

the journalist gravely asks, "upon what possible ground of reason would you force a poor creature into bed, who would give his hand to remain up?" Now, Sir, no advocate of the occasional necessity of restraint ever dreamt, I should conceive, of keeping people tied into bed for a fortnight. What they assert is, that the occasional confinement of a maniacal patient to bed, during a proper period for repose, is necessary to preserve warmth, and obtain for him rest, and, if possible, sleep. In many cases you must do this, or sacrifice your patient's life to your prejudices. Might he not consistently have asked, why would you compel a patient to wear clothes, who insisted upon remaining naked? If any convalescent should in future assure us that he would have given his hand to have jumped out of a window, but the cruel people had guarded it, it will perhaps be demanded of us, "upon what possible ground of reason" would you prevent a poor creature from jumping out of a window, who would give his hand to do so? This might possibly be carrying the non-restraint system a little too far, even for the approval of the "Quarterly Journal." Yet it is not so absurd, but it has its advocates, and has been actually carried into practice, at an institution boasting much of its superior method of treatment, though coercion is far from being abolished in it; for some whim or other the windows were not guarded, and the consequence has been, that two patients have committed suicide within a short period by jumping out of them. If people are to be allowed to carry ridiculous and absurd ideas of this kind into execution, just when they please, I see no end to the mischief, nor how many lives may not be thrown away by their folly. I am, Sir, your obedient servant,

ARTHUR STILWELL.

Moorcroft-house, Jan. 11.

## HÆMORRHAGIC DIATHESIS.

*To the Editor of THE LANCET.*

SIR:—I doubt not the two following cases occurring in my own practice, with remarks thereon, will prove highly interesting to the readers of *THE LANCET*, in contradistinction to cases recently published on the same subject in that Journal, and will tend to elicit new light upon a subject which seems to be at present but imperfectly understood.

**CASE 1.**—Mrs. C., a married lady, about 45 years of age, in 1835 suffering from intense toothach, solicited my opinion as to the propriety of extracting the tooth, which was affected by caries. She stated that nine years previously she had suffered in a similar manner; the tooth was then taken out, and

her life nearly paid the forfeit, in consequence of unabated hæmorrhage for three successive days and nights. Her observations very naturally led me to examine generally into her state of health before I ventured to form an opinion; however, as I found nothing unfavourable to the operation but what she had already referred to, I expressed a desire to extract it, to which she assented. It was drawn, and at the time nothing unusual happened; but the bleeding continuing uninterruptedly for three hours, she became exceedingly alarmed, and summoned my instant attendance. The most approved remedies were diligently applied, and persevered in the whole day, from nine in the morning until eight in the evening, with but trifling benefit, when she retired for the night; having become exceedingly weak and faint from the loss of blood and want of nourishment, not having tasted food the entire day. The cavity was now well plugged with white wax, softened in warm water; having previously, during the day, cauterised it with a wire heated to a white heat, stopped it with sulphate of lime, applied pressure, &c., with scarcely any advantage; the last remedy was now assiduously applied with pressure until the patient was fairly exhausted about three the following morning, with no better result, when she fell into a sound sleep until five, awaking suddenly with a sense of suffocation; she was relieved by dislodging from her mouth about half a pint of coagula, which I effected with a teaspoon: she was quite blanched, and her voice scarcely audible from the immense loss of blood, which continued to run out of her mouth whilst she slept. I now caused her to rinse her mouth, having freed it from all coagula as previously described, and introduced the little finger of my left hand into the cavity with pressure, at the same time pressing with the thumb and two forefingers of my right hand upon the sides of the gum for full two hours without intermission; no blood escaped after this; I removed my hands, and it seemed quite arrested; but for the sake of security, not wishing to hazard the slightest risk, I placed a relative in my last described situation for the space of two hours more; this finally completed the cure. The computed loss of blood could not have been less than four pints.

**CASE 2.**—A single, delicate young woman, about 20 years of age, applied to me, early one morning in 1837, to suppress a hæmorrhage from the gum, in consequence of the extraction of a tooth by some medical gentleman at a distance on the night previous. She stated it had never ceased bleeding; I applied a styptic, plugged it with lint, told her to apply pressure, and sent her home. In about four hours I was sent for in a great hurry, as it was stated that the girl

was dying. I found she had fainted; after recovering her, I adopted my last remedy, as stated in my former case, for about the same period; this, with a pledget of lint saturated with the tincture of muriate of iron, effected the cure.

## REMARKS.

Cases of hæmorrhagic tendency are to be met with but seldom, I feel well assured: the two cases related above having only occurred within my sphere of observation, either in or out of hospital during a practice of some years, and the few recorded cases seem fully to establish the fact. In perusing Mr. Lane's report on hæmorrhagic tendency, *LANCET*, Oct. 31, 1840, p. 188, I felt somewhat startled at the number of well-attested cases introduced, as well as that gentleman's own concluding observations to the following effect:—After a careful perusal of these cases, it appears to me that I am warranted in drawing the following conclusions:—That males only are subject to this peculiarity of constitution. Mr. Lane's observations are further established and supported by more recent data and additional facts by Dr. David Burnes in a subsequent Number of *THE LANCET*, Dec. 12, 1840, p. 404. Now, I readily concur with all parties as respects the cases above, but not so, however, with regard to the hæmorrhagic tendency existing on the male side only, for my own cases are in contradistinction to such belief; although, I confess, it is somewhat remarkable and singular that male cases only should hitherto have been published; and yet I cannot possibly suppose that mine are the only two ever met with on the female side of the human creation; neither can I see, in a physiological point of view, how this highly-important and interesting phenomenon can be accounted for, unless, indeed, the powers displayed in the uterine functions can, in any way, cause to lessen such tendency; but, as I stated before, not altogether, for facts are stubborn things, although isolated. That Mr. Lane's and Dr. Burnes' cases and views are supported by high authority, no one can deny; still I cannot reconcile my opinions with theirs; and in reference to the cause of hæmorrhagic tendency, I am inclined to believe it to be a deficiency of the coagulating principle in the blood itself, as well as the want of due contractile power in the vessels. In the hope that this may call the attention of my medical brethren to the subject, I am, Sir, your obedient servant,

THOMAS SMETHURST, Surgeon.

Spencer House, West Cliff, Ramsgate,

Jan. 11, 1841.

**THE LANCET.**

*London, Saturday, January 30, 1841.*

THE hospital physicians and surgeons of the United Kingdom have unquestionably contributed to the progress of medical science; and it is with pleasure that we make this statement; but when their numbers, the energy of the national character in the prosecution of science, and the number of cases of disease that have fallen, within the last hundred years, under their observation, are taken into account, there will be less room for astonishment at the discoveries which they have made, or the facts which they have collected, than at their apathy and negligence. In the *London hospitals* about 25,000 *in-patients* are treated, and 2200 die annually; and it has been estimated that 100,000 are treated every year in the United Kingdom. The dispensary out-patients would raise the number to nearly *half a million*! How many of these cases have been investigated? How many have been recorded in the hospital books? How many of the cases have been analysed by the officers, whom Sir BENJAMIN BRODIE places above the general practitioners of the country? Where is the evidence of their zeal for science, their fidelity to the interests of humanity, or of their superiority? What would have been easier than the laying down a general plan of hospital registration; or what was a more obvious duty than the accumulation of facts, when it is universally admitted that medicine is a science of facts, and the result of experience? Histories of cases were suspended in the first temples of *ÆSCULAPIUS*, and those cases were the basis of the Hippocratic writings. How does it happen that an age of reason has not carried out to all its legitimate applications, a method which forced itself into existence in an age of superstition, and in the very infancy of science?