

and which must denounce every approach short of uniformity, as being no approach at all. All men have been striving for years, in asylums, to get rid of restraint. It is utterly distasteful to them; to him who must still acknowledge the necessity of restraining and act upon it, as to the most ardent disciple of non-restraint. There is, there can be no doubt of this; and, may the question be allowed to rest. The active elements for its settlement are at work, and will infallibly prevail in the right direction; but time must be allowed. It might seem enough for the prime of life of one generation to have witnessed the grand step already taken and secured. The disease of restraining for any but surgical or medical purpose is a settled conviction, not susceptible of disturbance. Let it be well remembered that with the riddance of restraint for any object not in the legitimate way of medical treatment, or preservation from self-injury under circumstances of great extremity, the *old wrong has been redressed*.

It remains for experience to determine, whether restraining is *ever* a true, eligible, indispensable remedy in the treatment of insanity; but long before we may possess an authorized "practice of medicine in insanity," that will have been determined.

Believe me to remain, dear Sir, your faithful Servant,
JAMES E. HUXLEY,

*Kent County Lunatic Asylum.
Maidstone, Jan. 15, 1855.*

Pathological Appearances Resembling Bruises.

Birmingham Boro' Asylum, Jan. 23rd, 1855.

Dear Sir,—I was much pleased with your paper on "cutaneous discoloration occurring in the insane," in the last number of the *Journal*, having often observed, and sometimes been much perplexed by, similar phenomena.

I have at this time under my care two cases so strikingly corroborative of your opinion, that these marks are pathological changes and not produced by violence, that I am induced to trouble you with them.

One is a married woman, 48 years of age, who within the last 8 years has had five or six attacks of acute recurrent mania, from the last of which she recovered several months ago, but since then she has been much depressed, rational in her acts and language, but unusually quiet and inert. On the 23rd of Nov. I found her complaining of pain in the back and right groin, and on the following day I was told that there was a large bruise in the groin; on examining the part I found a uniform purple discoloration as large as the palm of my hand, upon and to the right of the angle of the pubis. The patient was certain that she had not been struck or injured in any way. Her pulse was rather frequent, tongue clean but dry, face a little flushed, skin somewhat hot; she said the pain in the parts had kept her from sleeping. In the course of the next few days the discoloration gradually spread down the inside and back of the thigh, preceded and accompanied by pain. On the 8th ult. it covered nearly the whole posterior part and back of both thighs, and at this time a little sponginess of the gums was first observed. The face had become blanched and

waxy, very like that of a lying-in woman who had suffered from profuse flooding.

The colour did not begin to fade in the parts first affected until the early part of this month, and fresh spots are still coming out lower down the leg. The patient has been in bed all the time, but one day thinking a little change desirable I prevailed upon her to get up. The consequence was an attack of syncope, from which I had some difficulty in rousing her.

The other patient is also a married woman, paralysed and demented, age 35. Three weeks ago I noticed a slight purple discoloration on the back of each hand, extending from the two forefingers nearly to the wrist, *best just skils*. Two days after the nurse reported a large bruise on the left gluteus, about which she was very much concerned, not knowing how it had been caused. Had I not been prepared for this, and recognised the nature of the affection I might have blamed the nurse unjustly. In this case the marks did not spread much further and they have now nearly disappeared.

Two years ago a circumstance occurred in connection with these marks, which at the time gave me a great deal of annoyance.

A private patient who was paralytic, and so unmanageable at home that for five days before she came she had been tied in bed with cords, was admitted covered with what I then, knowing the restraint to which she had been subjected, very naturally considered to be bruises. They soon went off, but two months afterwards similar marks appeared under circumstances which prohibited the supposition of their being the result of violence. They spread rapidly, and soon affected more or less nearly every part of the body. In this condition she was seen by her friends, who thought the marks were caused by violence, and I was unable to convince them to the contrary. In a fit of indignation the husband removed her, and, as you may suppose, the whole family did not fail to talk loudly of the gross treatment to which she had been subjected. I have, however, the satisfaction to think that they subsequently changed their opinion, for not very long afterwards I was asked to take her back again, but of course refused.

I give you these cases without comment,

And remain, dear Sir,

Very truly yours,

THOS. GREEN.

To the Editor of the Asylum Journal.

Birkfield, Ipswich, Jan. 10.

Dear Sir,—I have much pleasure in being able to confirm your opinion as to the causes of discolorations of the skin resembling bruises, noticed in the last number of the *Asylum Journal*, as the same thing occurred to a patient of mine on board the ship of which I was surgeon. The man was a private in the 9th Lancers, and one of a detachment of Queen's troops of which I had medical charge during the voyage from India. He was invalided for chronic dysentery and general cachexia, and after having been about a week on board, I discovered, what, at the time, I thought was a bad bruise, on the outer side of the thigh and leg.

Knowing how awkward soldiers are at sea, I thought it probable that the man might have hurt himself whilst getting into his hammock, though he had no recollection of having done so. I therefore took him into hospital and put him into a swing cot, where he could not possibly receive any injury; but I was surprised a few days after to find the arm of the opposite side discolored in exactly the same way. I then considered this appearance might arise from a generally debilitated and impoverished state of the system, and as you say in your case, from blood dyscrasia, so I put him on a nutritious diet, fresh meat and potatoes, with port wine, and gave him at the same time iron in small doses. Under this treatment the man improved much, and the discolorations gradually disappeared, though they returned three or four times during the voyage, but never to the same extent as at first.

I have given you these particulars merely to shew that these appearances are not confined to the insane, and also because I thought you might feel interested in the case.

I am, dear Sir, faithfully yours.

W. B. TAIT.

The Editor of the Asylum Journal.

ETHERISATION EMPLOYED TO DETECT SIMULATED INSANITY. In one of those admirable Medico-Legal Reports which enrich the pages of the *Annales Psychologiques*, M. Morel concludes, "I declare on my conscience that Caroline Dugont is insane. But desiring to establish this conviction by every possible means of arriving at certainty, I have submitted her to etherisation. It was desirable to ascertain whether the abnormal indifferance, and the automatism of her acts would disappear under a temporary change of physiological conditions. That which occurred was as follows: When etherised, not so as to produce coma, but to the stage of irritation, Caroline became very gay. She told us that she had been promised in marriage to M. Quissel [a delusion]. She did not deny her theft, but said that she had always been foolish, and knew not what she was about. Her imagination momentarily excited, carried her into her favorite sphere of matrimonial ideas; she laughed, was joyful, and the expression of stupidity usual to her physiognomy disappeared. But when this state of excitement, which seemed a moment of remittance, had once passed, the patient relapsed into her ordinary state of half-stupor." October, 1854.

SPIRIT RAPPINGS: PHYSIOLOGICAL EXPLANATION OF THE SOUNDS.—Dr. Schiff, of Frankfort, has devoted much patience and labor to the investigation of the source from whence arises the sounds, which the credulous imbeciles of this enlightened age attribute to the unquiet ghosts of their defunct grandmamas. His investigations have been rewarded by the discovery that they are produced at will through the medium of the tendon of the *peroneus longus* muscle. Our readers will remember that this tendon passes through a groove behind the external ankle bone. Dr. Schiff discovered that, by a little practice, this tendon can be slipped out of this groove, and slipped in again, producing the noise in question. M. Dechambre, writing in the *Gazette Hebdomadaire*, states that, in his presence, Dr. Schiff beat a measure in this manner to the tune of the *Marseillaise*. It is through the medium of their own malleoli that deceptive females have been hammering at the ear of public folly;—these Medeas who came from the country of Barnum's woolly horse with avaricious intent upon the golden fleeces of the English donkey.

TESTIMONIAL TO DR. DIAMOND, OF THE SURREY COUNTY ASYLUM.—The services rendered by Dr. Diamond to photography, and especially in its application to archæology, and the frank and liberal manner in which he has communicated his improvements to others practising the art, have incited a numerous and influential body of photographers and archæologists to mark their sense of obligation by presenting him with a testimonial. Already, a handsome amount has been subscribed; Thos. Mackinlay, Esq., of Soho Square, being Honorary Treasurer to the Committee.

Appointment.

DR. WILLIAM NIVEN, Assistant Medical Officer of the Essex County Lunatic Asylum, has been a successful candidate in the recent Examinations for Medical Appointments in the East India Company's Service. The thoroughly scientific and practical knowledge of insanity, which Dr. Niven has acquired in the Essex Asylum, will be of the utmost value to that portion of the Indian public with which he will be brought into contact. His late appointment is now vacant.

Society for Improving the Condition of the Income.—In our last number, p. 189, we confounded this Society with another private Society, known as the *Alleged Lunatics' Friend Society*. We are informed that this is an error, and that the two Societies are distinct, and for distinct purposes.

Highley's Microscopical Collections. Adapted for Christmas Gifts.

PROFESSOR QUEKETT'S POCKET DISSECTING MICROSCOPE, with 1-inch, $\frac{1}{2}$ -inch, and $\frac{1}{4}$ -inch lenses, Mirror, &c. Size, $5\frac{1}{2}$ inches square by $1\frac{1}{2}$ deep, when packed; price 31s 6d.
COMPOUND BODY for the above, in box, to render it a Travelling Microscope, 48s.

HIGHLEY'S HOSPITAL MICROSCOPE, on Tripod Stand, inclinable body, large double sliding stage with diaphragm, plain and concave mirror, fine and sliding coarse adjustments to body, Huyghenian eye-piece, with adapting piece for Ross's, Smith and Beck's, or Powell and Lealand's object-glasses, 84s. With Rackwork coarse adjustment, 100s. With Rackwork movable stage, &c. 147s.

* * * This instrument combines economy with simplicity, elegance of form, and excellence of workmanship.

All Communications for the forthcoming Number should be addressed to the Editor, DR. BUCKNILL, Devon County Lunatic Asylum, near Exeter, before the 15th day of March next.

Published by SAMUEL HIGHLEY, of 32, Fleet Street, in the Parish of Saint Dunstan-in-the-West, in the City of London, at No. 32, Fleet Street aforesaid; and Printed by WILLIAM AND HENRY POLLARD, of No. 96, North Street, in the Parish of Saint Kerrian, in the City of Exeter. Thursday, February 15, 1856.