

personal restraint employed in this establishment has been gradually diminished, until it has become almost, and for long periods at a time, entirely disused. Thus, during the last eighteen months, there has been no instance whatever of the kind. During a period of nearly three and a half years, the following passage describes the only cases in which such restraint has been resorted to. Within this period "there have been two cases in which wrist-straps were applied for a few hours, in each instance during a paroxysm of great violence and destructiveness. In another case, that of a delicate female, a simple waist-belt, not interfering with the motions of the body or with the use of any limb, and secured on each side, by webbing to the bedstead, was applied every night, for about a fortnight, in order to keep the patient in bed during a state of great restlessness and irritability. In another case, requiring surgical treatment, the use of the strait waistcoat was found necessary for about twelve days. These are all the cases in which the use of mechanical restraint has been directed from the 25th of January, 1843, to the time at which I am now writing," May, 1846.

The fact then, is, that whilst we bind ourselves by no pledge not to resort to it, and whilst we think there are cases, (very few I freely admit,) in which under all the circumstances, it is better to have recourse to personal mechanical restraint, this is notwithstanding, at the Retreat, comparatively, and for long periods at a time, entirely disused. It is then, an error—an inadvertent one I cannot doubt—into which the author of this interesting article* has fallen, when he states that the authorities of our establishment "profess the non-restraint system, whilst they practise the reverse." The converse statement would be *nearer* the truth. My own maxim would be, *restraint at its minimum,—if possible none.*

In this communication I have purposely abstained from entering upon the controversy itself between the advocates of restraint and non-restraint. The passages I have quoted will suffice to show my own views of the subject, and I cannot but conclude, that the general question is already sufficiently before the non-medical, as well as medical public, to render any further observations of mine superfluous.

I remain, Sir, yours faithfully,

JOHN THURNAM,

Medical Superintendent of the Retreat,
May, 1846. Near York.

* Though I think this article one of great interest, I regret to observe that the statistics of recovery in asylums are estimated on what I cannot but regard as an erroneous method—viz., that of taking the per centage on the average population, and not on the admissions during the year.

TINCTURE OF ACONITE IN TOOTHACHE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

Permit me to draw your attention to the external application of Fleming's "Tinctura Aconiti Napelli," in cases of toothache. Several of my friends, as well as myself, have made pretty extensive use of it; and found it most efficacious; it may be used either by a drop on a piece of cotton wool placed in the hollow of the tooth,

or by rubbing in a drachm of the tincture on the cheek, the latter in my opinion is preferable, as the former causes a disagreeable tingling sensation to the surrounding parts. I would, however, caution any of the faculty who may be inclined to use it, not to employ either the extract, or the tincture of the London Pharmacopœia, which is in fact prepared from an entirely different species—the *Aconitum paniculatum*.

The true tincture can be obtained from Messrs. Duncan and Flochert, Chemists, New Buildings, North Bridge, Edinburgh, who prepare their tincture from the recipe of Dr. Fleming.

I have the honour to be, Sir,

Your obedient humble servant,

HENRY LLEWELLYN WILLIAMS.

Beverley, June 2, 1846.

MEDICAL INTELLIGENCE.

Petitions to the Houses of Lords and Commons have lately been sent by the physicians and surgeons of the county and city of Cork, to each of which were attached 125 signatures. The object of the petitions was to obtain reasonable remuneration for professional services rendered by medical men to the Crown and public, under a variety of circumstances. Similar petitions were forwarded some weeks ago to both Houses by the Medical Society of Cork.

William J. Judd, Esq., Surgeon-Major to the Scotch Fusilier Guards, has been appointed Surgeon in Ordinary to His Royal Highness Prince Albert.

Cæsar H. Hawkins, Esq., surgeon to St. George's Hospital, has been elected a member of the Council of the Royal College of Surgeons, in the room of Mr. John Scott, deceased.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted members on Friday, June 5th, 1846:—F. J. Rowen; S. Devenish; F. G. Harcourt; T. G. Alanson; A. H. Bayly; H. Bate; C. W. Izod; W. J. Burke; J. Hey; M. J. Burke; W. Ferguson; R. H. Purnell.

SOCIETY OF APOTHECARIES.

Gentlemen admitted Licentiates Thursday, May 28th:—Edwd. Palmer Turner, Birmingham; Coleman Burnham, Paterington; Owen Kiernan, Devonshire; William Abraham Salmon, Wells; Octavian Royle, Planfield, Norfolk; John Climensohn Day, London; John James Rygate, Grays, Essex; Frederick Howard, Dorking; Frederick Giles Broxholme, Sunbury; Edward Henry Owen, London; Robert Lumb, Whitehaven; James John Roughton, Kettering.

TO CORRESPONDENTS.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princes Street, Solo.