

climates, as it fortifies the Head against Noxious Exhalations and Infectious Air.

A pinch or two may be taken at any time, and indeed several in a day; but for a Cold or Stoppage in the Head, a pinch or two should be taken just before going to bed.

Those who are in the habit of taking much of the common Snuffs (thereby injuring both the Head and Stomach) are desired to mix some of the CEPHALIC SNUFF with them, and their bad effects will, in a great measure, be prevented."

Were this snuff not composed, as it is, entirely of tobacco, but admixed with British herbs or plants, we apprehend that it would be an illegal preparation, being contrary to the provisions of the Tobacco Act, which prohibits the mixture with manufactured tobacco of any leaves or vegetable substances other than tobacco.

GRIMSTONE'S EYE SNUFF.

43rd Sample.

Purchased—of W. Grimstone, 52, High-street, St. Giles's.

A prolonged examination of this article by the microscope shows that it is made up of several distinct vegetable substances. Amongst these, after considerable trouble, we have succeeded in identifying the following: *powdered orris-root, savory, rosemary, and lavender*. There are probably one or two other vegetable substances, the names of which we have not as yet ascertained; but it does not contain any hellebore, assarabacca, nor tobacco. 100 grains, on being incinerated, afforded 30 grains of ash, of a light reddish-brown colour, composed of *chloride of sodium*, 12·8; *alkaline carbonates*, 3·8; *alkaline phosphates*, 4·6; *earthy phosphates*, 2·8; *alkaline sulphates*, 0·8; and *silica*, 5·2 grains.

The Report on

SNUFF,

AND ITS

ADULTERATIONS,

will be concluded in the next LANCET.

## Correspondence.

"Audi alteram partem."

### NEGLECT OF INSANITY AS A BRANCH OF MEDICAL EDUCATION.

To the Editor of THE LANCET.

SIR,—I have read, with great interest, the very able leading article, in your number of the 19th, "On the Neglect of Insanity as a Branch of Medical Education;" a neglect which I have pointed out and condemned in various lectures and writings during the last twenty-five years, but which yet continues, to the great disadvantage of the public. All who know how important it is to apply proper treatment in the earliest stages of mental disorders must acknowledge the defects of a system of medical education, by which the general physician, the general practitioner, and the apothecary, under the care of whom these cases always come in the first instance, are left in perfect ignorance of everything connected with their management. The officers of public asylums well know the mischief done in many recent cases before admission to an asylum can be obtained.

The government of the large asylums near London must, however, be greatly changed before it is possible to make them places of clinical instruction. In order to illustrate the treatment of the insane, in such large institutions, the medical staff must be sufficient to conduct that treatment efficiently, to record its results carefully and accurately, and to arrange them so as to be intelligible and instructive. It is impossible for two medical officers to accomplish this, in addition to their daily and hourly duties, in asylums containing a thousand patients. Yet such is the medical constitution of the two immense County Lunatic Asylums of Middlesex. The officers of those asylums, although able and zealous, must feel, at the close of every day, that many duties have been left undone from sheer physical fatigue; and to expect them to undertake the labour necessarily preliminary to teaching and lecturing would be unreasonable. Worse effects even arise from this inadequate provision of medical officers in asylums; the superintendence of the wards is incomplete; the patients are left too much to the attendants; and undeniable instances

of neglect and even of cruelty occur from time to time, which seriously demand attention.

As an officer, long at the head of one of the largest asylums in Europe, I must confess that I reflect with dissatisfaction on the very limited contributions I have been able to make to the pathology of mental disorders. For some years my attention was directed to establishing such a system in an asylum as would place the patients in the most favourable condition for study, and present the various forms of malady without the aggravations of injudicious treatment. Afterward, in 1842, the clinical visits and lectures commenced at Hanwell. They were discontinued a few years later, when the asylum was placed for a time under a military governor, and were subsequently resumed. They would still have been continued, but for the existence of difficulties, which I found to be insurmountable—difficulties which render the records of the practice of Hanwell insufficient for the use of a non-resident teacher, or, indeed, for the full and perfect illustration of any part of mental pathology.

My last effort to overcome these difficulties was made in the following short Report; and, as I believe the same difficulties exist in all our large asylums, I beg permission to trespass on your columns for its insertion:—

"Additional Report on the Clinical Visits and Lectures in the Hanwell Asylum.

"March 4th, 1852.

"In the Annual Report lately presented to the Committee of Visitors, I availed myself of the opportunity of pointing out the difficulties at present existing as regards giving such opportunities of clinical instruction as are considered desirable by the Committee, and are also becoming more essential to medical students.

"As the examiners of the East India Company have recently made it one of the qualifications required of candidates for the appointment of assistant-surgeon that they should have attended the practice of an asylum for the insane for a period of three months, and as in all probability a similar qualification may soon be required by the colleges and schools of medicine and surgery, it seems most desirable that so large an institution as Hanwell should become one of those wherein medical pupils may pursue the required study, and obtain the required information. But either for this purpose, or for that of enabling me to conduct the ordinary course of clinical instruction in a satisfactory manner, some improvement in the method of keeping the medical records and cases is absolutely required. A mere inspection of them will show, that either from want of time or want of uniform system, they are at present very incomplete, and for clinical purposes almost useless.

"The resident medical officers evidently require the aid of what is called in many hospitals a clinical clerk. Such an office is usually held by students already advanced in their professional education; and its duties would willingly be performed without salary. It would not be necessary for these clinical clerks to reside in the Asylum; and the office might be taken for six or twelve months, during which time those holding it would become fully qualified to take paid appointments in other asylums.

"It would be convenient that the resident medical officers should visit the infirmaries and all the sick, at ten A.M., accompanied each by a clinical clerk, who should carry with him a journal or day-book in which each sick patient's state should be briefly recorded, and the prescriptions of the morning entered.

"Immediately after the visit, the clinical clerk should enter the prescriptions in a prescription-book, in the dispensary, so that the medicines might be prepared without delay.

"Any special diet for the day also, for any patient, should be written in the form of an order, and sent to the kitchen at the same time.

"At half-past eleven o'clock, the physician, on his visiting days, should have access to the journals of prescriptions, &c., in the dispensary, or in a medical office where all the medical case-books, journals, and registers should be kept together for constant use and reference, so as to make him acquainted with the names of the sick each day, and with any medical occurrences or casualties, before his visits to the infirmaries and wards with the respective resident medical officers.

"Any additional prescriptions or directions, suggested during that visit, should be afterwards given to the clinical clerks by the resident medical officers.

"The daily entries in the journals, and the prescriptions and directions, should be regularly copied by the clinical clerks into the case-books; and they should be required to endeavour to obtain correct particulars of newly-admitted cases, to be similarly recorded.

"They should visit every patient as soon as admitted, with or without the resident medical officer, and fill up the description-papers for the resident medical officers and physician, and endeavour to obtain from the patient's own statements such particulars as would either throw light on the nature of the case or illustrate its history and origin. Much valuable information is at present lost for want of fuller records of the symptoms on admission.

"The clinical clerks might also divide with the other officers the duties of visiting the wards during the dinner hour of the patients, and the grounds during their hours of exercise. Their duties might cease for the day at four P.M., so as to enable them to reside in London.

"They would of course be willing to be useful in the examination of bodies of patients after death, and in furnishing correct particulars of every kind for the registers, so as to make the statistical tables fuller and more accurate.

"With such additional facilities, it would then be for the Committee to determine whether the course of clinical instruction should still be limited as to duration, as heretofore, or so extended as to afford three months' instruction, of attendance on which certificates might be given for the students to present to the examiners, at the East India House or elsewhere.

"If such extension should be considered desirable, it would have to be determined what number of students should be admitted at one time, on what days in the week they should visit the Asylum, and in what divisions they should go through the wards.

"Arrangements might be made with reference to all these particulars, if the resident officers would conform to a regular plan of assisting the physician in the regulation of these more frequent visits. The clinical clerks would be furnished by the physician with the names of the patients who were to form the principal subjects of observation and comment; and would be especially charged with the daily record of the progress of and changes in such cases during the whole course of clinical visits and lectures.

"It appears to me, that if these changes should be approved of, my own usefulness as a teacher, possessing the great opportunities afforded by the Hanwell Asylum, ought, if possible, to be extended to such medical students, in the different school of London, as were attending the practice, not of Hanwell alone, but of any of the large asylums; and this might be done, still with some peculiar advantages to those visiting Hanwell, by my lectures in the Asylum being made more strictly clinical, or consisting chiefly of remarks having direct reference to particular cases and occurrences in the wards noticed in the visits; whilst a course of twelve or more lectures, given in London, on the whole subject of insanity, its nature, forms, and treatment, would enable me to impart useful information to all medical pupils desirous of so obtaining it; and to such lectures the medical students attending at Hanwell might have gratuitous admission, and also physicians and surgeons in actual practice.

"As I believe that such opportunities of acquiring a knowledge of the treatment of mental disorders are anxiously desired by many medical students, and by medical men in general, I am willing, recollecting the means of collecting and diffusing useful information which my office as physician to the Hanwell Asylum places at my command, to undertake my part of the duties I have mentioned, hoping at least to be able to perform them for a few years, and not doubting that younger labourers will be found able to succeed me, and still further to improve the department of practice and teaching to which I consider my life to be devoted."

This Report was entirely disregarded, and my resignation of the office of physician to the Asylum, which I had often contemplated, very soon followed. I trust the physicians of other asylums may be more fortunate in their attempts to establish clinical instruction: but this can only be effected by the aid of an efficient medical staff. Our asylums will then have less resemblance to large workhouses, and become really hospitals for the insane, and schools of valuable instruction.

With a grateful recollection of the numerous services performed by THE LANCET, in the cause of the insane, in the last fourteen years,—I remain, Sir, your very obedient servant,  
Hanwell, Nov. 1853. J. CONOLLY, M.D.

#### MILITIA SURGEONS.

To the Editor of THE LANCET.

SIR,—Knowing how willingly you aid in removing grievances in the profession, I would endeavour to enlist your sympathies, and those of your readers, for the oppressed militia surgeons.

Probably you know that previous to the year 1829 the sur-

geons were retained in the permanent staff, with a pay of, I think, 6s. a day, when not embodied, for which they were expected to give attendance, and medicine, to all the members of the staff; also, I believe, to examine the recruits required to supply vacancies in the regiment.

The surgeon is now expected to attend the staff, consisting of the adjutant, non-commissioned officers and drummers, their wives and families, for an allowance of twopence per head a week, which is paltry enough when you consider that the staff is composed of middle-aged men, whose constitutions are enfeebled by previous disease and service—who, being accustomed to serve with a surgeon always at hand, require on every petty occasion his attendance, dispersed, though they are, all over the surface of a large town, their wives still child-bearing.

To supply the requisite number of men to complete our complement against the last training, and not to fill up the vacancies, which are very numerous, days were fixed—never less than two, sometimes four in a week—for the purpose of inspecting and passing volunteers, for which the pay is as follows:—2s. 6d. a head for the first four; afterwards the ordinary pay of militia surgeons for a day's service, 11s. 4d., for which sum I have examined upwards of twenty men in one day; if no man be medically approved, the surgeon receives no pay, though his time has been occupied just the same.

Are these not grievances which call for redress? Will you kindly wield that all-powerful pen of yours—avowedly that of the leading weekly medical journal—in our cause, and the militia surgeons will have reason ever to remember your name with gratitude? I have enclosed my card, according to your custom, but beg to sign myself,

November, 1853.

VERAX, A MILITIA SURGEON.

#### THE ROYAL COLLEGE OF PHYSICIANS AND THE CHOLERA.

To the Editor of THE LANCET.

SIR,—Having read a letter in THE LANCET of the 29th of October last, headed "Contagiousness of Cholera," and signed "Edward Wilson, M.D.," I cannot refrain from expressing my astonishment at the reflection cast on the Cholera Committee of the College of Physicians, for having come to the conclusion that cholera is not contagious, or in other words, "that the fear of infection may be practically disregarded." I must also confess my surprise at the eighteen cases brought forward by Dr. Wilson to upset and nullify the result of the deliberations of the committee of the College of Physicians, and the endeavour to prove that they "have fallen into a fatal mistake." As a member of the College, I cannot remain silent and allow this letter to continue unanswered, and I therefore deny that the cholera committee have fallen into a fatal mistake. I should have preferred seeing the letter in question commented upon by some abler pen, but the subject being one in which every member of the profession is supposed to take great interest, I shall need no apology in my endeavour to bring forward some proofs in favour of the remarks made by the College of Physicians.

When in India, in the medical service of the Hon. East India Company, it was my lot to attend daily at the hospital in Calcutta when cholera was raging there, and I believe I have had very extensive opportunities of forming an opinion respecting cholera; but I shall not bring forward any of these cases to support the view taken by the College of Physicians, "that the fear of contagion may be practically disregarded;" but I shall state the opinions of many of the first men, whose great experience, skill, and talent are well known in every quarter of the civilized world. In Paris, after every consideration had been given to the subject, the medical men, both physicians and surgeons, at the Hôtel Dieu, asserted that cholera was not contagious, and signed a resolution to that effect. This resolution was dated 31st March, 1832, and signed by Petit, Husson, Magendie, Honore, Sanson, Gendrin, Recamier, Dupuytren, Breschet, Caillard, and Baillie. I also find a resolution to the same effect was signed on the 6th of April, 1832, at the Hôpital St. Louis, by the following—viz., Alibert, Biet, Emery, Jobert, Lugol, Monry, Gerdy, and Richerand. Also, on the 30th of April, 1832, the medical men of La Pitié signed a similar resolution: these men were, Serres, Clement, Parent du Chatelet, Lisfranc, Andral, Louis, Bouilland, and Velpeau.

I will now refer to "Hamett's Reports in 1832." Dr. Hamett, who was sent by the government to Dantzic to investigate this subject, states in his official report that 1932 persons of all ages, besides many others, remained constantly in cholera dwellings during the raging of the epidemic, and not one of