They propose to erect a hospital, disinfecting apparatus, and public mortuary, and to have the water-supply of the town and that of private wells analysed monthly, or as often as may be thought necessary.

Correspondence.

"Audi alteram partem."

LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—The statements made in your article of the 11th of May, respecting the recent inquiry at the London Hospital, are at variance with the facts. The verdict you pronounce upon the case and upon the conduct of those concerned, based as it is upon *ex parte*, imperfect, and untrue evidence, is necessarily valueless. You assert that "the senior surgeon to the hospital was present at the operation, and he not only saw nothing to condemn, but, by his public and emphatic testimony in Mr. Rivington's favour before the Quarterly Court, he obtained from that body a decision in conformity with the justice of the case."

Your readers are by this statement given to understand that you are acquainted with what transpired at the Court of Inquiry, and with its decision. Will you or will Mr. Rivington, by publishing that decision in precise terms and all the facts, give your readers a fair opportunity of judging for themselves? I challenge him and you to this issue. I am ready and anxious to submit the whole matter to a court of arbitration, before which all the facts can be brought. The case, as it at present stands, is not one which even THE LANCET is competent to judge.

I am, Sir,

C. F. MAUNDER,
Surgeon to the London Hospital.

May 13th, 1872.

To the Editor of THE LANCET.

SIR,—Your editorial comments on Mr. Maunder's letter so effectually annihilate his feeble defence that I refrain from following him through many irrelevant details about meetings of the staff, introduced, apparently, to create a favourable impression of his conciliatory disposition, in contrast to my own contumacy. Nor will I comment on the extraordinary assertion that he acted entirely in my interest in any single step which he took throughout the late painful transactions, or at any time during my hospital career. It is impossible, however, not to point out the obliquity of moral and professional vision involved in his statement that a "private inquiry" into my competency, of which I was kept in total ignorance, "made in the presence of three members of the House Committee," with whom Mr. Maunder knew that I was temporarily unpopular on account of my official relations as Dean of the School, and with one of whom Mr. Maunder was on terms of convivial intimacy, "and two of the senior members of the staff, one of whom was a consulting officer and Mr. Rivington's relative" (a very-impartial-first-cousin-once-removed), both of whom Mr. Maunder had studiously endeavoured to prejudice against me, "does not savour of unfairness." Why does he not mention that the accusations were lodged secretly by him with the lay authorities, and that the accuser was careful to keep himself at first in the background, under cover of the lay authorities, but that when his presence was insisted on, he came forward with a written indictment against me which had no evidence to support it but his own testimony, and which, as you stated with substantial accuracy, "utterly broke down"? If Mr. Maunder wishes to act fairly by me let him even now send me a copy of that document, and I shall then be in a position to decide whether he has acted towards me conscientiously, and with a view to promote my interests and the interests of the Hospital. I can imagine how a document of the kind would be worded by an upright man, who was in all charity endeavouring to reclaim an erring brother to the sense of his responsibilities and duties. Here is a great opportunity for him to show me his righteous dealing.

For the rest it is sufficient for me to state that, whilst deeply regretting and endeavouring as I hope to profit by my shortcomings and errors in the past, I could not agree to a compromise which was against my convictions, and would have placed me at a decided disadvantage in the future. Very willingly, however, did I accede to the resolution passed at the last meeting of the staff, that the question of Mr. Maunder's professional conduct in relation to my whole career should be submitted to the arbitration of three eminent surgeons, and I stated that, in my opinion, the judgment of the arbitrators should be accepted even if they recommended, in the interests of the hospital and school, that one or both of us should resign. This resolution of the staff Mr. Maunder has declined to accept.

I am, Sir, yours, &c.,

WALTER RIVINGTON, M.S. Lond.,
Surgeon to the London Hospital.

May, 1872.

MECHANICAL RESTRAINT IN CASES OF INSANITY.

To the Editor of THE LANCET.

SIR,—In THE LANCET of May 4th you quote from my last annual report some remarks concerning restraint, which seem to you inconsistent with the laudatory extract from the Report of the Lunacy Commissioners; and in your comments thereupon you question the justice of their opinion and the propriety of my treatment. I might well rest satisfied with the approval of the Commissioners; but I have no wish thus to shield myself from criticism, and therefore reply to your remarks with pleasure.

The quotation states that "restraint has been used more frequently than in previous years." Lest this be misunderstood, let me explain that in 1871, with an average number of 428 patients, restraint was used, generally for very short periods, in three cases for surgical reasons, in two cases for determined suicidal attempts, and in three cases for wholesale destruction of bedding. Even this degree of frequency was so unusual as to call for special notice in the annual report.

I must also ask you to complete the extract from my report by the following sentences, which you omitted to give last week:—"I never hesitate to use restraint when other means fail, if I think it for the patient's good. The cases requiring it are very rare, but it is as certainly right to use it when required as it is wrong to use it when unnecessary. To condemn restraint under all circumstances, merely because it has been, or might yet be, abused, is as unreasonable as to forbid all use of stimulants because they have been, or may yet be, used too freely."

I know there are some who utterly condemn restraint, and everything that resembles it, under all possible circumstances, and who avow that they would *never* use it even if they thought it advisable in any individual case. I think this a false position, founded on an erroneous and unworthy view of the system which it professes to uphold.

The noble revolution which Dr. Conolly was chiefly instrumental in effecting did not consist merely in the removal of leg-locks and strait waistcoats; it consisted in the introduction of totally new ideas as to the insane, and a totally new method of dealing with them—in the substitution of kindness, sympathy, and skilful treatment for harshness, severity, and neglect, and in making the welfare of the patient the constant and paramount aim. This, of course, implied the abolition of all personal restraint to the utmost possible extent consistent with his welfare, *but no further*. So long as personal freedom is the best thing for the patient it is *right*, when it is not the best thing for the patient it is *wrong*. There is a mistaken tendency to regard "non-restraint" as something in itself of mysterious virtue and vital importance, as a kind of sacred rule never, under any circumstances, to be violated; its only true ground and its absolute limit is the good of the individual patient.

Restraint was used last year in this asylum, generally in the form of gloves, in the three classes of cases already mentioned.

In surgical cases I suppose no one will question its propriety when rest and non-interference cannot otherwise be secured.