law of kindness can be truly kind only, as long as acts done in the name of it proceed in company with a discriminating energy, and a sense of duty. The dictates of that law must not always be framed in the passive and melting voice, since true kindness may consist in the performance of things, the first aspect and immediate effect of which are harsh and painful.

JAMES E. HUXLEY.

Maidstone, March 13, 1855.

P. S. With this opportunity I should be glad to correct a printer's error, in my last communication to the *Asylum Journal*. In the eleventh number, at page 172, eighth line from the bottom, I am made to use the term *domestic* '*love*,' when I wrote *domestic* '*tone*.' Anything but humbug—(pardon)—even by accident!

A New Form of Reclining Chair for the Use of Paralytic and Helpless Patients.

It may be taken as a maxim in the treatment of general paralysis of the advanced stages of dementia, and of several other forms of slow physical decay, that the longer the patient can be prevented from becoming bed ridden, the longer will he live, and the less miserable will the remnant of life be to himself, and the less obnoxious to those around him. The general paralytic, in particular, needs to have his posture frequently changed, to provide against the occurrence of bed sores by pressure too long continued upon parts in which circulation continues when innervation has almost ceased to exist. The principles on which this means of avoiding bed sores are founded have already been discussed in the pages of the Asylum Journal, and do not need to be here repeated. The postponement to the latest period of the final confinement to bed has, however, other advantages besides that of preventing bed sores. The daily change from the bed to the easy chair, exercises a decidedly beneficial influence upon the bodily and mental condition of the helpless paralytic almost to the very last. It maintains in activity the small amount of cerebral function which remains; it excites agreeably the remnant of mind which he possesses; it aerates his body, and postpones the rapid decay and degradation of the functions which takes place when permanent continuance in bed at last becomes inevitable. It has therefore been my practice to postpone bed-lying as long as possible in the most helpless and hopeless cases of gradual decay. In so doing, however, the easy chairs in common use were found to be inefficient and unsatisfactory. The completely paralysed and helpless persons I am in the habit of placing in easy chairs, could not always be safely kept in them, except by some support in front to prevent their falling forwards, the use of which was liable to misinterpretation. Besides the easy chairs in common use require the trunk and the head to be more or less balanced by the action of the muscles of the back. These objections to the common easy chairs, led me to invent and to employ the reclining chair, of which a lithograph representation is appended.

Its advantages consist in the support which it gives to the whole length of the back and thighs. The patient sits in it in the form of the algebraic symbol *N*, and from his position it is impossible that he can fall forwards; the position is such indeed that many patients cannot get out of the chair without assistance; the act of rising from it requiring an effort, which a person too weak to stand safely upon his legs cannot make.

This chair is so truly an easy chair, that I recommend any of my brother Superintendents who doubt its superiority over all others in this respect, to order their carpenters to make one and place it in their own libraries, and they will find it the easiest and best reading chair they ever made use of.

When employed for a paralytic patient, it will often be found necessary to cover the well-stuffed cushions with a waterproof sheet; but to make it perfect for their use, Mr. Hooper, of Pall Mall, whose inventions and manufactures have already conferred immense benefits on bed-lying patients, has undertaken to construct water cushions in which the water will be prevented from gravitating to the lower parts.

The drawing appended hereto represents the chair made somewhat more slightly than is advisable. The dimensions for a large man are, width one foot seven inches, length of back three feet, length of front seat one foot eight inches. The construction, as the drawing will shew, is exceedingly simple. If made of American birch, the cost of each chair without the cushion will not exceed ten shillings.

Cases from the Middlesex County Lunatic Asylum at Colney Hatch, by D. F. TYRRMAN, Esq.

(Continued from p. 186.)

CASE 3.—*Death from Chronic Abscess of the Pericardium. Absence of Marked Symptoms.*

A. F., a male patient, aged 42, married, described as a pocket-book maker and strolling musician, was admitted into the Colney Hatch Asylum, Nov. 14th, 1851, in a state of dementia, with uncleanly habits. He had previously, for many years, been an inmate of the Hanwell Asylum.

During the whole of his residence at Colney Hatch, the usual indications of incurable dementia were manifest. He was habitually taciturn, indifferent to surrounding events, the mental energies wholly in abeyance; nor was there at any time evidence of active physical disease. His expression of countenance was vacant; the forehead receeding, and hair straight; habitually semi-erect, assisting to stamp the physiognomical character of chronic lunacy.

On 23rd of March, 1855, the appetite was observed to be indifferent, and one or two meals were refused. He went to bed, however, much in his usual state, passed a tranquil night, and observed to the attendant on the following morning that he was better, and dressed himself.

In about an hour, however, a change was observed in his countenance; he became pallid and collapsed, and very speedily sank. After death the countenance wore a calm expression; the left brow was observed to be elevated, and a bulging at the right hypochondrium indicated enlargement of the liver.

AUTOPSY.—Brain, weight 49½ oz., without obvious

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RECLINING CHAIR

FOR PARALYTIC AND HELPLESS PATIENTS.

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structural change. Membranes scarcely opaque, but loaded with fluid. Ventricles slightly enlarged by fluid, which was also effused at the base of the brain.

There was much thickening of the areolar tissues about the pericardium, which was enormously distended and greatly thickened; and on opening it, an immense quantity of thick yellowish green pus, amounting to about three pints, was found to occupy its cavity. The heart was enlarged, its outer surface discoloured with greenish scabrous granulations, and this organ floated freely in the pus exudation. Through the medium of the thickened diaphragm, the pericardium had contracted almost inseparable adhesion with the enlarged, cirrhosed and fatty liver. On dissecting the heart, it was found to have undergone extensive fatty degeneration; a mass of fat, in some places half an inch in thickness, having insinuated itself beneath the serous layer, and encroaching on the muscular tissue. The kidneys were large, and weighed 6¼ oz. each. The lungs were not diseased, or adherent to the costal pleuræ.

I showed the heart specimen to the pathologists connected with the School of Guy's Hospital, and ascertained that an analagous case had, some years previously, fallen under the notice of Dr. Gull, a drawing of which is retained in the Museum.

CASE 4.—*Subsidence of marked Symptoms of General Paralysis, on Localization of Phthisical Disease in the Lungs. Death from Phthisis. Necrosis of Sphenoid Bone.*

J. T., a male patient at 40, married, by avocation a letter-carrier, was admitted into the Colney Hatch Asylum, Feb. 17, 1854, having a few months previously been removed from Bethlehem Hospital, in an advanced stage of general paralysis, with the usual characters of that form of disease; the tottering, insecure gait, with very defective articulation, &c. having been most marked. On his return home from Bethlehem, these symptoms were observed by his wife also.

On his arrival at Colney Hatch, he was tranquil, prone to rambling conversation, but capable of giving rational replies; and he remarked, that he had been "overworked in his avocation, and required rest." He was pallid, and made no complaint of physical suffering, nor did the gait or articulation indicate the existence of general paralytic affection.

Feb. 18.—On the day after his reception he continued tranquil, and expressed himself satisfied with his position.

June 3.—Tranquil, with improved intelligence, and a disposition to converse.

Sept. 15.—Intelligence probably permanently impaired.

Nov. 6.—Very low intellectual power is exerted. He is tranquil, listless, and apparently indifferent to his position. No extravagant delusion has been expressed.

1855, April 2.—He has, for many weeks, exhibited evidence of lung disease, with anæmia and debility, and has been treated in the Infirmary. Cough, with muco-purulent expectoration has been observed for several days. There is no paralytic affection whatever, and the patient appears painfully conscious of his danger, but is resigned and tranquil.

April 6.—Died.

AUTOPSY.—Brain, weight without fluid, 52 oz. On removing calvarium, abundant semi-gelatinous fluid was found effused into the *pia mater*, distending it, and inducing rather extensive atrophy of the convolutions. A semi-plastic and semi-organised thin, false membrane lined the reflected arachnoid over both hemispheres, and there was slight effusion into the *pia mater* of inferior portion of left lobe of cerebellum. Brain pallid and anæmic; its blood of thin, watery character, and light red hue. The sinuses and superficial veins of the brain contained fibrinous coagula, and the cortical substance of the brain was partially lechymoseed.

Both lungs were almost wholly infiltrated with grey tubercular deposit, a small portion of the lower lobes only free, and they were extensively adherent to the sides of the thorax. A few small vomicæ were found. There was also tuberculous ulceration of the colon, commencing at the cæcum, and extending half-way down the rectum. *Dysenteric* symptoms had not been present. There was partial necrosis of the sphenoid bone; and the posterior clinoid processes were separated by ulceration, maintaining their position partially by membrane only.

I was wholly unprepared for such extensive brain changes, as no symptom of acute cerebral disease had been manifest during the residence of the patient. They were proof, however, of the presence of severe previous symptoms, which were witnessed by Dr. Hood, with whom I have had a conversation on the subject, and who fully corroborated the anterior full development of general paralytic affections.

County Asylum, Colney Hatch.
April 13, 1855.

[The following important paper is condensed from the Allgemeine Zeitshrift für Psychiatrie. Our readers will be astonished at many of the opinions expressed therein as a matter of course by an experienced and able physician, not less than by the treatment, which it is candidly admitted that criminal lunatics receive in Germany. In coming to a decision upon any embarrassing question of such a nature, as to promise only the least amount of evils upon the adoption of the best plan, (like the one at present discussed in this county relative to the disposal of criminal lunatics,) it is well to gather experience from all sides in order to learn that which to be avoided, as well as that which is to be attempted. The results of the practice in Germany are not such as to encourage those who have authority in this country to adopt the detention of criminal lunatics in prisons as some have recommended; they also point a bitter moral at the effect of long continued imprisonments. Dr. Delbrueck's purely professional observations are of great value, and we much regret that our limits do not permit us to insert his very instructive detailed accounts of individual patients.—ED.]

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