

which occurred in a gentleman under my care fifteen years ago, and since married, and which had never been followed by any constitutional disturbance, I was reminded that I might have mistaken inflammatory for syphilitic induration. Upon my showing a few cases in which secondary symptoms had followed a non-indurated sore, I was told that the induration required the touch of a most experienced person for detection; that it was sometimes so transient as to escape observation entirely.

Are such arguments worthy of the profession? Will anyone say that a well-educated surgeon cannot detect an indurated chancre? To what absurdities does it draw us! A patient has a syphilitic knot, as hard as cartilage, under the prepuce: it is not followed by constitutional symptoms; therefore the hardness is inflammatory. A second patient has an excoriation of the glans penis, followed by scaly eruption and sore-throat; therefore there has been a syphilitic induration which has escaped detection.

If these arguments were simply curious, and did not bear upon points of practice, they might be well left alone; but that is not the case; and patients may be pronounced either safe of escaping or sure of suffering from constitutional syphilis upon most fallacious grounds.

I repeat that syphilitic sores owe their distinctive character to the tissues on which they occur, with one exception,—viz., the phagedænic. I do not believe that we may draw safe inferences as to the development of secondary symptoms from the occurrence of suppurating or non-suppurating buboes, and I will engage to furnish to a professional inquirer any reasonable number of cases in corroboration of these opinions.

I remain, Sir, yours, &c.,

HOLMES COOTE, F.R.C.S.

New Bridge-street, Blackfriars, July, 1857.

MANAGEMENT OF LUNATIC ASYLUMS.

To the Editor of THE LANCET.

SIR,—The attention of every reflecting mind must be aroused by the leading article on Public Asylums, contained in your journal of last week. You have pointed out, with great force and precision, the signal disadvantage under which we labour in the treatment of insanity according to the present system. It is too true, indeed, that the county asylums of England are fast degenerating into the character of mere parish unions, with the additional evil of almost prison discipline in the management of their unhappy *détenus*. While abolishing physical restraint, its humane opponents seem to have overlooked the equally important error, unnecessary moral coercion. I have been again and again forcibly struck by the depressing result of this last-mentioned measure, the employment of which cannot be otherwise than galling and offensive to the free-born Englishman—nay more, its extensive use is hurtful in the extreme, and, I am convinced, checks to a great and unsuspected degree the otherwise healthful influence to which the patient may be subjected. What can be more pitiable than the spectacle daily afforded in any of these institutions, where large companies of men may be seen dejected and forlorn, listlessly standing like beasts in a pasture, enclosed by walls, without means or opportunity of relief to the monotony that reigns around? I fear there is a hidden cause, to which this may afford a clue, why only fifteen per cent. are cured in our large public asylums. At any rate such a low return shows there is some fundamental fault, into which it behoves us to inquire.

Instead of the present prison-like plan of government, we require a more humane and enlightened system, by which these splendid palatial asylums, so barren of good results, may be set aside. It is doubtful how far the practice adopted at Gheel would answer in a country so densely populated as England. I would suggest, however, a modification of the plan, consisting of detached cottages for the use of convalescents, erected in parallel rows, with a separate building fitted with open rooms inter-communicating for the untrusty or refractory cases, and so constructed as to be readily inspected without infringing on the private feelings of their inmates. The male and female domiciles might stand on opposite sides of a square, divided into compartments for tillage, the medical officer's residence occupying the centre. At one end, say north, might be placed a small church; at the other a spacious room for purposes of amusement, concerts, lectures, &c. If necessary, a dry fosse, surmounted on one side by a hedge, may form the outer limit to the works. These would be inexpensive, unpretending, always admitting of ready extension,

and, being under the care of faithful and earnest men, would constitute, I fear not to affirm, the most complete and satisfactory "Retreat" in the kingdom. Assuredly something of the kind is wanted to supersede the clumsy and expensive machinery by which the treatment of the insane is generally conducted. The present state of things cannot continue much longer without producing its own effect on the public mind; and I pray, Sir, the day may come when locks, bolts, and bars on every door and window, with jingling of keys, alarm whistles, and dismal enclosures, 'yclept airing grounds, may be one and all consigned to the tomb of the Capulets, where, with the ancient barricadoes of past centuries, may they rust to all eternity, dishonoured and condemned!

I am, Sir, yours obediently,

Wilts County Asylum, Devizes, July, 1857. J. HAWKES, M.R.C.S.

P.S.—Some of the preceding remarks are hardly applicable to this asylum, which, from its moderate dimensions and able management, may challenge comparison with any other of a similar size in the kingdom.

** Our correspondent will find, on referring to the *Quarterly Review*, that his suggestion is almost identical with that of the writer of the article on Lunatic Asylums in the last number of that journal. We are glad to find our views corroborated, even to the extent our correspondent goes. But the less we have of dry fosses the better.—ED. L.

CHOLERA AND DIARRHŒA.

To the Editor of THE LANCET.

SIR,—Although myself believing that true cholera is a disease *sui generis*, and distinct from diarrhœa, I would rather that others believed it from conviction than that they should take it for granted merely because asserted. I do not deny that cholera is often preceded by diarrhœa, but I would assert that diarrhœa does not run on into cholera.

There are apparently three divisions—viz., diarrhœa, choleraic diarrhœa, and cholera, or diarrhœa as generally understood, and arising from a variety of causes. Choleraic diarrhœa, including under this head English cholera, however severe, and diarrhœa attended with cramps, &c., and bilious stools, which will generally yield to one or two pills taken about the onset, each containing five grains of calomel and one grain of opium powder. Sometimes the eliminative treatment may be useful.

True cholera, I believe, begins in the following way:—A person feels ill, or as if he was going to have some serious illness; there is an anxious expression, more or less, about the countenance; skin dry and harsh, often has a dusky shade; and there is a sensation of chilliness throughout the whole frame; often a dark line around the eyes; lips more or less livid. This may or may not be attended with a slight diarrhœa. I believe the diarrhœa does not appear first, but follows very rapidly, at first very slight, and somewhat bilious; soon, however, the rice-watery evacuations appear, and then the usual concomitant symptoms; in fact, the symptoms of a sudden shock to the nervous system through some means or other (I do not purpose entering into the cause of the disease), with subsequent chilliness of the surface of the body, and followed, as might be expected, by diarrhœa or not, according to circumstances; for we have cases of "dry cholera," so-called; and we should recollect that, in a few cases, there is some warmth of the surface, even in advanced stages of the disease. I believe that a person suffering from diarrhœa is predisposed, and no more, to cholera.

Having thus stated my own conviction from what I have seen and observed, I am anxious that others should observe more accurately than is generally done, and not content themselves with merely observing whether or not diarrhœa was the premonitory symptom, but what were the sensations and symptoms each individual experienced at the very first onset, and up to the time when the rice-watery evacuations appeared. It is highly important to treat the disease in its first stage, as then it may be frequently arrested; therefore let practitioners watch well for themselves, and we shall soon know better how to treat cholera. My own plan would be, though I do not urge it as perfect, to give calomel without the opium (which I believe is injurious generally in true cholera), and also some wine or brandy, and some good beef-tea or chicken-broth.

It may appear presumptuous in me to point out facts to others much superior to my self in general knowledge; but I feel so strongly on this point, and have noticed that so little attention is paid to the careful investigation of the first symp-