

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 usually 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 skis*. 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.