why the surface of old ulcers should absorb more freely than that of recent ones; why a ligature tied round the limb impedes the action of poisons; and why the same beneficial result attends the application of a cupping-glass over a poisoned wound. In short, throughout the whole body the two antagonistic processes of effusion and absorption are constantly in operation, the preponderance of the one or the other in any particular part being regulated by the facilities or impediments afforded to the passage of the blood through the smaller vessels of that part. And I believe that absorption takes place chiefly in the smaller vessels, being facilitated there by the tenuity of their coats and the rapidity of the stream traversing them. As before stated, I consider these two processes to be in their nature and causes essentially different from those usually understood by the terms endosmosis and exosmosis, and to be in a great measure independent of the laws regulating the transmission of *stagnant and uncompressed fluids* through membranes.

Hunter-street, Brunswick-square,
May 19, 1843.

P.S. Of course these remarks are intended to apply to the general processes only; for there is undoubtedly something more than a mere physical law in operation in all those parts where secretion is going on; and a certain selective influence is probably also exercised in regulating the admission of external matters within the circulation.

FURTHER REMARKS BY
DR. HASTINGS ON HIS TREATMENT
OF
TUBERCULOUS CONSUMPTION
WITH NAPHTHA.

To the Editor of THE LANCET.

SIR,—It was to be expected that in offering to the profession a remedy for such an aitherto incurable disease as phthisis, that it would be received, at best, with much distrust, and by many with total disregard. More could hardly be hoped for, when we reflect on the frequency and fatal nature of the disease, the consequent attention bestowed on it by many of the ablest men of all ages, and the numberless agents which have been uselessly extolled and as uselessly employed to check its ravages, I only hoped that enough had been stated in the 'remarks on tuberculous consumption, and its treatment with naphtha, with experiments and cases,' in THE LANCET of April 29th (p. 149), to obtain a fair trial for this new remedial agent. I may add that nothing has yet occurred either in the cases reported, three of which I have seen during the past

week, or in those subsequently treated, to shake my faith in its efficacy.

My reason for addressing you again, at this moment, is for the purpose of replying to your courteous correspondent, "S. C. D.," who very fairly observes, and in which I fully concur, that "it appears to me that to decide on the relative superiority of naphtha, even as an ameliorating agent, it would be necessary to select a certain number of cases, of average tuberculous malignity, part treated with naphtha, and part by other remedies, and let the result determine."

"S. C. D." appears to consider my cases to be neither more or less than cases of winter-cough, and only on the ground that my patients had cough in the previous winter. This point will be readily cleared up by inquiring what are the symptoms which indicate the presence of winter-cough; and what, tubercles in the lungs. Winter-cough, or, in other words, chronic bronchitis, occupies generally the lower lobes of both lungs, over the surface of which slight dullness on percussion is occasionally elicited, and upon auscultating the space, sibilant, sonorous, or submucous râles are heard; the secretion has more or less a frothy character, mixed with a denser semi-transparent mucus; the motions and form of the chest are rarely altered, and emaciation is by no means a constant attendant. This affection is seldom met with in persons who have not reached the middle or advanced periods of life. It will be well to observe that two of my patients were under twenty years of age, three under thirty, and the oldest no more than thirty-four. Their prominent symptoms were general emaciation, dullness on percussion over the superior portion of the chest, where the breath-murmur was weak, harsh, and inaudible, with augmented heart sounds, particularly on the right side, &c. Such was the disease that I treated with naphtha; as to the treatment of chronic bronchitis with the same remedy I have no experience. I have carefully abstained, hitherto, from treating cases of an equivocal nature with naphtha, in order that I shall neither delude myself nor others into the belief that tuberculous consumption had been treated, when it was really some other affection, of a less fatal nature, and for which we have already abundant remedies, and in this way obtain, perhaps, a therapeutical character for naphtha it would have justly no claim to.

Again, "S. C. D." says, "to obtain for naphtha the character of a specific, it ought to be tried not upon winter-coughs, but upon cases yielding in *summer* all the stethoscopic signs of tubercle, &c." Might I ask "S. C. D." if he considers a disease that affords all the symptoms of phthisis in the *summer*, would fail to do less in the *winter*? For my own part, I must repeat that winter is

the most unfavourable season of the year for treating tuberculous consumption; indeed, this is an almost universal opinion, and consequently requires no additional testimony from me.

I must again call the attention of those who intend making trial of naphtha in this disease, to be extremely particular in the kind employed, as several accounts have reached me where its use has been entirely abandoned in consequence of sickness, palpitation of the heart, &c., it occasioned. If the naphtha mixes with water without producing a cloud, and is as transparent and colourless as distilled water, and of the specific gravity .824, it will, according to my experience, produce no such untoward effects; but, on the contrary, will augment the appetite and exalt the system.

I shall shortly forward to you another report of cases, including one, at least, successfully treated where softening and caverns existed in the lungs.

Since the foregoing was written, I have read with much interest Mr. Atkinson's letter in to-day's LANCET on this subject. His principal objection to my cases is founded on incorrect data, hence much of its force is lost. He says "the whole of the cases in Dr. Hastings' report were in the month of March and the first week in April," and on this he grounds his argument. Instead of which, the treatment of three of the cases, out of the six reported, commenced in December, and another in January.

With regard to creosote, I thought it had been laid aside long since as a medicine of no value in phthisis. Perhaps no one gave it so extensive a trial in this disease as Dr. Elliotson, both through the medium of inhalation and the stomach, and I know that he only discontinued its use from the conviction that it was utterly useless in that affection. I might cite other eminent authorities, holding the same opinion, were it necessary, but shall conclude with a quotation from Gully's Translation of a Formulary, &c., by Magendie, 1836, page 207:—"Creosote has been employed by the French physicians in pulmonary phthisis, but from all that I have read on the subject the alleged successful cases are strained, and should not be recorded as such." I am, Sir, your obedient servant,

JOHN HASTINGS, M.D.

Albemarle-street, May 20, 1843.

INSANITY.

THE ADVANTAGES AND RISKS OF MANUAL FREEDOM.

To the Editor of THE LANCET.

SIR,—The question of restraint to the limbs of the insane has, by most of your correspondents, been advanced, not in respect of its merits or its demerits as a remedial agent, but as a means of preventing bodily injury. Having in my former communications (pp. 12, 144) slightly touched on the consideration of it as a curative application, I now propose to confine the few remarks that I am about to make to the examination of the bodily injuries which are generally sustained by patients who are suffering from insanity. In doing this, I shall endeavour to draw some comparison between the amount and the nature of the injuries that are sustained under both plans of treatment.

At the outset of an inquiry into the comparative proportion of wounds, bruises, and sores, following the adoption of the one or the other mode of managing the insane, a very important distinction presents itself; namely, where the patient is fastened, the injuries arising are sustained chiefly by the patient himself, and when not fastened they are presumed to fall on the persons of others. This is a manifest and important distinction, and one which it is expedient, in the consideration of this subject, that we should bear constantly in mind.

A further distinction is apparent in the nature of the injuries sustained. Patients under restraint are liable to suffer from a class of injuries consisting chiefly of ulcerations and mortifications of parts, produced by the continued pressure of the restraining agent on the limbs, or by the weight of the body kept constantly in one position on the bed. When left unrestrained the injuries consist chiefly of contusions or wounds inflicted by one patient on another, or by a patient upon his attendant.

Nice points like the one now under consideration cannot be determined with the closest exactness without the most extensive experience, and without a series of well-recorded observations. I conceive, however, that at the present time we possess that amount of knowledge which enables us to determine the question whether, under the "restraint or the non-restraint systems," the greatest amount of bodily suffering is experienced.

It is at once evident that by removing from the patient instruments which cause pressure on the limbs, and keep his body in one and the same recumbent position, the class of injuries before alluded to, namely, ulcerations and mortifications, is entirely done away with; and let me remark, it is no slight mitigation of suffering to abolish the

A COOL RECEPTION.—Dr. Scholler, of Berlin, proposes that when new-born infants appear dead from suffocation little time should be lost before they are treated with a hasty plunge in cold water. This, he says, will often restore them speedily when other means have failed, though he cites a case in which three hours were spent in successive immersions before the infant respired!