

5442. Does this system extend to such cases?

It does.

5443. That is to say, you certify that restraints are properly imposed for *seven days and nights consecutively*, and so on, from seven days to seven days, when intervals of three days elapse in which you do not see the patient at all, and when you never see him beyond a few minutes at a time.

We do.

5444. Is it possible for any medical man, however splendid his talents or extensive his practice, to form a competent judgment of the propriety of restraining a patient, unless he personally attends him; and are you justified, under the circumstances above drawn forth, as medical men, in affixing your signature to the weekly returns, or declaring (see your answer to Questions 5433 and 5434) that restraints are as much reduced in Bethlem as is consistent with the welfare of the patients and the safety of the attendants?

The reply to this and the subsequent embarrassing questions must be deferred until the witnesses are examined before a competent tribunal; I cannot undertake to answer for them.—I am, Sir, your obedient servant,

A LOOKER-ON.

August 20, 1841.

P.S.—It is not my intention to meddle with the case of ROBERT DAWSON; but there is a singular confirmation in the Parliamentary Report of one part of his account of the medical treatment pursued in the hospital, which leads to an inference that other parts of his account may not be wholly without foundation. On the day of a patient's admission, when he goes to bed "he receives," says DAWSON, "an aperient powder, and is immediately locked into his cell. By three or four next morning this operates freely, for which he is provided with a wooden bowl; but what is his disgust and indignation, on being unlocked at six or seven, to find he has to empty and clean this bowl, and then directly wash his hands and face in it." "It is usual," says the Parliamentary Commissioner (p. 525), to administer an aperient powder to each patient on the night of his admission, *unless contrary directions are received from the physician*;" and this powder appears by a foot note to consist of "*calomel*, three grains; *rhubarb*, seventeen

grains." Who would believe in the existence of such barbarisms in a royal English hospital in the middle of the 19th century—a standing order, that *every patient, whatever age, sex, constitution, condition, or habit of body, shall swallow, upon admission, a fixed quantity of calomel and rhubarb*, unless a special order to the contrary be given? It would be curious to inquire into the number of special exemptions which have been claimed and allowed from this stupid remnant of bygone days, out of the fourteen hundred patients admitted during the last five years. How can men of the character and reputation of Drs. MONRO and MORISON tolerate such absurdities!

SENSE OF TOUCH IN THE TONGUE.

To the Editor of THE LANCET.

SIR:—Sir Charles Bell, in his *Bridge-water Treatise*, when speaking of the sense of touch, and the beautiful apparatus in the extremities of the fingers (the elastic cushion) for increasing that sense, observes, "That it has been laid down by an ingenious gentleman, that the pulse cannot be felt at the wrist by the tongue." He then adds, "That it is a remarkable fact, that the soft structure of the tongue is not calculated to convey the sense of touch." This assertion is not true, for the pulse can be felt most sensibly by the tongue in two ways; in the first place by condensing, or causing contraction of the muscles of the tongue, and then applying it to the pulse, or by pressing the wrist gently upon the tongue in its uncontracted state. I have tried it upon myself and several other persons, and I was able to feel the pulsation of the radial artery almost as plain as with the finger, after the tongue had remained upon the pulse for a few seconds. When the work first appeared, I forgot the opinions of the press upon several passages in it, which are not borne out by fact, and I shall feel much obliged by your opinion upon this passage. I remain your obedient servant,

R. DAVIS, Surgeon.

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LITHOTOMY.—A great cause of mortality after the different operations for stone is the escape of the urine by the wound. This has formed the great objection to the high operation; after which, as there is no depending opening, the irritating urine is more apt than in the lower to insinuate itself and lodge among the neighbouring parts: but in the lower operation, too, it has often been either directly or indirectly the cause of death.—*Dr. Arnott's Essay.*