draught; but the choice of a purgative must be regulated with due reference to the state of constitutional power, and to the presence or absence of exhaustion, and nervous susceptibility. There are few cases of this complaint, at whatever period they may occur, entirely unconnected with fæcal accumulations; and although this state of the bowels may not excite the attack, it certainly remarkably disposes to it.

With regard to *depletion*, I consider this practice as reprehensible in attacks of this kind, where they assume a purely nervous character, and are unattended with any active congestion of, or determination of blood to the brain, or other *apoplectic* symptoms; in cases of the latter description, I invariably employ venesection, and follow it up by the opiate injections.

Puerperal convulsions may assume different phenomena in different cases; thus mention is made of the tetanic, cataleptic, hysterical, epileptic, apoplectic, and choreal.* Dr. Merriman speaks of puerperal convulsions as always assuming the appearance of epilepsy: this I believe to be a most common, but certainly not the only form of the disease; Vogel, too, regards it as an acute epilepsy.† Burns asserts that puerperal convulsions are quite different from epilepsy, and that the most frequent species is of the nature of eclampsia, or tetanus, which occurs a hundred times for once that the other does. Dewees, who wrote specially upon the disease, retains three forms, the epileptic, hysterical, and apoplectic; but in whatever class these affections may, with most propriety, be included, or by whatever name they may be designated, it is my belief that, in nineteen cases out of twenty, they are of a nervous character, and are dependant upon uterine irritability; by subduing this irritability (which the opiate injections most effectually accomplish) we shall generally effect a cure.

RESTRAINT OF INSANE PERSONS.

*Remarks by Dr. Cookson on the Letter of
"A LOOKER-ON."*

To the Editor of THE LANCET.

SIR:—In reference to some notes extracted from the physician's journal of the Lincoln Asylum, and quoted by Mr. Hadwen in his straightforward letter of August 29, an anonymous writer in your LANCET of last week, styling himself, "A LOOKER-ON," makes use of the following expressions:—

"He (Mr. Hadwen) gives long extracts from the physician's journal, written evidently by a most determined opponent of the non-restraint system."

Now, granting that the "LOOKER-ON" is right, and giving him all the benefit which can possibly accrue to him from his discovery, I see not how it can help his argument, unless it is meant to be inferred that the notes in question are *false*. If such be, indeed, his meaning, I, as the writer of those notes, challenge him to expose their falsehood in your widely-circulated Publication. In order to save trouble, I hesitate not to avow myself to be a most determined opponent of the system which has been pursued in the Lincoln Asylum; a system which I do not admit to be a system of non-restraint.

I believe that the abolition of visible restraint in the Lincoln Asylum has been followed by much secret oppression, much hidden violence, and by many revolting practices, a thousand times more dangerous than mechanical restraint, because they can neither be so easily detected, nor so readily controlled; and I ground my belief upon evidence, which may be divided into the following heads:—

1. The testimony of patients under treatment, supported by collateral evidence.
2. The testimony of recovered patients, sane at the time of making deposition, and who have undergone the test of at least a year's residence in the world.
3. Of convalescents upon their leaving the house.
4. Of attendants who have been dismissed for acts of violence.
5. Of attendants who have left the institution voluntarily, and with a good character.
6. Of workmen and artisans employed upon the premises.
7. Of accidental observers.
8. The records of the house, which demonstrates the great frequency of violence toward patients.
9. The same records, which show that attendants, bearing a high character for humanity and good conduct, have been goaded in their attempts to restrain patients, to acts of violence, which could neither be justified nor pardoned.

The greater part of this evidence you have in your possession. I cannot expect that you will print the whole in your valuable Journal; but I do venture to hope that you will allow me, through your means, to give the public an inkling of it, and I will gladly put the matter into your hands, resting satisfied with such extracts as you may choose to make room for. I shall beg you to add the following reports of Miss A.'s most unfortunate case to those which are already before the public:—

* Synopsis of Difficult Parturition, p. 139, 4th edition.

† Midwifery, p. 483, 8th edition.

"May 22. Miss A.'s bed-room is very offensive. It appears that there has been no urinal left in it during the night for a length of time, because the vessel is made use of by the patient as a weapon of offence. This cannot go on. I have suggested a temporary remedy.

"28. There is a strong ammoniacal odour in Miss A.'s apartment; not the effluvium of fresh ordure, but a pungent ammoniacal exhalation from the saturated wood of the floor.

"29. A strong iron vessel, fastened to the floor with iron screw-bolts, serves the calls of nature in Miss A.'s apartment. The room is still very close and offensive."—*Phys. Journal*.

(Signed) "W. D. COOKSON."

"October 1, half-past six, P. M. Ann Ringham (nurse), accompanied by the head-nurse, went into the seclusion-room for the purpose of removing Miss A., who had been locked up since four, P. M., after having struck nurse J. Barnsdale. Miss A. struck Ringham on the face with her fist, tore her cap and collar to shreds, and also a quantity of hair off her head. She then seized the nurse by the throat, hurled her to the ground, and attempted to strangle her by tightly compressing the throat. The head-nurse ran for the purpose of summoning nurse Matthews, who came immediately to their assistance. The head-nurse then ran to ask permission for the head-keeper to be sent for. The matron went directly to the gallery; but by that time Ringham and Matthews had succeeded in overpowering Miss A., and had locked her up in her bed-room, &c. Ringham complains of severe pain in the head and throat; has a contusion under the left eye, and a mark on the throat corresponding with the gripe of the patient in her attempt to strangle her."—*House Surgeon's Journal*.

(Signed) "J. SMITH."

"Oct. 28. Nurse Ann Ringham has been bitten and otherwise injured by Miss A. This patient had struck another patient, for which she was placed in the seclusion-room. The matron, going round with the visitor and the head-nurse, finding Miss A. in the situation described, appearing perfectly quiet, let her out into the gallery, from whence she followed the party into the day-room, where nine patients were sitting. Miss A. soon afterwards attacked Nurse Betts, in the airing-court, and Ann Ringham, who was present and gave her assistance, received the above-mentioned injuries while so doing. *I find that one of the fingers is broken.*"—*Phys. Journal*.

(Signed) "E. P. CHARLESWORTH."

* The first phalanx of the ring finger of the left hand; the injury was inflicted by forcibly wrenching backward the fingers.

The first three reports, dated in May, I extract, to show the sort of treatment to which this unfortunate creature was for months subjected,* and that during a time when the whole country was ringing with encomiums on Lincoln and non-restraint. The report of October 1 is strongly illustrative of the case. That of October 28 is the last report written.

The "LOOKER-ON" accuses me of "wretched party spirit" in *recording facts*: I shall leave it to him to characterise the act of *concealing them*. When the proprietors of lunatic asylums were libelled as people who chained up lunatics from sordid or unworthy considerations, why was it not stated that in the very house from which the ungenerous words were addressed, it had been judged necessary, as a measure of safety, to convert a patient's bed-room into an *oubliette*?

The "LOOKER-ON" talks about "the impracticability of carrying on the non-restraint system, if there be not unanimity among the officers of the establishment." I should say that the sort of unanimity which is the result of blinking facts and compromising convictions is a poor bond of union, and the system which is kept together by such a cement only, will be very likely to tumble in pieces on the first squall that passes over it.

The "LOOKER-ON" concludes his letter with something about "chains and fetters;" the sentence is on a par with one of Morison or Enoni's rhodomontades against calomel and antimony, and it is as worthy of a serious answer.

Sir, I am unwilling to occupy more of your columns than is necessary; I conclude my letter as I begun; I challenge the "LOOKER-ON" to subject my reports to the strictest, the most rigid scrutiny. If he can convict me of any falsification of facts, be mine the reproach, mine the disgrace. If, on the other hand, he fail to do so, I appeal to your readers whether the case of Miss A. be not a "scandal to the house," and whether in its conduct the laws of good sense, good practice, decency, and humanity have not been outraged, it matters not by whom commented upon, or by whom reported? I have the honour to be, Sir, your obedient servant,

W. D. COOKSON.

Lincoln, October 29.

P.S.—I know not whether Mr. Hadwen will think it worth his while to answer your anonymous correspondent; but another "looker-on" advises your readers to compare Mr. Hadwen's *words* and Mr. Hadwen's

* This most disgraceful matter was discovered by Mr. Smith, the present superintendent, shortly after his entrance upon his duties; the attendants said, and the state of the room showed that it had been the case for months!

tables with the "LOOKER-ON'S" representations.

Lincoln, Nov. 3, 1840.—Will the editor have the goodness to add the following, by way of appendix, to my communication:—

Nov. 2, 1840.—On entering upon my month of attendance, I report the following casualties.

Mrs. W——, a black eye and a contusion on the cheek.

Mrs. W——, a wound on the scalp, inflicted by another patient with a tin dinner can.

E. C., ditto.

M. L., a contusion on the left temple, inflicted by Miss A.

P. B——, a wound on the scalp, inflicted by another patient with a tin dinner can.

J. L——, two enormous black eyes, inflicted by another patient, Mr. H——, whilst J. L. was engaged in a scuffle with the attendants.

J. L——, also a large abrasion of the surface on the skin of the left leg.

Mrs. B——, a black eye, inflicted by Mrs. H——.

Nurse Betts, deep scratches on the face, and the inner surface of the lips and gums torn by Miss A.'s nails.

Nurse Ringham, disabled by a broken finger.

Attendant Betts, disabled by a severe bite on the hand, inflicted by J. L. in the scuffle above alluded to.

The marks produced by these injuries attracted my attention on merely walking through the galleries: they are all upon patients or attendants in the refractory part of the house.

W. D. COOKSON.

OPERATION FOR SQUINTING.

REPLY TO MR. ELLIOT, OF CARLISLE, FROM MR. DUFFIN.

To the Editor of THE LANCET.

SIR:—In my communication to THE LANCET, dated October 3rd, and referred to by Mr. Elliot in your last Number, I had no desire whatsoever to deprive that gentleman of any merit to which he is entitled. It appeared to me that he and I has been practising simultaneously a similar operation, and on the same principle, but without being aware that such was actually the case. He informs your readers, however, in his last article (LANCET, Oct. 31), that "I have most egregiously misunderstood him, and that he is quite certain that I never practised the double operation on the principle, and with the views explained and advocated by himself." Now, Sir, on again referring to his first communication, and comparing it with his last,

I am very desirous of making the amende honorable; a man, in such case, can do no more than acknowledge his fault; and I beg it may be distinctly understood that I did misinterpret his meaning, and that he has all the merit of originality and undisputed priority. Mr. Elliot, it would appear, is in the practice, "*if the first operation is not instantly and completely successful, of immediately dividing the adductor muscle of the other eye,*" even though he is satisfied that the second organ is not affected with strabismus. To this novel and unsurgical mode of treatment, then, I beg distinctly to withdraw all claim; it is peculiarly his own. I have not thus far, to my knowledge, divided the adductor tendon of a decidedly "*sound*" and undistorted eye, for the purpose of remedying strabismus of the opposite organ; neither is it my intention to adopt the practice: but it occurs to me, from an expression used in his second communication, that it is doubtful whether Mr. Elliot himself actually pursues the practice he advocates; to quote his own words, he "*has in such cases divided the tendon of the apparently sound eye.*" From this we are led to conclude that the eye, though to appearance unaffected, was, in reality, slightly implicated, otherwise the word *apparently* has no meaning; the eye was either "*sound,*" or it was not "*sound.*" Why, therefore, use the qualification "*apparently.*" What inference does Mr. Elliot wish us to draw from the term he employs? If the former, viz., that the eye was "*sound,*" then he has all the merit of originality; if the latter, viz., that it was only *apparently* unimplicated, then I regret that I must be so uncivil as again to urge my own claims to priority of practice.

From the little experience I have had in the operation for strabismus, it occurs to me, if Mr. Elliot has not thus far met with any instances in which one or both eyes have turned outwards after the division of the adductors, that he is pursuing a tolerably sure mode of meeting with a few cases of this description; and that, before performing the unnecessary operation he recommends, "twenty-five times more, he will have an opportunity of increasing his practical experience of the second novelty to which he is now laying claim, viz., that of dividing *both abductors* in cases of external strabismus, in which only *one* eye is affected. This, he assures us, he performs upon the same principle and with the same view that he divides both the internal recti muscles. I have some difficulty myself in perceiving the exact analogy between the two cases, but have no doubt, in Mr. E.'s hands, it is a successful mode of proceeding. When I have divided the external rectus in the eyes of animals, which operation I have performed repeatedly, I have always found the pupil afterwards morbidly inverted; and I should fear that a similar result would proceed