

to a greater or less extent, a variety of modifications, but even different parts of the same convolution may vary with regard either to the arrangement or the relative size of their cells.

“Between the cells of the convolutions in man and those of the *ape tribe* I could not perceive any difference whatever; but they certainly differ in some respects from those of the larger Mammalia—from those, for instance, of the ox, sheep, or cat.”

Dr. A. O. Kellogg on the Non-Restraint System.

The American Journal of Insanity, for January, 1869, contains *Notes of a visit* by Dr. Kellogg, to some of the principal Hospitals for the Insane in Great Britain, France, and Germany, with observations on the use of Mechanical Restraint in the treatment of the Insane. The British Asylums visited by him were Prestwich, Morningside, St. Luke's, Hanwell, Colney Hatch—also the Richmond District Asylum, Dublin, St. Patrick's Hospital, and the Killarney District Asylum.

As the result of his travels, Dr. Kellogg theorises against the non-restraint system. He informs his American readers that one method by which the non-restraint system is, in difficult cases, carried out in England, is the “soaking” in the “refractory bath.” His description of this “refractory bath” will be as novel to the readers of the *Journal of Mental Science* as to Dr. Kellogg's across the Atlantic.

As the “refractory bath” is, we believe, unknown in this country, we will try in this place to give some idea of what it is. It consists of an ordinary bath tub, covered with a board in which there is a round opening, just large enough to grasp the neck of the patient securely, leaving the head to be showered, perhaps, with cold water above, while the body is in the bath below; reminding one of the stocks anciently in use in England for offenders, with this important difference, that whereas only the feet of the criminal were “in chancery” the head of the “refractory” insane man was in this position, thus confining him as effectually as though it was in the ancient pillory. We saw in England the head of one unfortunate in this modern one, and were told he had been treated thus during several hours a day for a week at a time. We asked the young physician who conducted us, if this part of the non-restraint system was looked upon as medical and curative, or moral and disciplinary. “Both,” was the prompt reply. “Do you blister,” we continued, “in certain cases?” “Certainly,” said he. “And do you regard the blister as a medical or moral means?” we continued. He smiled, and said that the blister was also regarded as having a two-fold efficacy in certain cases.

Now, we object to such means, as being neither medical nor moral; and question the consistency of those who seek to disparage a camisole or muff put on a violent patient, or one who persistently denudes himself, because public sentiment is opposed to it, while he takes his own patient to this, "refractory bath," and puts his head through a hole in its cover just large enough to encircle his neck, whether he calls the operation a medical or moral means—restraint or non-restraint."

We are very unwilling to cast doubt upon the veracity of any gentleman. We may, however, state with some confidence that the Commissioners in Lunacy are ignorant of the whereabouts of this "refractory bath," and we think that Dr. Kellogg is bound to furnish them with the locality. We should also like to know the name of the "young physician" whom he thus, as we believe, libels in the above extract.

Dr. Kellogg saw another curiosity of the non-restraint system, which we also quote:—

We were shown one patient who had been secluded in a padded room for more than a year, because he persistently denuded himself. During this time he had suffered a fracture which, under the non-restraint system pursued, had been allowed to heal as best it might, without reference to deformity. When the door of his room was opened a strong muscular man was seen crouching on the remains of a mattress and blankets in one corner, in a state of complete nudity.

Again, in his account of his visit to Hanwell we have an insight into Dr. Kellogg's method of investigation, and the sources of the information he gleaned in his foreign tour. He was attended in his visit by the "Inspector" or head attendant, who appears to have been fifteen years there, and whose opinion Dr. Kellogg regarded as "worth as much as his juniors in years, but superior in office." His conversation with this intelligent functionary must be given in the original:—

'What do you do with your persistent masturbators?' we asked the above official. 'Let them masturbate till they die,' was the prompt reply. 'Do you not consider that a more extended mechanical restraint, properly regulated, and under strict medical supervision, would be beneficial in certain cases?' 'Certainly,' said he, promptly, 'but medical authority is not supreme here. That is in the hands of others, who frequently have little idea of the necessities of certain cases we have to deal with, and public opinion is against it; and no medical man can advocate it without losing caste with the Com-

missioners, whose unfavourable report as to the treatment of his patient will deprive him of his position.' We hope this will not fall under the eye of the Visiting Commissioners of Hanwell, for this faithful servant of fifteen years might be deprived of his position for speaking his mind freely on the subject of mechanical restraint.

Dr. Kellogg states his opinion on the use of mechanical restraint in an extract from the report of the Utica Asylum for 1864. Their practice is very similar to that in use in most continental asylums, and includes strait-waistcoats, padded leather wristlets, waist-belts, leather muffs, and a contrivance similar to Dr. Lauder Lindsay's protection bed, against the use of which we recently elsewhere protested. Yet no fallacy, (writes Dr. Conolly), can be greater than that of imagining what is called a moderate use of mechanical restraint to be consistent with a general plan of treatment, in all other respects complete, and unobjectionable, and humane.

It is indeed weary, heartless work, going over the old objections to the non-restraint system. They were all finally disposed of by Dr. Conolly, in his last work. A more perfect answer still is (with all deference to Dr. Kellogg's fiction about the use of the "refractory bath") that in the public asylums of England, containing 30,000 patients, no mechanical instrument of restraint whatever has for the last fifteen years been used. Moreover, the condition of the patients in these asylums is, by the unanimous report of all competent visitors, in every way better than those similarly placed in the continental or American asylums, where the old restraint system still lingers.

St. Luke's Hospital for Lunatics.

The following letter appeared in the "Times" of the 27th February:—

SIR.—With reference to the various strictures on the management of St. Luke's Hospital, recently admitted into your columns, we, the undersigned members of the committee, think it right to protest against such unfair and garbled statements; and at our meeting this day, being desirous of the fullest investigation, resolved that a letter be addressed to the Lord Chancellor requesting that he will cause an