

care from this class of patients, and to place them in empty cells; Dr. Lauder Lindsay takes the directly opposite view, and would lock the patients, clothing and all, into his box beds—instruments of restraint similar in construction, and less soothing in practice, than the *bain de force* still seen in all French asylums. I commend Dr Sheppard's clever defence of his theory (*Journal of Mental Science*, April and October, 1867) to Dr. Lauder Lindsay's perusal.

Dr. Lauder Lindsay has apparently yet to learn that the successful treatment of the non-restraint system is based on the very opposite principle from that which guided the small inventive faculty of the originators of strait-jackets, strong-chairs, leg-locks, and which has culminated in the Protection Bed. All these contrivances belong to a system of treatment extinct in the English County Asylums. Their fall may be traced in Dr. Conolly's chapter, "The last days of the old method of treatment." Their final condemnation was thus summarised by him:—"No fallacy," he writes, "can be greater than that of imagining what is called a moderate use of mechanical restraint to be consistent with a general plan of treatment in all other respects complete and unobjectionable and humane." Dr. Conolly, indeed, without knowing of the Protection Bed, sketches in his next chapter its baneful influences:—

"In the greater number of recent cases of mental malady, the patient is unable to sleep; the days are tolerably tranquil, but with the night restless distraction comes. Whoever has known the affliction of a restless night must know that his affliction would have received no abatement from his being tied down to his bed; and that fresh air, cold water, sitting up a while, and diversion of mind, are the things to which he would resort for relief. The poor lunatic, equally restless, equally sleepless, and with a brain more excited, should not be deprived of these alleviations, all of which form a part of the non-restraint system; but none of which are regarded where restraints are employed, which are, indeed, utterly incompatible with them. The attendant who has fastened down his troublesome and sleepless patients in bed, retires with a satisfied mind to his supper and his rest. The patients may suffer from heat and thirst, and may shout and yell in their despair. He heeds them not; or, if he does, it is only to visit them in an angry mood, and to punish them as he chooses. The attendant, where restraints are not used, cannot leave his patients so neglected, or punish them at will. The physician himself, in large asylums, frequently goes round the wards at night, and a system is established by which their state is reported to him every morning. If a patient cannot lie down without distress, he is not compelled to lie down, but allowed to walk about; being supplied with soft, warm shoes, and other clothing, to prevent his suffering from being out of bed. If he knocks at the door of his room, the reason of his doing so is inquired into; if he is thirsty, he has water given to him; if he has been restless, and his bed is discomposed, the bed is made comfortable again; the patient's face and hands are cooled with water; perhaps a cup of tea, or coffee, or beef-tea, or arrowroot, kept in readiness by the night attendant, is given to him, or sometimes a little tobacco, and thus the patient is refreshed in body and soothed in mind, blesses his visitors, bids them good night, and falls asleep; and thus the cries and howls which disturbed the wards so often are heard no more.

"The old system placed all violent and troublesome patients in the position of dangerous lunatics. The new system regards them as afflicted persons, whose brains and nerves are diseased, and who are to be restored to health and comfort and reason. This simple difference of view it is which influences every particular in the arrangement of every part of an asylum for the insane."

I cannot conclude this letter without expressing my sincere regret that Dr. Lauder Lindsay should have thought fit in his last report of Murray's Royal Asylum, Perth (1865-68), when introducing this protection bed to the notice of the committee (as the only special appliance or mode of treatment which it seemed to him desirable to mention as being apparently little known, or used in British asylums), to renew his suggestion that servile fear of the Lunacy Commissioners, a fear which he says reigns among all classes of officers in British asylums, stands in the way of its introduction into the English county asylums.

I must, in conclusion, say for myself that I little thought the self-invited guest, to whom I once endeavoured here to show such poor hospitality as lay in my power, and to afford such information as he sought at his visit, was weighing my servile fears in his lofty balance, and noting the weakness

which would probably prevent the introduction with us of his new method of restraint. At any rate, a servile fear of infringing the requirements of good manners and professional courtesy cannot be retorted against Dr. Lauder Lindsay.

I am, Sir, your obedient servant,

C. LOCKHART ROBERTSON, M.D., F.R.C.P.

Hayward's Heath, Sussex, December 8th.

THE SCIENTIFIC INVESTIGATION OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Conceiving that the information contained in the enclosed documents may prove interesting to other inquirers in the same direction, I have much pleasure in placing them at your disposal, instead of retaining them for publication in the next annual departmental blue-book.

Owing to the generous interest of the War Office authorities, we have been enabled to send out to India, at the suggestion of the Senate of the Army Medical School at Netley, two officers belonging to the Indian and British medical services respectively, who are fully qualified to enter upon the study of the fungoid bodies which, it is asserted, exist in the excreta of cholera patients, and to determine the truth or otherwise of the hypothesis which assigns a causative relation between the presence, growth, and dissemination of these bodies, and the origin and development of choleraic disease. The views entertained by Professor Pettenkofer, in regard to the influence exercised by the permanent characters or varying conditions of the soil during the seasons when epidemic cholera prevails, will likewise form part of the inquiry; and with this view the medical officers in question have been instructed in the best methods of observing and recording the changes in the level of the ground-water, the temperature, amount of moisture, and decomposing organic matters present in the soil.

These subjects, in common with others—such as a repetition and extension of Dr. Burdon-Sanderson's experiments—will devolve upon those entrusted with the study of the more purely scientific aspects of the inquiry. There are, however, besides these, a large number of questions of a less technical character, which will form part of the investigation that the home authorities are desirous of instituting in India, and in the pursuit of these we hope to have the co-operation of medical officers generally in that country. An epidemic of comparatively recent date, but, unfortunately for the soldier, not of unusual occurrence, has lately attracted a considerable degree of attention, and it is a matter of gratification to find that the Imperial power which holds India should enter on a thorough and systematic registration and investigation of all the facts connected with cholera, with the hope that we may find some means of limiting its ravages.

I have the honour to be, Sir, your obedient servant,

T. G. LOGAN, Director-General.

THE ACOUOXYLON.*

To the Editor of THE LANCET.

SIR,—In your journal of last Saturday, December 19th, under the communication of Dr. Paul Niemeyer on the "Acouoxylon," you remark in the foot-note, "These solid stethoscopes have not been found especially advantageous; their chief defect is, that they are heavier than hollow ones, &c." We beg to state that, at the suggestion of Dr. B. W. Foster, of Birmingham, we have made a solid cane stethoscope weighing only about half an ounce, a weight considerably less than that of most stethoscopes; it also possesses the advantage of great conducting power, and is not easily broken. The end applied to the chest is made oval, to enable the auscultator to obtain a more exact apposition between the ribs. We exhibited this stethoscope at the Oxford Meeting of the British Medical Association. We are, Sir, yours obediently,

Grafton-street, Dec. 22nd, 1868.

J. COXETER AND SON.

* By an error of the press, Dr. Niemeyer's word was last week misprinted "Aconoxylon."—Ed. L.