

R *Solution of potash*, 3ij;
Hydrocyanic acid, m. xv;
Mint water, ℥vj. M.

An ounce to be taken three times a-day.

R *Compound extract of colocynth*, ℥ij;
Powdered ginger, gr. x. M.

Make into twelve pills, of which let two be taken every night.

20. Much the same as yesterday; first dose of the medicine rejected, but the others remained; bowels not yet relieved; urine passed during the last twenty-four hours measures exactly seven quarts, of pale colour, acid, reddening litmus paper. To continue remedies.

21. Was sent for this morning in great haste; found she had been suddenly seized with violent pain in the abdomen, accompanied by vomiting of a dark-coloured fluid (several chamber-potfuls); no traces of fæces, nor did it smell offensive, it seemed chiefly what she had drank; bowels not yet relieved; tongue moist and natural; heart's action feeble; pulse small and feeble, 78; thirst still continues. To have

R *Croton oil*, gtt. ij;
Calomel, gr. xij;
Compound extract of colocynth, ℥j.

Make into twelve pills, of which let two be taken every two hours.

Two, p.m. Much the same as at last visit. To continue the treatment. The body to be fomented with hot cloths; to have glysters; the following to be rubbed on the epigastrium:—

R *Tincture of opium*, ℥iv;
Sulphuric æther, ℥j. M.

Eight, p.m. Appeared rather easier; bowels not yet relieved. To continue the remedies.

22. On visiting her early this morning I found that soon after I left last night all pain and vomiting suddenly ceased. She was for a time restless, tossing her arms about, with cold extremities, but soon became quiet, in which state she remained until half-past seven this morning, when she expired. The thirst continued until the last, for it appears she pointed once or twice to a cup after she was unable to articulate. There was no evidence of external hernia. No post-mortem was allowed.

In June, 1841, I attended a child belonging to the deceased, aged four years, with obstinate constipation, accompanied by vomiting; for several days everything taken was rejected. The usual remedies in such cases were made use of, and at last with success. The child recovered, and is still living. In this case no evacuation was procured for eleven days. Will any of your numerous correspondents favour me with their opinion of these cases? Is the complaint hereditary?

RAMOLLISSEMENT WITH ABSCESS OF THE BRAIN.

To the Editor of THE LANCET.

SIR,—Permit me, through the medium of your valuable Publication, to give the reminiscences of a post-mortem examination of the brain, which I witnessed on Sunday, Jan. 23, 1842. The subject was a farmer, a man of temperate habits, aged 59, who, until about three weeks from the time of his death, was tolerably healthy, retaining a fresh colour and full face until the day of his decease. He had occasionally complained of pain on the top of his head, which was always relieved by bathing with vinegar and water, so that it never excited medical attention.

I saw him about ten days before his death, when his pulse was 72, moderately full, and regular. He was cupped on the back to eight ounces, after which he continued to sink. I saw him again on the evening before his death, when his pulse was 140, and the inspirations 52. In his last illness his first complaints were a difficulty in retaining his water and stools, and, after a day or two, difficulty of speech. There was no complaint of pain, of consequence. The muscles of the face, when smiling, appeared to be drawn up, as in paralysis. He had had three falls within the last month; one from his horse, one when walking, and the last in his bed-room; but he did not know whether his horse fell in the one instance, or his foot slipped in the other, so that, excepting the last, they were not attributed to disease. He died, apparently insensible of pain, at half-past twelve o'clock, on the Sunday morning above stated, and the brain was examined twelve hours after. The dura mater was much injected with blood, the longitudinal sinus was lacerated posteriorly by the saw, and there escaped about two ounces of dark-fluid blood: it was supernaturally adherent at the upper and posterior part, both to the skull and brain. On removing it, the intergyral spaces appeared all full of dark blood. On dividing the hemispheres, which the gentlemen did, above the centrum ovale majus, blood burst in drops from many parts of the white substance, and a diseased space was found opposite the corpus striatum, in the left hemisphere, which contained rather more than a teaspoonful of yellow serum; a little behind this another diseased place was discovered, about two inches wide, and about half an inch deep, including the whole of the diseased substance, which in its irregular cavities contained pus. A little behind this a similar place was observed, which also contained pus, spread over its surface. In the right hemisphere, at about its centre, there was also a dusky red-coloured substance, of the same flat kind of shape as those on the

left side, and about two inches wide. In the centre of that mass there was an unconnected dark substance, rather firm, and of about the size of a very large pea. About a tablespoonful of fluid in the ventricles, the passage between the lateral and third being perfectly open. The whole substance of the cerebrum was softer, and more easily torn than usual. The medulla oblongata and cerebellum showed little appearance of change; the latter, when divided, did not present so white an aspect as usual. The arteries all appeared perfectly sound and empty; no ossification in any part was observed. It ought to be remarked, that all the diseased portions were in the medullary substance of the brain, none of them extending to the cortical substance.

These were the principal appearances, and the examiners informed me that the disease was one of ramollissement, not depending on inflammation. I should be glad to hear some opinion on the subject, as to the disease and the cause, and what means might have been adopted to effect a cure. I am, Sir, your obedient servant,

C. SMITH, Surgeon.

Highworth, Jan. 25, 1842.

THE HANWELL STATISTICS.

WATCHFULNESS OVER INSANE PATIENTS.

LECTURES AT HANWELL.

To the Editor of THE LANCET.

SIR,—Ten minutes of leisure enable me to dispose of your correspondent, "THE MEDICAL SUPERINTENDENT." First. Of his test of the advantageous or disadvantageous working of the "bodily non-restraint system," namely, the returns of the mortality in Hanwell during the period of its operation as compared with the mortality of other public and private asylums where, as in Hanwell, *all* cases of insanity are admitted. His test is a most unlucky one. It appears by the tables published in the 59th Report of the Hanwell justices, that the mortality in that asylum during the two years in which the new system has been in operation has averaged 8.82 per cent. per annum, the average of the preceding years from the opening of the asylum being 12.71 per cent., whilst, according to Mr. Farr's tables, the annual average of the other pauper asylums in Middlesex is 15.5 per cent. Secondly. As to the two forms of mental derangement, which, "WITH OTHERS, *imperatively* require bodily restraint." First. The solitary vices. Is your correspondent prepared to assert that the advocates for bodily restraint are agreed in opinion as to its utility in these cases, especially as regards satyriasis? If his knowledge on this subject be extensive, he will have some difficulty in maintaining such

proposition; but if he does undertake it, a visit to Hanwell could probably enlighten his mind as to the substitutes for bodily restraint there used, by which these propensities are controlled, without engendering those deplorable habits which are the invariable result of nightly coercion. Secondly. With respect to the patients *with depraved appetites*, "labouring under dementia, ending in chronic fatuity, the last stage of mental disease," in which unhappy state he presumes a large portion of the Hanwell patients now to be. I can assure your correspondent that if he had the moral courage to abandon restraint-chairs, sleeves, leg-locks, and all the paraphernalia of bodily coercion, and substitute strict vigilance and watchfulness in his attendants, compelling them to take the patients at regular hours to the water-closet, and to undergo the unwelcome duty of making them clean and comfortable, whenever they misbehaved themselves, he would be astonished at the increased intelligence of the attendants upon these points, and the rapidity with which this class of patients would in consequence decrease.

"No patients," says Dr. Conolly (59th Report, p. 39), "in the asylum were more dangerous to approach than those who were fastened every day in restraint-chairs; *and no patients have improved more signally since their entire liberation.* One cherished error of the advocates of restraint is, that it can at least do no harm to the incurable. The fact is, that no patients are more permanently injured by it, *in temper, feelings, and habits.*"

It is, however, perfectly true that, notwithstanding the vast reduction which takes place in this class of patients by the system of watchfulness, a case will occasionally, though very rarely, occur in which the patient will, during the night, if within his power, indulge the depraved appetite alluded to, and in which the common remedy of placing bread by his bedside will not avail. In such isolated cases, in addition to the precaution of taking the patient to the water-closet immediately before he retires to rest, and upon the first entrance of the attendant into the ward in the morning, which will ordinarily prevent an evacuation during the night, the patient should wear a pair of stout ticking drawers so fastened that he cannot remove them, and which are taken to the foul linen-house whenever an accident occurs.

The difference between the two systems is this. In both cases, whenever the event occurs, the unhappy patient must endure his ordure for the residue of the night, but that is the only, and, at the same time, *occasional* inconvenience which he has to sustain under the humane system; whilst, in addition to this inconvenience, your "Medical Superintendent" nightly, and *every night* tortures his patient by such strapping and manacling of