

Institution, but want of space forbids. We will only add, in heartily wishing Dr. Ireland success wherever he may pitch his tent in the future, that we are glad to observe that the Directors have, in recognition of his "valuable services," agreed to present him with £500.

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*Correspondence.*

LETTER FROM W. C. HILLS, M.D., NORFOLK COUNTY ASYLUM, THORPE.

THE "LAISSEZ-ALLER" TREATMENT OF THE INSANE.

*To the Editors of THE JOURNAL OF MENTAL SCIENCE.*

GENTLEMEN,—In common, probably, with many others, I have read Dr. Davies' paper in the last number of the Journal with interest and surprise, To me, indeed, it had a peculiar interest, as I resided for years as second medical officer in the asylum of which now Dr. Davies is the head, and know how much room there was for improvement in many of the patients. As I have now lived in asylums for more than a quarter of a century, it may be that I am getting somewhat "old fashioned" in my notions, but I am always ready to learn, and, therefore, turned with eagerness to Dr. Davies' paper to discover what was "the restorative or rational system" on which "all the patients are now treated" at Barming Heath. I can, however, only see that it consists in doing nothing. Cold water and no physic—this is the golden rule. I think this might be called the "*laissez-aller*" treatment, not unfairly, and I hope other Superintendents may express their opinion on it.

Dr. Davies, not content with "the comparative calm" he has secured in his wards, is anxious to deride the giving of sedatives, and borrows the offensive nickname of "chemical restraint" to characterise what is a very general practise with his medical brethren. I think it doubtful whether he strengthens his case by such tactics, and I should have preferred more information as to the "rational system," whose negative side is alone presented to us. I am not an advocate for the routine use of sedative drugs, and do not consider chloral as any "sheet-anchor," or even an "unmixed blessing," but my experience tells me that I have often found such things give calm sleep and repose to an excited patient and promote recovery. The noise and excitement of maniacal cases are symptoms of a disease, and it seems to me quite as rational to treat such symptoms as to give paregoric for a cough. If patients were kept constantly stupified by drugs simply to keep them quiet, I can imagine "chemical restraint" a proper term to apply to such a proceeding; but I will not suppose Dr. Davies wishes to libel his professional brethren by such a suggestion. Nor can I suppose that he implies that such other means, as employment, exercise, recreation, and kindness are unknown in other asylums. If so, what remains in the way of treatment to constitute his new "rational" system? We are not informed. As Dr. Davies wishes to know how many patients are taking "soothing" medicines in other asylums, I will reveal the secrets of this asylum, and say that this day there were six males and fourteen females taking sedatives of some kind out of a total of 620, and that on an average eighteen to twenty doses are administered daily. I call this rational medical treatment, and though I should be glad to know of a better, I fail to find any indications of it in Dr. Davies' paper, except it be doing nothing! On the other point raised I am more inclined to agree with Dr. Davies—*vis.*, the use of alcohol—but I cannot see that the omission of a pint of weak beer from the day's diet of a lunatic can make any great difference in his excitement. I agree that patients can do without it without injury in most cases, but to ascribe such good results to absence of small beer, containing but 4 per cent. only of alcohol, seems to

me making a great claim on one's credulity. I have made the experiment in my own wards, and say deliberately that I have not found any difference in the noise or excitement. Eight years ago I abandoned the use of beer among 160 patients of various classes as an experiment, and found that none lost flesh or strength, and none of them seemed worse. For the last year no beer has been given in the ordinary diet, except to the workers, at 11 and 4 o'clock, and the patients have acquiesced in the change very readily. I have, apparently, only to abandon drugs to inaugurate the Kent system; but if this is the one thing needful, what will be left for a medical man to do, and why should one be required in an asylum, except for the study of pathology? I feel already I may be one of the "mistakes" that will "at no distant date be scouted with equal derision" to that which we now heap "on chemical restraint" and "alcohol," but I am one of many! At all events, in my present unconverted state, I may venture to say that I think the abatement of noise, excitement, or destructiveness in a patient as a favourable symptom, and one tending to recovery or improvement, and that I am glad to produce such a result even by sedatives.

Yours, &c.,

W. C. HILLS.

Thorpe, February, 1881.

INTERNATIONAL MEDICAL CONGRESS, 1881.

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*Proposed List of Subjects for Discussion.*

ANATOMY.

1. Modes of Preparation of Nervous Tissue.

2. Morbid Appearances due to Modes of Preparation.

3. Minute Structure of Special Parts of Brain.

ANATOMIE.

1. Méthodes de préparation des tissus nerveux.

2. Apparences morbides occasionnées par les méthodes de préparation.

3. Structures microscopiques des parties spéciales du cerveau.

ANATOMIE.

1. Die verschiedenen Methoden zur Darstellung von Nervenpräparaten.

2. Anscheinend pathologische Veränderungen, die in Wirklichkeit der Präparationsmethode zur Last zu legen sind.

3. Die microscopische Anatomie der einzelnen Gehirnabschnitte.