses, and such like, prefer the companionship or even the close proximity of criminal lunatics employed on these works, throughout the building, to the insane poor of the lower classes, who are sent to Bethlem to save a year's maintainance rate at Colney Hatch, or Hanwell?

The opinions, or at least the prejudices of the community will never accept an asylum for the middle classes under the same roof with the most notorious and desperate of insane criminals and convicts.

Two words more, rather in the way of suggestion, than of objection, and we have done. To make Bethlem the noble charity which it possesses the capacity for becoming, as an asylum for the poor of the middle classes, the rule for admission for one year only, must be repealed, or held to be subject to frequent and easy infraction. And in the second place, since Bethlem cannot be moved into the country, nor the

country brought to Bethlem, we beg earnestly to suggest whether it be not feasible to establish "on some pleasant hill-side in Kent or Surrey," an offshoot from the parent institution, under the same principal officers, and the same government; to be called a farm, or a colony, a sanatorium where selected patients may obtain those hygienic influences which may be requisite for their complete cure, and which St. George's Fields will never more afford.

At the close of last year the hospital contained 317 patients, of whom 137 were curable, 74 incurable, and 106 were criminals. The past year had been highly satisfactory both as to discharge, and as to the general health of the patients. No case of cholera had occured, although in the neighbouring streets the epidemic had been rife.

On Forced Alimentation.

Wyke House Asylum, June 13th, 1855.

Dear Sir,—In the last number of the *Asylum Journal* are some remarks by Dr. Huxley, upon the forcible feeling of the insane in cases where food is obstinately refused. My own experience leads me to agree with him, that it is not desirable to delay too long the use of the stomach pump or æsophagus tube, and to lose valuable time by hand feeding or persuasion. Doubtless there are many patients with whom the more gentle methods of overcoming resistance are amply sufficient, such as tempting them with delicacies for which they have a known preference, leaving food within their reach which they can take without observation, and feeding by the hand; but in extreme instances, where obstinacy is carried to the verge of danger, and especially when the refusal is from a suicidal motive, I should feel no hesitation nor think any apology necessary, in using the stomach pump for the purpose of saving life by administering food, any more than for the removal of poison with the same view. We might as well object to the compulsory exhibition of necessary medicines, or the resort to surgical means essential to the well-being or life of an insane patient without his concurrence. The character of the delusions productive of abstinence, and the motives influencing the abstinence if they can be arrived at, together with a knowledge of the general character and disposition of the patient, will afford us some grounds for judging of the extent to which the resistance is likely to be carried; the previous condition of life of the patient, and the extent of his mental cultivation are not to be lost sight of. Suicide by starvation is more to be expected from persons in the higher walks of life and of refined feelings, than from those moving in a lower sphere and of more blunted sentiments, to whom the greatest ill that they can conceive is a deprivation of food. But in the treatment of these cases physical disease must never be forgotten; anorexia resulting from derangement of the digestive organs will frequently in the lunatic give rise to a pertinacious refusal of food, and this might be overlooked unless especial attention were directed to it with the removal of the physical cause the abstinence will of course cease. Of a number of instances which have come under my own observation I will refer to three, two as remarkable for being influenced by the same delusion and acting from the same motive, both being distressed with the conviction that they would be buried alive, and both being determined, if possible, to avoid it by suicide.

The first was that of a young lady whose great horror of her supposed impending fate of premature interment made her most intent upon self-destruction by any means she could contrive, but finding herself so closely watched that no other method was open to her, she fixed upon voluntary starvation as her only resource, and adhered to it with singular obstinacy. She had to be fed by the stomach pump (with the exception of some five or six occasions, when she took a little of her own accord) for nearly three weeks, when she gave up the contest, saying it was of no use, for fed she must be, and that we would not let her starve, and that she might as well be free from the annoyance of the compulsion as by resistance she could not effect her object; the few times that she did take food voluntarily during this interval were, I believe, more for the purpose of throwing us off our guard than from any other motive. The second patient was a middle aged gentleman, who gave and continues to give me constant anxiety from his persevering suicidal propensities arising from the apprehension that he is destined to be buried alive. There is no method of accomplishing his object that he would not avail himself of, and he watches constantly for an opportunity; on one occasion he managed to obtain a knife which he secreted about his person, and just at the moment he was about using it for cutting his throat I happened to step into his room, and was providentially enabled to prevent him. His attempt to starve himself to death was given up after feeding him by compulsion twice. The third case was one of puerperal mania occurring in a lady who married somewhat late in life. Her delusion was that she was in a state of poverty and utter destitution, and she declined food on the ground that it was dishonest to take that for which she was unable to pay; in this instance the stomach pump was not resorted to, but after a course of hand feeding she again voluntarily took her food and ultimately recovered. It is in my opinion a mistaken kindness to delay the use of the stomach pump in the more determined cases, for not only can we administer food better by its means, but the unpleasantness of its application, and the impression produced of the utter futility of resisting it, are powerfully operative in overcoming the obstinacy of the most refractory. If feeding is not employed sufficiently early the evil effects of abstinence may be productive of irreparable mischief: nor can I see why it should be classed with mechanical restraint as we ordinarily understand that term. This is a most interesting practical subject, but I must not trespass further upon your space.

I remain, yours faithfully,

EDWIN WING, M.D., (Lond.)
Resident Physician and Superintendent,
Wyke House Asylum, Isleworth.

To the Editor of the Asylum Journal.

AMENDED RULES *proposed for the adoption of the Association of Medical Officers of Asylums and Hospitals for the Insane, by the Revision Committee appointed at the Annual Meeting,* 1854, *to be considered at the meeting on the* 19*th of July.*

I. *Objects.*—That the objects of the Association shall be the improvement of the management of asylums and hospitals for the insane; the acquisition and diffusion of a more extended knowledge of insanity and its treatment; and the promotion of free communication on these subjects between the members.

II. *Members.*—That the Association do consist of medical officers of hospitals and asylums for the insane, public and private; and of legally qualified medical practitioners otherwise engaged in the treatment of insanity.

III. *Election of Members.*—That the election of members do take place by ballot at the Annual Meetings; a majority of two-thirds of those present being requisite for the election of each candidate.

[III. *Election of Members.*—(As otherwise proposed.) That gentlemen eligible as candidates shall be admitted members of the Association on the Secretary receiving a recommendation to that effect, signed by three members, one of whom at least shall be the medical superintendent of a public asylum.]

IV. *Annual Subscriptions.*—That each member pay an annual subscription of one guinea, the subscription to be due, in advance, at the Annual Meeting, or on the first of July of each year; to which date the account shall be made up.

V. *Arrears.*—That any member in arrear of his subscription more than twelve months after the expiration of the year for which it becomes due, and more than a month after application by the Secretary for the same, shall cease to be considered a member of the Association.

VI. *Honorary Members.*—That gentlemen, whether of the medical profession or otherwise, who are distinguished by the interest they take in the erection and management of asylums, and the proper treatment of the insane, be eligible for election as honorary members. The election to be by ballot, as in the case of ordinary members.

VII. *Officers.*—That the officers of the Association do consist of the President, Treasurer, Secretary, and two Auditors, who shall be elected at each Annual Meeting.

VIII. *President.*—That the President for the year do enter on his duties at each Annual Meeting, and that his successor shall be appointed before the meeting separates.

IX. *Treasurer and Secretary.*—That the Treasurer and Secretary, be eligible for re-election.

X. *Annual Meetings.*—That Annual Meetings of the Association be held on or about the last Thursday in June, or first Thursday in July, in each year, at one o'clock; such meetings to be called both by advertisement and circular to each member, giving at least two weeks' notice.

XI. *Committee.*—That the Officers of the Association, and the President elect, do constitute the Committee, with power to add to their number, which shall meet at twelve o'clock on the day of each Annual Meeting, in order to arrange for the business of the day.

XII. *Place of Meeting.*—That the Annual Meeting be held either at the Freemason's Tavern, in London, or, if so agreed at the preceding Meeting, or after circular to each member, in some provincial town or city, where there is a public Asylum, or where some other object is likely to attract the members.

XIII. *Adjournment of Meetings.*—That the Annual Meetings may be adjourned to a second day if a majority of those present so decide.

XIV. *Order of Business.*—That after the minutes of the preceding Meeting have been read, and the ordinary business transacted, reports from members appointed to prepare the same, and other papers and communications shall be received, and free discussion be invited on all topics connected with the objects of the Association. A Report of the proceedings to be published in the Asylum Journal.

XV. *Finances and Asylum Journal.*—That after the payment of the ordinary expenses of the Association, the surplus funds shall be appropriated in aid of the production of the "Asylum Journal," published by authority of the Association; the accounts of the Editor of the said journal, and of the Treasurer of the Association, shall be examined by two Auditors, who shall report to each Annual Meeting. Each member of the Association to be entitled to receive the said publication without further payment. The Editor of the Journal shall be considered an officer of the Association.

XVI. *Disuse of Obsolete Terms.*—That by members of the Association such terms as "Lunatic" and "Lunatic Asylum," be as far as possible disused, and that except for official or legal purposes the terms "Insane person" and "Asylum," or, "Hospital for the Insane," be substituted, and that generally, all terms having an approbrious origin or application, in connection with the insane, be disused and discouraged.

XVII. *Registers of Cases.*—That to insure a correct comparison of the results of treatment in the several Institutions, it is strongly recommended to those members who have the superintendence of public asylums, to keep registers of the admitted cases according to the form agreed on at a meeting of the Association, held at Lancaster, in 1842 * and to append to their respective Annual Reports Tabular statements on, as far as possible, a like uniform plan.

XVIII. *Alteration of Rules.*—That any member wishing to propose any alteration in, or addition to the rules, do give notice of his intention at a previous Annual Meeting; or at least give a month's notice to the Secretary, who shall inform each member of the Association of the same, in the circular by which such meeting is called.

J. THURNAM, M.D.,
Hon. Sec. to Revision Committee.

* Copies of these Registers which were printed at the charge of the Association, may still be obtained at cost price, on application to the Secretary, from Mr. Simpson, Bookseller, York.

Appointment.—WM. PHILLIMORE STIFF, Esq., M.B., Lond., to be Medical Superintendent of the Nottingham County Lunatic Asylum.

ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

OFFICERS FOR THE YEAR 1854-55.

President.—Dr. Sutherland, Visiting Physician of St. Lukes Hospital, 2, Whitehall Place, Westminster.

Treasurer.—William Ley, esq., Medical Superintendent of the Asylum, for the Counties of Oxford, and Berks.

Auditor.—Dr. Kirkman, Medical Superintendent of the Suffolk County Asylum.

Editor of Journal.—Dr. Bucknill, Medical Superintendent of the Devon County Asylum.

Hon. Secretary.—Dr. Williams, Medical Superintendent of the Gloucester County Asylum.

Hon. Secretary for Ireland.—Dr. Stewart, Resident Physician, District Lunatic Asylum, Belfast.

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STEVENS, Dr., St. Luke's Hospital, London.
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Honorary Members.

GASKELL, S., Esq., Commissioner in Lunacy.
NUGENT, Dr.; WHITE, Dr.; Inspectors of Asylums, Ireland.

SUBSCRIPTIONS RECEIVED.

Subscriptions have been received from the following Members, since the date of the last list in the Journal.

ALLEN, Dr., Joint Counties Asylum, Abergavenny.
CORNWALL, J. Esq. The Fairford Retreat, Gloucestershire.
GREEN, THOMAS, Esq., Borough Asylum, Birmingham.
HITCH, Dr., Sandywell Park, Gloucestershire.
HUXLEY, Dr., County Asylum, Kent.
MANLEY, Dr., County Aslum, Hampshire.
PRITCHARD, Dr., Abingdon Abbey, Northampton.

W. W. WILLIAMS,
Hon. Secretary.

Gloucester, June 23, 1855.

NOTICE.

The Annual Meeting of the Association will be held at the Freemasons' Tavern, Great Queen Street, London, on the 19th day of July next, at 1 p.m.

The Officers of the Association are requested to meet at the above place an hour previously to arrange the order of business.

W. W. WILLIAMS, *Hon. Secretary.*

Gloucester, June 23, 1855.

BETHLEM HOSPITAL. MEDICAL SCHOOL.

The Summer Term for the Study of Mental Diseases in Bethlem Hospital will commence on Monday, the 2nd of July, and terminate on Saturday, the 29th of September next.

Members of the Medical Profession and Medical Students, desirous of attending the Hospital Practice, are required to enter their names at the Hospital. Admission Fee, £3. 3*s.*

The Medical Officers will enter Students and give all necessary information.

B. WELTON, *Clerk.*

June 1st, 1855.

Forms of Admission Papers, with Directions and Explanatory Notes.

These Forms, with the Directions printed in *red ink* above the spaces left for writing, and with full Explanatory Notes, can be obtained of Messrs. POLLARD, *North Street, Exeter.*

One dozen Forms thus printed will be sent by post, prepaid on the receipt of 3s. in postage Stamps. It should be stated whether they are wanted for private or for pauper patients.

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, *Devon County Lunatic Asylum, near Exeter, before the 30th day of July next.*

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