work is executed with promptitude. As to its efficiency, the names of the gentlemen undertaking the actual research work is sufficient guarantee.

The Association, which already has a long list of subscribers, has proved of great service to private practitioners, and in some instances also to medical men connected with asylums for the insane. In the latter direction, however, there is still, in our opinion, a considerable sphere of usefulness open to it. Even in such of our asylums which may be said to be well equipped in respect of laboratories, we apprehend that certain researches (*e.g.*, bacteriological, analytical) would scarcely be undertaken with full confidence. *A fortiori*, the Association should prove of considerable service to all such institutions as are unprovided with the necessary facilities.

Although nerve-tissues are not the only tissues of interest to asylum workers, around them our chief interest naturally centres; and we therefore are concerned to ascertain in what respect and how far the Association is prepared to meet our special needs. In the "Handbook" it is very properly pointed out that portions of brain and spinal cord sent up for examination should be placed in a chrome solution. On inquiry we learn that in certain cases in which tissues have been sent up from asylums a proper examination has been rendered impossible by faulty preliminary treatment. The Association is in a position at the present time to conduct the examination of nerve-tissues after the methods commonly followed, and, we are able to add, is prepared to make the necessary arrangements for examination according to the special methods now available, in proportion to the demands which may be made upon it by workers in neurology.

We commend the Clinical Research Association to the notice of asylum physicians, and would refer for details to the "Handbook" already mentioned.

NOTE ON A HEAVY BRAIN.

In the "Lancet" for July 20th, 1895, Dr. Cowie Grant reports a case of epilepsy which came to an autopsy, and in which the brain was found of unusual weight. The patient was a male, æt. 43. There was a history of epilepsy of seven years' duration. Prior to this he had been a very intelligent man, and fairly strong, though he occasionally suffered from headaches. He now and then drank heavily. On admission to the asylum he was in a state of epileptic dementia. He died in the *status epilepticus*. The necropsy disclosed the following:—Circumference of head above eyebrows, 25½in. Skull bones of normal thickness. Dura thickened throughout, adherent to skull at several points. Falx cerebri ossified for a considerable part of its extent. Pia-arachnoid milky, and "as thick and tough as an ordinary dura mater, while its vessels were varicose and tortuous." Adherent at several parts, chiefly in the frontal region. Cleared of all membranes and freed from all fluid, the brain weighed 67 ozs. Gyri appeared normal. No pathological changes, whether macro- or microscopical, were found in the brain. There was "an enlargement" of both choroid plexus of the lateral ventricles, and a partial ossification of the left one. It may be added that the pia-arachnoid itself weighed 4 ozs.

HOLLOWAY SANATORIUM.

Report of Mr. Gully, Q.C., assisted by Dr. George H. Savage.

After reporting upon the whole circumstances in connection with the death of Mr. Thomas Weir, the document concludes as follows:—

"Two questions arise as to Weir's treatment.

1. Was the dry pack proper treatment?
2. Was it administered with proper care and precautions?

https://doi.org/10.1192/bjp.41.175.756-a Published online by Cambridge University Press

As to 1. I am advised by Dr. Savage that dry pack administered for a short time, say two to four hours, and with proper supervision and precautions, is a useful remedy in cases of mania both as a curative and as a restraining process, and subject to these conditions he thinks Weir's case was a proper one for its application. But he is of opinion that such restraint continued from Wednesday to Sunday in such a severe and trying apparatus, and with such short intervals of freedom, was dangerous and excessive even if all proper precautions were taken.

As to 2. In Weir's case almost every ordinary and proper precaution seems to have been neglected. As before stated, Dr. Little, at about 11 a.m. on the Wednesday, ordered him into the dry pack, apparently with the intention of trying the effect of an exceptionally long continuous restraint. A patient so restrained ought to be continuously watched by an attendant sitting with him and told off for that purpose, and Dr. Philipps stated that in every case of dry pack in the Sanatorium previous to the 26th September and since the 30th September, 1894, this had been the invariable practice, whether the period of confinement had been long or short. Directions should have been given for the administration of extra food whilst the patient was under this prolonged restraint and in a state of mania, and provision should have been made for the administration of stimulants in case symptoms of exhaustion should occur. The patient should have been visited frequently, and carefully watched by a medical officer, who should sleep at the Retreat. It would also be very desirable that such medical officer should be present on each occasion when the patient was put into the pack. In the above view of what would be proper precautions Dr. Savage agrees, and indeed his opinion was substantially confirmed by that of Dr. Philipps.

In point of fact no attendant was told off to sit with the patient and watch him either by night or by day, the ordinary attendant or night watchman in the Retreat merely looking at him through a slit in the wall every half-hour, occasionally going into the room to look at him if he thought necessary. No special directions were given to the attendant by the medical officer as to food, exercise, watching, stimulants, or any other matter. When he was re-taken on the Wednesday night, after being four hours on the roof, naked, on a cold night, he was again put forthwith into the pack by the attendants, and no report of this serious and dangerous incident seems to have reached the ears of a medical officer until Dr. Little came his usual rounds in the forenoon of Thursday.

The 6th of the hospital rules for senior assistant medical officers runs as follows:—

> "6. The senior assistant medical officers must visit every gallery and every patient at least twice a day, beginning their visits at 9.5 a.m. and 5 p.m. . . . At 10 p.m. they must see the night attendants, and also all patients *requiring special care*, and give such instructions as may be necessary. They must occasionally also make night visits to the galleries."

It was admitted that this was a case requiring special care and frequent visits, yet the patient remained unvisited by any medical man from 11 a.m. on Wednesday till about the same time on Thursday.

He was again seen by Dr. Little once on Friday morning, and once on Saturday morning, and Dr. Philipps saw him just before he left Virginia Water by train at 8.30 a.m. on Saturday, only returning after Weir's death.

Weir was not visited by any doctor on the afternoon, evening, or night of any one of the days during which he was under restraint.

It was stated by Dr. Philipps that if extra food had been given to Weir, it would have diminished the tendency to exhaustion and collapse, and that if a properly instructed attendant had sat watching him (as should have been the case), he might very likely, by the prompt use of stimulants and the immediate summoning of a doctor, have saved the patient's life. No food was supplied to

https://doi.org/10.1192/bjp.41.175.756-a Published online by Cambridge University Press

him beyond what he had taken before he was put in the dry pack, and no stimulants were available. The night attendant stated that a bottle of whisky was supposed to be kept in a cupboard for use on sudden emergencies, but it had been empty for some time.

Weir's case was at the time of this restraint the most acute in the hospital, and was being treated by a course of restraint more severe than had ever been administered in the hospital to any other patient. It required more continuous attendance and medical observation than that of any other inmate. It is therefore impossible to avoid the conclusions that at the time in question not only was there an insufficient medical staff, but there was also a total absence of that systematic watchfulness, discipline, and supervision which are absolutely necessary in a great hospital for the insane, and that these deficiencies largely contributed to cause the death of Thomas Weir. . . .

Both Dr. Savage and myself concur generally with the five suggestions made by the Lunacy Commissioners in their Special Report and set out in the Appendix hereto. . . .

I have, etc.,
(Signed) W. C. GULLY.

The Right Hon. H. H. Asquith, M.P.,
Secretary of State for the Home Department.

APPENDIX.

Extract from published Report of the Lunacy Commissioners, dated 26th October, 1894.

As the result of our inquiry we have to report to the Board:—

1. That in our opinion the use of the dry pack in the form seen by us practically at the Holloway Sanatorium, ought not to be permitted in the treatment of insane patients. Even in the hands of discreet and humane persons it is an unnecessarily severe form of restraint, and when not under most careful supervision and control is liable to impose upon the patient severe suffering, and even dangerous results.

It renders him incapable of movement, and any indiscreet tightening of the straps may lead to dangerous interference with the respiratory and circulating functions.

The older form of packing, which simply consisted in the envelopment of the patient in sheets and blankets, was comparatively harmless, although needing the control of judicious employment and careful supervision. The leather straps have added a serious danger to a form of restraint which was already not unattended by it.

2. That mechanical restraint should not be employed in any institution for the insane except upon the direct authority and direction in each case of the medical superintendent or, in his absence, of the deputy superintendent.

3. That whenever complete mechanical restraint is used in any case the patient should not only be placed under continuous observation, both by night and day, by skilled attendants, and be visited at short intervals by members of the medical staff, but that frequent opportunities should be afforded to the patient of attending to the calls of nature and changing a position which from continuance may cause severe suffering.

4. That the appliances for mechanical restraint should be kept in charge of some member of the medical staff, and that their first application at least should be made under his personal superintendence as a means of medical treatment.

5. That the subsequent imposition of restraint in any case should invariably be effected in the presence of the head attendant, and that he should immediately report to the medical superintendent or his deputy both its use and any struggle with a patient which may take place at such time or upon any other occasion. It being also the duty of the charge attendants to inform the head attendant immediately of such occurrences.

https://doi.org/10.1192/bjp.41.175.756-a Published online by Cambridge University Press