

from life of the influence of the lady matron on the fortunes of the Hanwell Asylum, we would refer him to the last of Dr. Conolly's "Lectures on Lunatic Asylums" (p. 186), or to the concluding chapter of his later work "On the Treatment of the Insane." We extract from the later work, for the benefit of our correspondent, a sketch from life of the Hanwell Board Room, where to this day the vulgar jealousy of medical authority (as our correspondent unwittingly evinces in his letter) seems the predominant sentiment. "At the ordinary meetings of the committee (writes Dr. Conolly) the reports made by the medical officers scarcely receive the attention which their general importance should command, and they are sometimes treated as superfluous. A system, essentially vicious, by which reports are required from all the officers encourages counter-reports and contradictions which are mischievous. Not only is information sought for by the committee from the Chaplain, the steward, and farm bailiff, which may be necessary, but the assistant medical officers and the dispenser or apothecary, and the matron all make reports, and generally all make medical reports in which they are permitted to comment on the chief physician's report book, if there is a chief physician. Thus arise divisions and dissensions, which usually weaken the credit and disturb the peace of mind of them all. According to a well-ordered plan of government all the officers should report to a chief physician, and he alone in ordinary circumstances to the committee. One effect of these multiplied report-books is the introduction of unnecessary matter, and sometimes of trivial and of foolish details, leading to the loss of much time in mere desultory conversation unproductive of any good consequences whatever. A worse result is that sometimes, under sudden impulse, produced by a rash observation in some one or other of the minor reports, sudden determinations are arrived at by the committee without reference to the physician even when affecting some question which ought to be referred to him. He receives an official notification of these decrees with astonishment and mortification; but, fortunately, the resolutions passed so unreflectingly are often forgotten as soon as the impulse which occasioned them passes away, and are never acted upon."

We fear that the vicious system which has done so much harm to the Hanwell Asylum is still pleasing to the peculiar feelings which mark Middlesex magistrates alone among English magistrates.

To the Editors of the Journal of Mental Science.

GENTLEMEN,—At page 453 of the last number of the "Journal of Mental Science" the following sentence appears:—

"We are surprised to find it stated by one of the writers of these notes that the Sussex County Asylum was the first asylum in Great Britain in which chloral was used in the treatment of insanity. We always understood that any credit which might belong to the introducers of chloral into asylum practice was due to the Superintendent of the Devon Asylum."

If I am incorrect in believing that chloral was first used in this asylum, I hasten to declare my regret for the mis-statement. The matter can be very easily decided, as I can give the very day and hour on which the first dose was administered here. In our Case Book, vol. vi., occurs the following entry in the case of E. E.:—

"1869, November 21st.—She is extremely restless and troublesome to-day, and was so all night, beating her head about, trying to choke herself with her fist, &c. To have fifteen grains of chloral. 22nd.—She went to sleep almost immediately after taking the chloral at 10 30 a.m., and slept almost without intermission until 5 p.m., when she awoke quite calm, and remained so." That was the first time chloral was used in this Asylum.

At page 630 of the "Journal of Mental Science," for 1869, there is an account of a "Clinical Discussion on Chloral." Dr. Blandford asks if any member had yet used it in Insanity. No one states that he has. But Dr. Lockhart Robertson, who was in the chair, and was then Medical Superintendent of this Asylum, says that he had received a pamphlet from Professor W. Westphal, strongly recommending its use. This led us to believe that chloral had not yet been used in an English

asylum; and I am still in ignorance of the date of Dr. Saunders' first trial of it. Certainly at that time I knew nothing of his experiments. After the meeting, Dr. Robertson brought some of the drug from Messrs. Bell down with him, giving, I believe, 16s. an ounce for it; and passed it over to me to try on the first favourable case, which I did, with the result detailed above.

If Dr. Saunders used it before this date, I regret much that the statement, inadvertently on by your reviewer, was made, and I desire to apologise to him.

II.—Your reviewer who with most praiseworthy impartiality finds something to adversely criticise in the report of nearly every English Superintendent, also takes me to task on another point, and is pleased to express his opinion that I treat the principle of non-restraint as a "sentiment," and in a way that should be avoided by "impartial men." Though the review is not signed, this sentiment is so alien to the traditions of the Journal, that I cannot believe it to be the judgment of the Editors. At any rate, I venture with all due deference, to express my extreme regret at such an opinion having been allowed to appear in its pages. Had the reviewer been confined in Old Bedlam or even at Hanwell before the appointment of Dr. Conolly, he would probably have found restraint something more than "a sentiment."

I am, Gentlemen,

Yours faithfully,

S. W. D. WILLIAMS.

County Asylum, Haywards Heath,
12th November, 1873.

I.—*Dr. Williams is right, so far as documents testify, in claiming for the Sussex Asylum the first use of chloral in an English Asylum. The first entries in the prescription book of the Devon Asylum are on the 8th December, although it is believed there that experiments were made before that date. At the meeting to which Dr. Williams refers, two members of the Association—Dr. L. Williams and Mr. Kesteven—gave the results of their experience of its use in delirium tremens. After reading the extract from the report of the Argyle Asylum, which will be found on a preceding page, we almost feel disposed to hope that someone will soon claim the credit of its disuse in asylums.*

II.—*The passage regarding restraint to which Dr. Williams refers is as follows:— "If packing in a wet sheet is a beneficial plan of treatment, what does it really matter whether it is called restraint or not. Sentiment in such questions should be avoided by impartial men." We fail to see that our reviewer has therein charged Dr. Williams with treating the principle of non-restraint as a sentiment. When Dr. Williams abandoned for a time a useful and efficacious means of treatment simply because the Commissioners insisted on calling it restraint, though he was sure it was not, he allowed a sentiment to stand between him and the good of his patients. And after a time he discovered that he had done so, for, as he says (p. 27), "Eventually . . . we abandoned our sentiments and returned to the packing." Does Dr. Williams think that he has abandoned the principle of non-restraint, now that he has returned to the packing?*

Dr. WILKINS, Special Commissioner in Lunacy from California, who visited a large number of asylums in this country two years ago, writes to a member of the Association to say that copies of his report were sent to the Superintendents of all the asylums he visited. We fear these reports have in the majority of instances not reached their destinations.
