have steadily acted on the conviction, that the possibility of dispensing with mechanical coercion in the management of the insane is, in a vast majority of cases, a mere question of expense, and that its continued or systematic use in the asylums and licensed houses where it still prevails, must in a great measure be ascribed to their want of suitable space and accommodations, their defective structural arrangements, or their not possessing an adequate staff of properly qualified attendants, and frequently to all these causes combined.

"Our matured views upon this subject will be best understood by stating the course we have followed in the discharge of our functions as Visitors. In that capacity we have made it a principle to discourage, to the utmost, the employment of instrumental restraint in any form. Wherever we have found it in use, our uniform practice has been to inquire minutely into the circumstances and reasons alleged for its necessity, and to insist on recourse being had to those various other means which experience has proved in other Houses to be effective substitutes for it.

"In numerous instances in which the employment of constant or frequent restraint was represented to be indispensable, the patient has upon our recommendation been removed to another establishment, where a different system is adopted; and the removal has frequently been found to be attended with the happiest effects."

It only remains for me to apologise to you, and to the members of our Association, for having said so much, perhaps to the exclusion of more valuable matter. I cannot conclude without congratulating the members on possessing a common ground of liberal practical discussion, as well as so convenient a medium as the Journal offers for the communication of practical observations. Much benefit must be the result, to all of us.

Hanwell, March 12th, 1855.

Cases by D. F. TYERMAN, Esq., *Medical Superintendent of the Middlesex County Asylum, Colney Hatch.*

Case I. Rapid death from rupture of a Cellular Cyst of the Heart, with effusion of blood into the Pericardium.

A. T., a male patient, *æt.* 32, unmarried, and by occupation a labourer, deaf and dumb, was admitted into the Colney Hatch Asylum on the 7th of January, 1853; having been subject to epilepsy from childhood, the convulsive paroxysms, of late years, having been succeeded by tendency to dangerous violence. He was of medium stature, of robust make, the osseous and muscular systems, as is generally the case with epileptics, well developed; the neck short and chest broad.

During the period of his residence, nearly 21 months, to his death, he continued prone to epileptic seizures, which were often followed by dangerous violence. In the intervals, however, he was usefully and willingly employed in household work, and shewed considerable intelligence, signifying by motions of his arms and by expression of countenance his various wants and complaints, and he sometimes pointed to his neck, the muscles of which no doubt suffered from the convulsive spasms of the epileptic attack. He was observed generally to be short breathed.

On the 11th of October, about 10 o'clock, a.m., under the influence of epileptic excitement, he suddenly became excessively violent and made a murderous attack upon one of the attendants with a chair; with some difficulty, and with the assistance of a second attendant, he was removed to his bed room.

On my attention being called to him, I found him lying down in an uneasy posture with a cadaverous aspect; the respiration being laboured; the skin cold and clammy with distinct emphysematous, crepitation in the cellular structures about the thorax; and he was evidently moribund. Without making any painful examination I inferred that fracture of the ribs, with punctured lung and effusion of blood into the thorax, had occurred. In about one hour-and-a-half he died.

A post-mortem examination was made twenty-two hours after death, and the following were the appearances, taken chiefly from Mr. Rose's description.

There was well marked cadaveric rigidity and much static congestion of the integuments, and dark fluid blood oozed from the incised scalp. The surface of the brain was pale, the convolutions packed and flattened as if hypertrophied and compressed. Moderate opacity of arachnoid with no serous effusion. Brain substance of good consistence with gray matter dark coloured. Ventricles considerably enlarged and occupied with clear fluid. Soft commissure absent. Brain weighed forty-four ounces.

Thorax. Old adhesion at apex of left lung, with some minute aborted tubercle in the cicatrix. Lungs of violet mottled colour, apparently healthy and crepitant. In raising the sternum and cartilages of the ribs, serous fluid escaped, apparently from the pericardium, which membrane was attached to the sternum, and on turning the bones fully back, the areolar tissue lining the sternum was seen to be distended with air, (from the roots of the lungs,) and the pericardium was found occupied by a thin watery blood, in which were suspended some long ropy masses of fibrinous blood-coagulum. A large collapsed sac, the size of an orange, was found in the situation of, and attached by a reflection of the pericardium to the right auricle, and occupied by a spongy areolar tissue, in places consisting of wide broken up meshes, and in this tissue an innumerable congeries of minute hard fibro-cartilaginous and bony masses, from the size of a pin point to that of a pea. There was a fissure of an half-an-inch extent in the walls of this sac, from which rent, the blood had gradually flowed filling and distending the pericardium. It was probably supplied with blood from the coronary vein.

There were very peculiar appearances in the anterior and posterior surfaces of the liver: small blood ecchymoses, with adjacent loss of tissue or broken tissue, resembling minute lacerations, and of various dates as to origin, some apparently recent, others of long existence, and similar to old fibrous cicatrices. There were small follicular ulcerations of the mucous mem-

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brane of the stomach; the other abdominal organs were free from disease.

Case 2. *Rare Tumour of the Brain. General Paralysis*

T. H., æt. 26, a male patient, unmarried, by trade a shoemaker, was admitted December 6th, 1853, with marked symptoms of "general paralysis;" the intelligence limited, the articulation confused and stammering, the under lip being drawn to the left side in speaking, the gait very unsteady and tottering, surface pale, and general health much impaired. He had probably experienced epileptic convulsions.

During the period of his residence, (15 months,) the general and spinal paralysis advanced progressively, and the patient was prone to fall suddenly, as if the spinal nervous energy had altogether failed, and in attempting to walk he would attempt to support himself with his arms. He was not, during this period, subject to epilepsy, nor was he prone to excitement; an amiable placid disposition being evinced.

At the commencement of March, 1855, he suffered a mild febrile attack, which was relieved by akaline alteratives.

On the 8th of the month he was wholly unable to leave his bed, and the respiration becoming accelerated, he was removed to the infirmary, and on the following day he died.

An examination of the body was made twenty-two hours and a-half after death, and the following were the appearances, chiefly described by Mr. Rose, who conducted the examination.

Body well nourished, with well marked cadaveric rigidity. Calvarium thin and diaphanous, pitted by pacchionian bodies. Surface of brain much congested. Slight changes only in the arachnoid and very little effusion underneath. Brain substance of putty-like consistence. The ventricles greatly enlarged and filled with blood. Fine amylaceous bodies on floor of fourth ventricle. On turning up base of brain, there was observed a large mass of yellowish granular substance, evidently composed of distinct cells, the mass readily falling in masses distantly resembling masses of ants' eggs, the whole amounting to about ten drams in weight, and contained in a soft brittle cyst of white squamous glistening appearance. A portion was forwarded by Mr. Hedger to Dr. Willis, of Guy's Hospital, who, on placing it under the microscope, found it a tumour, "composed of fat and cholesterine, (cholesteatoma,) its physical characters like broken up suet, and the cyst compound of layers of a mother of pearl appearance. Under the microscope it exhibited a beautiful arrangement of polygonal cells, with faintly marked nuclei, and among them an immense quantity of cholesterine" in oblong tabular crystals.

This tumour rested on the right half of the pons Varolii, and was in contact with the medulla oblongata, pushing the pons to the left side, and insinuating itself into the right fissura Sylvii, thus making a bed for itself in the side of the middle lobe and adjacent parts of the brain.

Spinal cord in its upper dorsal portion, and in its inferior enlargement, much softened and disorganized, its tissue altogether having a dark muddy aspect.

Colney Hatch, March 16, 1855.

On the Employment of Seclusion in the Treatment of the Insane, by J. C. BUCKNILL, M.D., &c.

The witty Brillat Savarin wrote: "Quand j'écris et parle de moi au singulier, cela suppose une confabulation avec la lecteur; il peut examiner, discuter, douter et même rire; mais quand je m'arme du redoutable NOUS je professe, il faut se soumettre." *Physiologie du Gout.*

On this principle we descend from the editorial stool to reply to an article in the last number of the Psychological Journal, on the use of Seclusion in the treatment of insanity as practised in the Devon County Asylum; feeling that the subject has an individual reference to myself, and that it is one upon which the most free discussion is permissable, and even desirable. The writer of the article referred to has very fairly set my use of seclusion before his readers; and I might well be satisfied to leave my opinions and practice in this respect as by him stated, did I not learn from other reviews, that they are liable to great misrepresentation. The use and the abuse of seclusion is, certainly, a subject of sufficient importance to justify a full enquiry into its characteristics. It is one in which the greatest diversity of opinion and practice appears to exist. Some Superintendents "repudiate seclusion altogether, and some plead specially in its favour." Among the latter, I am "prominent." I accept the responsibility, and plead justification; premising, however, that my views are not so fixed, as that their modification or abandonment, upon sufficient reason, will occasion either annoyance or regret. On the subject of seclusion I profess myself to be in that happy state of receptability for facts or arguments, which is the necessary condition of a man capable of conversion.

The general views I entertain at the present time, and pending the production of arguments sufficiently weighty to justify my changing them for others, are stated in the Eighth Report of the Commissioners in Lunacy. They are, however, there stated in a brief official manner, shorn of all decoration and superfluous illustration, as becomes the gravity of the document of which they form part. It would have been satisfactory to me, and perfectly fair, to have treated the question of seclusion on its own merits, and without introducing that of restraint; since it shares the liability of being called a substitute for restraint with every part of the modern system of treatment. When restraint is not employed, everything which is employed is liable to be called a substitute for it. Instead of the periodical bleedings and vomitings which were formerly used, aperients, hypnotics, and stimulants are now employed *pro re natâ*; and these are pointed at as substitutes for restraint. Instead of the torture of the cold douche, now happily obsolete in this country, moderate shower baths are used to cool hot heads or give tone to hysterical nerves, and they become, in their turn, the scape goats of restraint. Since all means of treatment are liable to this imputation, it is scarcely necessary to defend from it a single one of them. This, however, I may state in broad terms, that I do not consider that I use seclusion as a substitute for restraint; and, that were I to discontinue the use of seclusion, in consequence of an order from the authorities, or for any other

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