

informed of the fact, would never have conceived that he saw before him nearly 300 insane patients enjoying the entertainment so kindly and judiciously provided for them by their excellent and benevolent Physician, Dr. Skae.

During the interval between the dances, some members of the Association amused the patients and general company by reciting various pieces and by singing comic songs. Drs. Davy and Boisragon are entitled to special notice. Dr. Boisragon afforded the company much amusement by singing in character a song descriptive of the wild and plaintive grief of a fair inhabitant of Portsmouth, at the heartless and cruel conduct of the "press gang," who had forced her lover into her Majesty's naval service. The despair of poor "Mary" at having her sweetheart thus dragged from her embraces, was depicted by the learned psychological physician with wonderful skill. A loud burst of applause followed Dr. Boisragon's retirement from the ball-room, but a general shout of "encore" from the patients and their guests induced the worthy psychologist to repeat the song.

C. L. ROBERTSON, HONORARY SECRETARY.

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*On Warm and Cold Baths in the Treatment of Insanity.*

By HARRINGTON TUKE, M.D.

(Continued from No. 26.)

I wish it were possible to state, that all the French physicians are as judicious and humane in their prescription of the douche bath, as M. Leuret appears to be, but they certainly order it too frequently as a means of compelling their patients to work, or with the hope and intention of producing a moral effect, which forcibly remind us of the attempt to wash the black man white, of our early fables. In England the douche would not be recognised as a part of 'moral treatment.' We are at the present day agreed in thinking that intimidation and coercion may make or modify the symptoms of insanity, but can seldom produce permanently good effects; and I think the douche bath is rightly considered to be legitimately employed only for its physical effect as a revulsive, a refrigerant, or a stimulant. There is one other effect of the douche bath, the 'shock' for which it

is still sometimes ordered ; but I think it a remedy of very questionable utility. I have never tried its efficacy, or seen its effects, but a very well known and esteemed physician states decidedly, that the "physical shock" has been known to produce a good moral impression ; and although it is doubtful whether he intends by the expression "physical shock," the meaning that his words may be taken to convey, they lead us to the consideration of the direct effect of the "shock" upon the nervous system, and the probability of its curative power in cases of its derangement. Dr. Copland in his marvellous work, just completed, the "Medical Dictionary," thus describes the effect of a sudden douche : "When the stream is considerable, and falls from any height upon the head, its action on the nervous system is often very remarkable, and approaches more nearly than any phenomenon with which I am acquainted, to electro-motive or galvanic agency."

The experience of other observers, and the recent experiments of Dr. Bence Jones conclusively establish the presence of this "shock;" but Dr. Jones has proved this to be in proportion to the coldness of the water employed, and not to be so much dependent upon the height from which it falls. Hence the curative effect of the cold sponging in fever, where the temperature of the body, being so much raised, the full effect of the "shock" is produced, and the disease sometimes at once arrested. The hydropathic practitioners, I believe exult in the employment of columns of water, even forty feet in height, but I am not aware of their prescribing them in mania, and I imagine that the probability of any curative effect from such a plan would be very small, and in fact, little more than we should find from the analogous mode of treatment by the "bath of surprise." The resemblance, acutely pointed out by Dr. Copland, between its action and that of the galvanic battery, would lead us to imagine that the electric shock ought also to be useful ; and, till we hear that the galvanic current is found of service in mental disorders, I think we should look with great suspicion upon the use of the douche employed as a "shock." In the kind and skilful hands of Dr. Sutherland, a mild form of douche has been found highly successful, in cases of acute dementia. Dr. Sutherland thus graphically describes the effects.

"After the douche, the patient's energy of mind and body is roused into activity ; he appears like a person waking out of sleep ; he will sometimes talk sensibly for some time ; he will move his limbs as in health, and the circulation, respiration, and animal heat, are for a certain time at least restored

to their normal state. There have been some few instances of the patients waking up to perfect sanity."

This action of the douche on the nervous system would appear to favour the theory of a special curative agency in the shock, but I do not gather from Dr. Sutherland's account that this is his own opinion; and, in fact, it is clearly not so, because he goes on to say "that its first application should not exceed a quarter of a minute," and it is obvious that if the shock alone were desirable, half that time would be sufficient. I should be inclined to imagine that the good effect of the douche so employed, simply arises from its action as a direct stimulant; that it has no special effect, and that the shower bath in the same cases, would produce the same results. That there is also some hazard in the employment of the douche in this way is obvious from the care with which Dr. Sutherland points out the necessity of caution in its prescription, and limits the duration of its application; and it is abundantly clear that it requires great experience on the part of the physician before he can safely venture on its exhibition; the probability of serious brain disorganization in acute dementia is very great; and, in spite of the high authority of Dr. Sutherland, I think the balance of opinion is so decidedly against the use of the douche, except in conjunction with the warm-bath, that I should hesitate before I ventured to recommend this mode of treatment in a case where the prognosis must generally be so uncertain as it is in acute dementia. I regret very much that I cannot further quote the remarks of Dr. Sutherland on this subject; but, unfortunately, the extract that I have made embraces all that in their report on baths, the Commissioners in Lunacy have been able to insert; it is to be hoped that we shall hear more from Dr. Sutherland on this mode of treatment by the douche. In private practice I know that he does not prescribe the douche without the warm bath, and it is possible that in the report from St. Luke's Hospital some mistake may have been made; this is the more to be regretted, because the great medical skill and extensive experience of Dr. Sutherland give particular value to any practical suggestions of his, and I should regret to find the weight of his authority adduced in favour of the douche against the shower-bath; because, I believe that the douche without the warm-bath is a most dangerous remedy. The use of the douche," says Guislain, "requires a boundless precaution." Is not the shower-bath better?

Excluding the idea of "percussion" being of any value, what

is the difference of action between the douche and the shower baths? Dr. Bence Jones's experiments are not conclusive on this point, but he appears to have found little difference in them; their effect upon the pulse in health was about the same; their action equally severe. The douche-bath surrounds the patient with a denser medium than the shower-bath, but with no obvious advantage; the danger of water entering the air passages, if any danger there be, is increased, the effect on the præcordia more distressing, and the great objection of all, that in the douche-bath the patient must be restrained, or shut up in a narrow box, renders the douche-bath almost inadmissible.

I have already described various forms of the douche-bath, properly so called, but their variety is endless, and the object for which they are prescribed in many instances undiscoverable. The effects of "percussion," of surprise, and of *frayeur*, a favourite French therapeutic effect, seem all invoked in turn. Dr. Willis suspended a bucket on a pivot: this turning unexpectedly sent down a douche upon the patient. At Pirna, in Saxony, the maniac is fastened in a metal-bath sunk in the floor, and buckets of water are poured upon him from a window fourteen feet high, very much the same plan, only still more severe, that I have already quoted from Jacobi. Schneider recommends placing the patient under a continuous stream of water, which is to fall, drop by drop, upon his shaved head. This *bain à gouttelettes* is stigmatised by Guislain as too painful to be prescribed.

I do not know that I have omitted to mention any form of the douche-bath. Its further consideration I shall defer till I have described the warm-bath, with which in practice it is generally associated.

There is one form of douche or douche-bath frequently mentioned by the continental writers on insanity that I may mention, as some of them speak highly in its praise. This is the *douche d'irrigation*. The term is applied to a column of water sent laterally or from below, on to the body. The rationale of its action is not very clear; but a German physician, Dr. Müller, of Wurzburg, reports the cure of a case of mania, which he treated by directing a continuous stream of cold water upon the stomach of the patient.

I have already stated that, in some form or other, the warm-bath is almost universally employed in the English treatment of insanity. The answers to the questions of the Commissioners in Lunacy incontestably prove that there is no

difference of opinion on this point ; although, as in the case of the shower-bath, the mode of its application is very various. The value of the warm-bath has not always been so universally recognised. Pinel expressed his dissent to the opinion that warm baths are useful as a curative measure, and ascribed the incurability of some of his patients to weakness, induced by this treatment. Our own Cullen entertained a similar view, and thought it only valuable in monomania, unless, he adds, it is "associated with the cold douche to the head." These opinions are, I think, reconcilable to those entertained, if we consider how different the effect of the bath is in different forms of the malady, and under different circumstances of temperature and combination. I think it can be shewn that baths of a temperature at or above 85 Far. are applicable to almost every form of insanity, are contra-indicated in very few cases, and in some may be considered almost a specific.

Even in active cerebral congestion the tepid-bath may be safely used. I have seen a maniac, sleepless and raving, after a half-hour's immersion in a bath with cold to the head, fall asleep almost in the water, so soothing and so salutary was its effect.

I have already dwelt upon the value of baths, and especially of warm baths, as a means of promoting general health ; I propose now to consider the specific effects of the hot, the tepid and the warm-bath, and their especial applicability in the treatment of mental derangement.

The frequent necessity for the forcible administration of baths, and the peculiarities of nervous and insane patients, render the size and shape of the bath and the arrangement of the bath-room a matter of considerable importance. Dr. Conolly, in his work on the *Construction and Government of Lunatic Asylums*, has some remarks upon the subject, which are principally applicable to public asylums, and require some modification in private practice, but are important as involving the principle of the treatment. From Dr. Conolly's remarks, and my own practice, I would lay down the following rules :— The bath-rooms and the baths should in their appearance and appurtenances as much as possible resemble the ordinary bath-rooms of the club or the hotel. The edges of the warm bath should be rounded, so as to afford no grasp to the patient. The bath should stand from the wall, in such a way as to allow the attendants to approach on both sides ; a moveable board will prevent this arrangement being in any way unsightly. The bath should be about six feet long, three wide, and three deep, much larger than those in ordinary use,

as in the event of a struggle, the patient can obtain no *point d'appui* for resistance, and the attendants easily control him. A false back, made by a wooden sloping frame with canvass, will obviate any discomfort from this, and also support the head of the patient while receiving the douche. The pipes to supply water should enter below the bath, be noiseless, and their taps out of the reach or sight of the bather. A shower-bath should be affixed over one end of the bath, in such a way as to admit of its shower descending on the patient, while half immersed in the warm water. The apparatus for the douche should be conveniently near, and the supply of hot and cold water should be sufficiently large to preserve the necessary temperature for any requisite time. Any peculiarity of colouring, or unusual mode of heating the water, unless invisible to the patient, should be avoided. If the bath is administered by force, the medical attendant should always be present, or near at hand, as in the case of the shower-bath.

There should be portable warm baths for particular cases ; in large asylums with corridors these should be placed on wheels. Dr. Conolly mentions that in the hospital at Turin, each bed is on wheels, to admit of the patient being moved easily to the bath-room. In an asylum of even moderate size, two or more bath-rooms are necessary.

It cannot be necessary for me to enter on the description of the general effect of warm bathing on the system, or to point out the dangers that may attend its use at improper times, or in peculiar idiosyncrasies. The rules that guide the general physician influence also our prescriptions ; and I shall at once proceed to consider the various forms of warm water baths, which have obtained the name from the temperature at which they are given, viz. :

1. The hot-bath. Water from 99° Far. and upwards.
2. The warm-bath. „ 92° to 98° Far.
3. The tepid-bath. „ 86° to 91° Far.

The first of these can seldom be used in the treatment of head affections ; its action on the circulation is too sudden and too violent to be safe. Although its effect is to produce an afflux of blood to the skin and extremities, it does not always relieve congestion of the internal organs, because it may and does occasion irregular and serious determination of blood to internal organs. In the mania from retrocedent gout it might be useful, conjoined with cold to the head ; but the only experience I have myself of its use, has been in the severe form of melancholia of old people, where I have thought a temporary immersion in a hot-bath beneficial in some cases,

but its prescription is very hazardous. I find, in the answers to the Commissioners, *one* medical man who orders frequently the bath at 100° Far, with cold water to the head; but, as this gentleman also states that he always chooses the temporal artery, if he “bleeds” his patients, in cases of high excitement, I do not think that his practice is likely to find admirers or followers. The Bath waters are taken with impunity at a temperature of 104° Far.; so that in cases of paralysis, or in severe skin disease complicating insanity, the hot-bath *may* be ordered without danger, but fatal syncope or apoplexy will follow its incautious employment.

There is no remedy, I believe, more valuable in the treatment of mental diseases than the warm-bath. It will calm the fury of the maniac, or sooth the anguish of the melancholic; under different circumstances it will act either as a tonic or as a depressant, as a sedative or as a stimulant; it is a remedy always at hand, with proper precautions always safe. The testimony of nearly every practitioner in lunacy assigns to it the first place as a remedial agent in the treatment of the insane. At Charenton, and at the Retreat at York, its efficacy in the cure of melancholia, especially in women, was long ago announced; and more recently its conjunction with the douche, or with cold to the head, has rendered its use equally available in cases of mania.

The *rationale* of the action of the warm-bath in melancholia is easy to discover; its power of soothing the irritated nervous system is direct and obvious. After long travelling, or intense muscular fatigue, there is nothing more calculated to restore proper nervous tone than the warm-bath. Analogous to the state of nervous irritability engendered by over-fatigue and excitement, is that distressing state of the nerves which is at once the cause and symptom of acute melancholy. Harassed by want of sleep, foot-sore with pacing his room, wearied with fruitless wailings, or with prayers that have brought no consolation, temporary repose may be produced for the patient by the warm-bath, and its soothing effect will cause sleep which even the strongest narcotic has failed to do without its aid. In the winter, when the shower-bath is not available, the warm-bath is particularly useful; and not the least of its advantages is that it is a remedy at once so simple and so agreeable.

In the case of a medical man who was under my care last year, I ascribed his recovery from very severe melancholia entirely to the use of the warm-bath, which he took every night at bed-time, at a temperature of 96° Far. In another case, also that of a medical man, the same treatment was suc-

cessful; and in this gentleman there was the same marked effect from the bath, as that which Dr. Bucknill has recorded in the *Manual of Psychological Medicine*; sedatives after its employment acting well, although without the bath they were generally inoperative.

In mania, when, as is usually the case, the pulse is weak, the skin harsh and dry, the warm bath even at a high temperature, if conjoined with the cold douche, is an efficacious and a safe remedy. The first effect of the warm bath is to produce a determination of blood to the surface of the body, the superficial vessels become tinged, the face flushes, the heart's action is excited, and the carotids throb violently. Now it is asserted that the external carotids only are affected, that the internal arteries are not oppressed, and that even if they are, the diminished capacity of the venous system, equalises the circulation in the brain. This doctrine is a most dangerous one, and the use of the warm bath in many cases of mania would be attended with great hazard, if it were not conjoined with the cold douche. I do not think that any other mode of applying cold is sufficient. If the apparatus for the douche be not within reach, it is better to employ the tepid bath, and even then it is necessary to keep the head cool by wet cloths, and to watch carefully for any symptoms of congestion about the head. In addition to the mischief that may arise from the accelerated circulation of the blood, and increased impulsive action of the heart, there are the muscular exertions and frantic cries of the patient, who will usually resist the bath, and add by his struggles to his danger. The continued application of cold obviates this to a great extent; and it is in these cases that the douche is so valuable a remedy; the most simple mode of its application is by the hand shower bath, or by pouring water slowly from a pitcher; but to these plans there is one great objection. A temporary cessation of the shower will be followed by a rush of blood to the head, which will be greater or less in proportion to the temperature of the bath, and to the amount of reaction following the cessation of the cold current. A better plan is that of a syphon which draws a continuous stream of water from some vessel placed conveniently near the bath, and which may be from time to time replenished, but this has a great inconvenience, as it necessitates keeping the head of the patient under the current of water, which is, of course, very difficult. Incomparably the best method of applying the douche, is by a long gutta-percha or india-rubber hose, attached to the cold water pipe of the bath; this should be



armed with a moveable hose jet, and have two taps to regulate the flow of water, which may vary from a few drops to a powerful current; this douche may follow the movements of the patient, who should be held steadily by four or six attendants, but not prevented from motion altogether. It must be reiterated that this form of douche is a most powerful remedy, and should be employed only by the physician, and even he should remember the force of the agent he has invoked. A douche constructed in the way I have described, would be equivalent to a column of water falling from the cistern, which supplies the bath directly on to the patient, and the water supply should be and generally is, about an elevation of thirty feet.

The douche, if cautiously and skilfully applied, does not seem painful; its effect depends very much, as Dr. Benze Jones has shown, upon the temperature of the water; if this be below 50° Far. the head of the patient should be guarded with a napkin, and a few coils of the flexible tube, through which the water passes, should be immersed in the bath, and its temperature thus be a little raised. The patient must be sedulously watched, and the state of his pulse from time to time examined. The duration of the douche must depend upon its effect; this will sometimes be very marked, but it is impossible to lay down any rule upon the subject, except that the medical man must personally direct its administration.

The French mode of administering the warm-bath in a *baignoire de force*, in which the head of the patient emerges through a hole in the cover, admits of the easy application of the douche, or of cold in any form; but this mode of prescribing the bath seems to me most hazardous, and I was surprised to find it in use at a public asylum of high reputation in Scotland. It is obviously a form of restraint, and I think I would prefer swathing a patient in bandages like a mummy, if I could not command a sufficient number of attendants, to risking, as it appears to me, the dislocation of his neck in this guillotine-like machine. Dr. Bucknill's plan of holding the patient in a reclining chair, which is then placed in the warm-bath, is an admirable suggestion, and the chair itself should be more generally known and used. I myself have not found much difficulty in giving the douche, but it requires skilful attendants to hold the patient, and it is essential that a strong sloping false back of canvass or leather should support his head.

In cases in which there is heat at any particular point of the pericranium, the douche, judiciously applied, might be ex-

pected to be efficacious. We are told in the works of systematic writers on insanity to be careful not to apply the douche to such a point, if there is any loosening of the integument, or puffiness of the skin. We know that this in surgery indicates the presence of pus on the dura-mater, and the consequent obliteration of the vessels above; but I have never seen, or do I expect to see, such a state of things in a patient for whom a bath could possibly appear to be indicated.

To French medicine, to which we are generally so much indebted, I believe we owe the knowledge of the great efficacy of the warm-bath in the treatment of acute mania; and although, with their usual love for heroic remedies, the French physicians appear to push their application of it to an unreasonable length, yet the principle is undoubtedly correct, and the practice is often successful. I have found two hours immersion in a warm-bath have the effect of calming the excitement of a patient, and inducing sleep. Its effect upon the general system as a relaxant and a depressant, even in that time, is very marked; and to our ideas the practice of keeping a patient for twelve or fifteen hours in such a bath seems absurd enough. At the same time there can be no doubt of its being done, and with good results. I have had no experience of the system, and must refer to the memoir by M. Briere de Boismont, read before the French Academy of Sciences in 1848, for the detail of its administration. "The duration of the bath," he says, "should be from ten to twelve hours; they may be prolonged to fifteen or eighteen hours." The whole memoir is worthy of attentive study. M. de Boismont's memoir is translated in the third number of the *Psychological Journal*. An eminent authority amongst ourselves speaks hopefully of the plan.

Dr. Conolly recommends, in some cases of mania, the application of the cold water shower to the patient, whilst he is partially immersed in the warm-bath. He reports favourably of this combination, which, however, presents some practical difficulties in its execution.

The tepid-bath, at a temperature of from 68° to 84° Far., is the one really used by the French physicians in the manner I have described, and our term for the practice is somewhat erroneous; it is not a prolonged warm-bath, but a prolonged tepid-bath; they prescribe, and they apply a continuous stream of water, at a temperature of 60° Far., at the same time to the head. No patient could bear a warm-bath, at a temperature of even 92°, for so long a time as eighteen hours. But the action of

a water bath at the lower temperature of 84° Far. is very different ; it does not raise the pulse, or produce the same glow upon the surface, nor has it the power as a derivative that the warm-bath has ; the alleged *rationale* of its action when prolonged is unsatisfactory. The only addition to the effects of the warm-bath that I find stated by M. Brierre is, "that it introduces a quantity of water into the system ;" a quantity estimated to be as much as three pounds per hour. In other respects, there is only the same relaxant and soothing effect as produced by the warm-bath. There is, however, the advantage that with less power there is also less hazard.

I do not know that the tepid-bath is ever used in the English asylums for any therapeutic effect that it may have, nor am I aware that the French system of its application has been tried.

The application of cold to the head is of great importance, but is not often easily effected. In the old days of restraint, when the patient was securely fastened into the coercion-chair, or bound in the tight folds of a straight-waistcoat, it was easy to order the ice-cap, or the cheaper clay-cap, and easy to see that it was kept on the head of the patient. The ice-cap is almost obsolete now in the treatment of insanity. Though we know its value, we know also the difficulty of inducing the patient to bear its weight and pressure, and no one would now consider the amount of good it might do, a justification for the imposition of restraint.

If the patient will tolerate it, pounded ice laid on the head, in a bladder, is the best form of applying cold ; if ice is not procurable, Dr. Arnott's plan is efficacious ; he fastens a flexible supply pipe and an exit pipe to a bladder, and keeps a circulation of cold water through it.

Dr. Watson recommends a large flannel to be placed over the head of the patient, with a sponge saturated with water or evaporating lotion ; this sends down a constant dripping,—the *stillicidium* of Celsus—upon the patient. The best plan is, perhaps, Dr. Abercrombie's, who places a vessel near the bedside of the patient filled with cold water ; from this strips of linen proceed to a thin cambric laid on the patient's head, and this is kept wet by the capillary attraction of the linen strips set in action by the evaporation from the patient's heated pericranium. The head ought to be shaved for these remedies to do any good ; and since shaving the head should if possible be avoided, evaporating lotions and the application of ether are contra-indicated.

Hip-baths and pediluvia are frequently of service in the

treatment of lunacy, but they do not differ in their application, nor are they prescribed by us for other purposes than they are by the general physician. The use of the cold hip-bath night and morning is often of essential service in a special set of cases. The warm hip-bath is of great value; the *rationale* of its action is obvious.

There was a form of bath once highly esteemed by some of the old practitioners, although now little used. This was the medicated bath, and it certainly appears to me that theoretically great good might be expected from its use. The exhilarating effect produced by the waters of some spas, and the tonic action of salt water, are instances of naturally medicated baths, and we may perhaps err in neglecting them too much in the treatment of lunacy, especially in the form of melancholia.

Aretæus recommends baths of alum, and the ancients had great faith in various artificial baths of water into which mallows, camomile, or violets, have been thrown; "some, besides herbs, prescribed a ram's head and other things to be boiled in the water." The old practice of adding odoriferous herbs has been adopted by a later physician, who says that the perfume of branches of rosemary in the water will sometimes induce a reluctant patient to willingly enter the warm-bath. We might use lavender water or eau-de-Cologne for the same purpose.

The artificial medicated bath is not, I believe, often prescribed in the present day. In America the nitromuriatic bath has been employed with beneficial effect; but in the report from which I quote, Dr. Woodward gives no formula for its preparation. It should be prepared in the proportion of one ounce of the acid to each gallon of water. It excites tingling and pricking of the skin, and is said to affect the gums, and to cause ptyalism; a remedy therefore to be employed with great caution, if at all.

Another medicated bath is that of Bertolini, which is made of an infusion of two pounds of henbane, and equal parts of hemlock and cherry laurel leaves, in a sufficient quantity of warm water. I have not seen the effect of this bath. Dr. Winslow has "noticed marked benefit from its use." Medicated pediluvia, however, are more commonly prescribed than medicated baths, and the derivative effect of a hot bath to the feet is often aided by the addition of mustard to the water. A decoction or infusion of bran is sometimes employed for the same purpose, which must

resemble very much in its effect, the old *illutatio* or mud-bath.

There are many other forms of baths, ancient and modern, but I am not aware that there are any other than those I have mentioned employed in the treatment of mental disease. There are some interesting experiments now in progress at Edinburgh, as to the effect of the inspiration of oxygen, which may yet produce a new remedy for melancholia, an oxygen bath; though the disappointment of the hopes that were raised by the discovery of the protoxide of nitrogen and its effects, must prevent our entertaining too sanguine expectations as to the success of this last novelty.

I am aware that in this paper I have very superficially treated a subject of very wide importance; I purpose in a future essay to take in their order different classes of mental disease, and to examine their mode of treatment by the application of water in the various forms of the douche and the bath.

*Commission of Lunacy on Mrs. Turner.*

A Commission of Lunacy took place at York Castle, on the 23rd and 24th of July last, before F. Barlow, Esq., one of the Masters in Lunacy, relative to the state of mind of Mrs. Mary Jane Turner, the wife of Charles Turner, Esq., official assignee in the Liverpool Bankruptcy Court, then resident at Acomb House, near the city of York.

Mr. Aspinall was counsel, and Mr. Norris, of Liverpool, solicitor to the petitioner; and Mr. Edwin James, Q.C., counsel, and Mr. Pemberton, of Liverpool, solicitor, for the supposed lunatic.

The following evidence was adduced:

*Mr. Turner:* I am husband of Mary Jane Turner, and was married to her in 1845. In that year I went to live at Bedlington, in Cheshire. In 1846 I went to London, and on my return home Mrs. Turner met me at Lime-street station. I did not expect to meet her. On getting into the car she struck me repeatedly in the face, and said, "Go to your woman." In consequence of what happened I drove to Mr. Stephenson's, on the other side of the water, and he told me what was the matter. On the 2nd Dec., 1846, she broke her leg by leaping out of a window. She spit at me on that occasion, and used most abusive language to me. After this accident I attended her very assiduously, and sat up with her